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# MEASURING EXPERIENCE OF CARE FOR PEOPLE WITH DISABILITIES

THE EFFECT OF RESPONSE SCALE AND ADMINISTRATION MODE ON  
RESPONSES TO THE CAHPS® HOME AND COMMUNITY-BASED  
SERVICES (HCBS) SURVEY

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RELEVANT

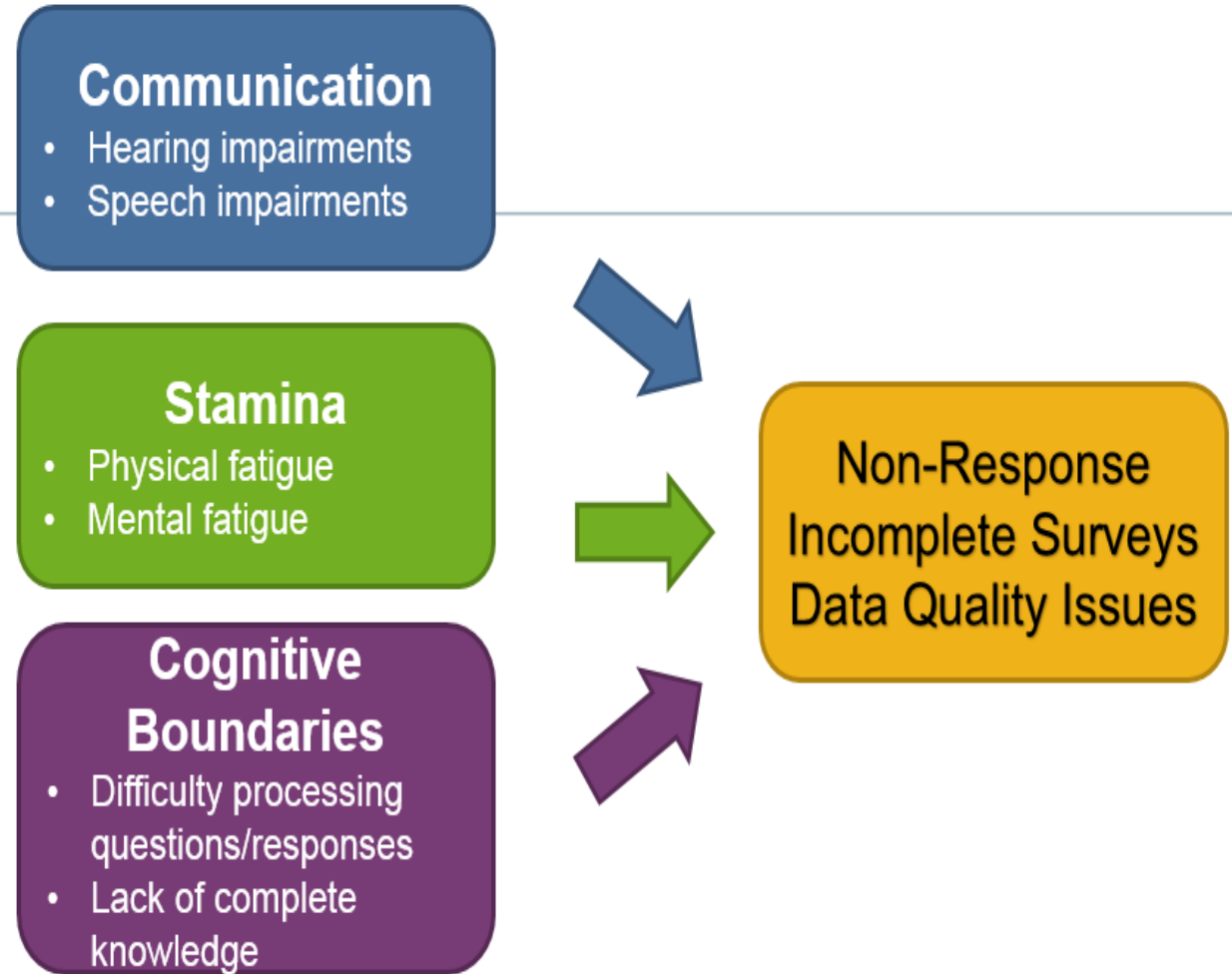
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# Objectives

1. Determine the most inclusive methodology for conducting survey research with individuals with disabilities.
2. Examine findings from two randomized experiments for mode and response option effects in individuals who have physical or mental disabilities.
3. Present implications for administering surveys to individuals with disabilities including the potential of including proxy responses.

