

## Measurement-Powered Quality Improvement

In a learning health care system, internal data and experience are systematically integrated with external evidence, and that knowledge is put into practice. AHRQ's competency and capacity in measurement-powered quality improvement helps health care systems integrate internal data and experience into practice. Two examples of this are the AHRQ Quality Indicators and the AHRQ Consumer Assessment of Healthcare Providers and Systems program.

### AHRQ Quality Indicators (QIs)

AHRQ QIs are evidence-based measures of health care quality that use readily available hospital inpatient administrative data to measure and track health care quality and patient safety within the hospital or across the community. To support users of these measures, the AHRQ QI Toolkit is both a general guide to applying improvement methods in a hospital setting and a guide to improving performance specifically using the AHRQ QIs. The toolkit serves as a "how to" for the improvement process—from the first stage of self-assessment through the final stage of ongoing monitoring. The toolkit includes a measure prioritization worksheet, 25 measure-specific evidence-based clinical practices, a slide presentation template for engaging staff in the improvement process, a step-by-step method for calculating the return on investment, and several impact case studies of toolkit users.

#### Goals

The AHRQ QIs allow healthcare delivery organizations to identify quality concerns; identify those areas that need further investigation; and track changes over time in delivery, quality, and safety. The AHRQ QI program develops, maintains, and refines measures; creates tools to facilitate their use; and advances change through strategies and partnerships with healthcare delivery systems.

#### Process

In developing the AHRQ QI Toolkit, AHRQ employed rigorous field testing to ensure the effectiveness of the tools. Nationwide, the AHRQ QIs are used by quality improvement officers, hospital administrators, community health planners, and researchers to assess hospital safety, quality, patient experience, cost, and utilization. Hospitals and hospital systems use the AHRQ QIs to assist quality improvement efforts in acute care settings. State data organizations use the AHRQ QIs to assess hospital quality and primary care access. Federal health programs use the AHRQ QIs as an integral part of assessing, incentivizing, and reporting on quality improvement, including: AHRQ's National Healthcare Quality and Disparities Report; the Health Resources and Services Administration's Healthy People reports; and the Centers for Medicare & Medicaid Services' hospital reporting programs, Accountable Care Organizations program, Partnership for Patients, and Medicaid program.

#### Results

The AHRQ QIs are used widely in national-level reporting programs such as AHRQ's National Healthcare Quality and Disparities Report and Partnership for Patients. In 2016, the most common stakeholder group that used