# Background

- Respondents with physical and mental challenges have been shown to have additional needs when administering survey interviews
- Mitchell et al (2006) propose a three part framework of these challenges faced:



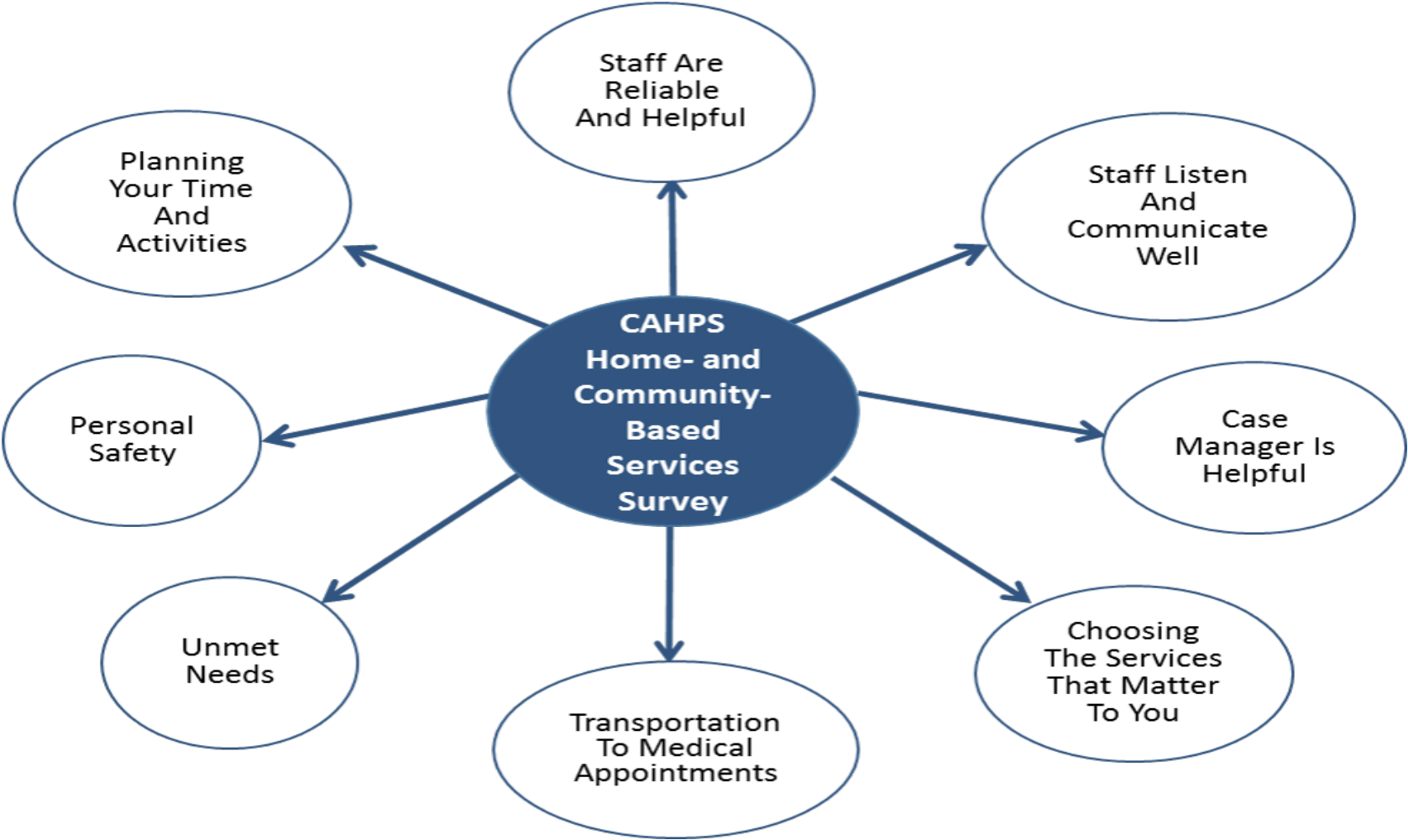
## Background cont.

- In-person survey modes are thought to be preferential for individuals living with physical and mental challenges
  - Sloan et al (2010) posit that in-person survey modes allow interviewers to:
    - » develop rapport and maintain respondent interest/motivation
    - » read body language to pick up on confusion/frustration
- Similarly, standard wording and response options that work for general populations may not work for these populations
  - May require accommodations like simplified or alternative wording to respond (Bonardi et al, 2011)

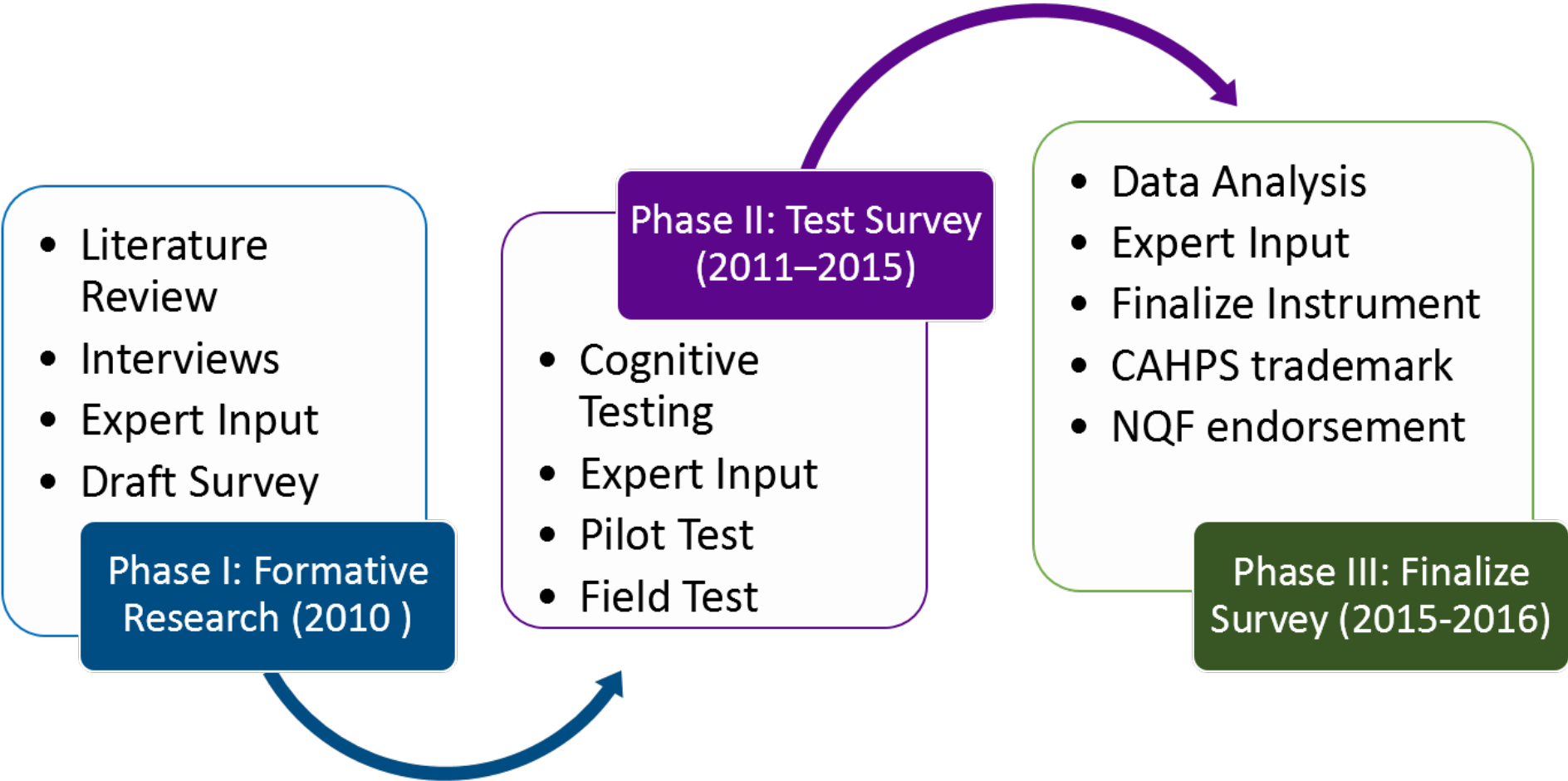
# CAHPS® Home and Community-Based Services (HCBS) Survey

- Developed to elicit feedback on beneficiary experience of care with Medicaid HCBS program services and supports
- **Cross-Disability Tool**
  - » Comparisons across LTSS programs within a state
  - » Individuals who are frail elderly
  - » Individuals with a physical disability
  - » Individuals with an intellectual or developmental disability
  - » Individuals with a brain injury
  - » Individuals with serious mental illness
- Part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) family of surveys

# Domains Addressed by the HCBS CAHPS Survey-Derived Measures



# HCBS CAHPS Survey Development Process



# Field Test Experiments: Survey Administration Mode

- 80% of each program's sample assigned to In-Person Administration (CAPI)
- 20% of each program's sample assigned to Phone Administration (CATI)
- Respondents allowed to switch survey administration modes



# Field Test Experiments: Response Option Mode

- 50% of each program's sample assigned to standard CAHPS response option
- 50% of each program's sample assigned to alternative simplified response option mode
  - Five point rating scale “Excellent, Very Good, Good, Fair, Poor” used instead of standard CAHPS 0-10 numeric scale for global ratings
  - Simplified “Mostly Yes, Mostly No” response option used instead of standard CAHPS “Never, Sometimes, Usually, Always” for composite measures
- Respondents allowed to switch response option modes

# Research Questions

- Survey Administration Mode
  - 1) Do overall response rates differ by survey administration mode?
    - » How do these response rates differ by disability type?
  - 2) How do respondent characteristics differ by survey administration mode?
  - 3) Does rating of experience of care differ by administration mode?

- Response Option Mode
  - 1) Do beneficiaries use the simplified response option mode when they can't respond to the standard response option mode?
    - » Which groups of beneficiaries benefit from the ability to switch modes the most?
  - 2) How do respondent characteristics differ by response option mode?
  - 3) Does rating of experience of care differ by response option mode?

# Results

## Survey Administration Mode

# Survey Administration Mode: Response Rates\*

Program	Overall %(n)	In-person% (n)	Phone% (n)
<b>Overall</b>	<b>22.0 (3,226)</b>	<b>22.3 (2,393)</b>	<b>20.9 (833)</b>
Individuals who are frail elderly or with a physical disability	27.7 (2,129)	29.0 (1,637)	23.6 (492)
Individuals with an intellectual or developmental disability	9.8 (424)	9.4 (311)	11.3 (113)
Individuals with a brain injury	26.2 (262)	25.1 (178)	30.6 (84)
Individuals with serious mental illness	24.8 (411)	24.7 (267)	25.0 (144)

\*RR calculated using AAPOR RR formula #3

# Summary of Mode Effects: Demographics

- Assigned phone vs in-person group differences:
  - Slight (significant but not substantive) difference in race; otherwise populations are not different
- Actual phone vs in-person group differences:
  - Phone respondents slightly younger, reported better overall health, higher percentage of White race and living alone
  - In-person respondents slightly older, reported worse overall health, higher percentage of Black/African-American and Other race and not living alone

# Summary of Mode Effects: Patterns of Response

- No significant differences in global ratings of personal care assistants, homemakers, or case managers between survey modes
- Slight differences in three composite scores
  - In-person scores higher for Staff Communication and Community Inclusion
  - Phone scores higher for Case Management

# Survey Administration Mode: Implications

- Both phone and in-person surveys can be an effective format for surveying individuals with physical and mental challenges
  - Comparable response rates with in-person modes
- Phone surveys may be preferable to individuals that are younger and in better health
  - In-person surveys may be more effective with older, less healthy individuals
- Phone surveys did not show substantive differences in how respondents respond to items
  - Based on respondent ratings of experience of care

# Results

## Response Option Mode



# Results: Response Option Mode Switching

Program	Number Who Moved From Standard to Alternate Response Option	%*
Individuals who are frail elderly or with a physical disability	96	9.0
Individuals with an intellectual or developmental disability	29	13.9
Individuals with a brain injury	14	10.0
Individuals with serious mental illness	16	7.6

\*Indicates the percentage of individuals who were assigned standard but switched to alternate response option

# Summary of Response Option Effects: Demographics

- No significant differences in demographics between respondents assigned standard response option and respondents assigned alternate response option
- Similarly, no significant differences in demographics between respondents assigned standard response option and respondents assigned alternate response option

# Summary of Mode Effects: Patterns of Response

- Global ratings of personal care assistants, homemakers, or case managers all statistically significantly lower for simplified alternate response option
- Four composite scores higher for simplified alternate response option:
  - Staff are reliable and helpful
  - Staff listen and communicate well
  - Transportation to medical appointments
  - Planning your time and activities

# Response Option Mode: Implications

- Beneficiaries made use of the simplified alternate response option to complete surveys when they could not use the standard response option
- Some beneficiaries switched from the standard to the alternate more simplified response option
  - In particular, individuals with an intellectual or developmental disability
  - Having both response options may make surveys more accessible
- Results show that there was not a consistent difference between scores for the two response option types.
  - May suggest that differences are due to true variation in scores

# Results

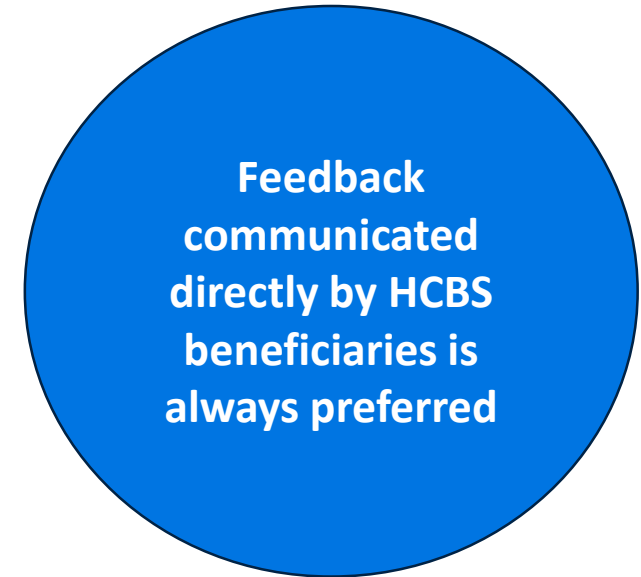
## Proxy Respondents

## Results: Use of Proxies

- Overall, proxies rated care slightly higher than beneficiaries
- To analyze whether the HCBS CAHPS Survey functioned differently for respondents who had assistance from proxies, the development team used IRT within a factor analytic framework by proxy and nonproxy status.
- Overall, there was no notable differential item functioning (DIF) or measurement invariance for the composite measures.

# Use of Proxies: Implications

- Sponsoring entities may decide on whether to include proxies
  - Guardians
  - Friends or family who are unpaid
  - Individuals with regular contact
- IRB suggestions and requirements
  - Consent
  - Assent
- Introductory script should account for role in survey
- While administering the survey, consider monitoring percentage of surveys that are completed by proxy
- Case-mix adjust for proxy responses in analyses



# Limitations/Opportunities for Further Research

- Generalizability of results
  - Low overall response rate and response bias
  - Inconsistency in the allowance of respondents with proxies during field test
  - For survey administration mode, results may not be applicable to surveys that do not offer alternative, simplified response options



# References

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THANK YOU

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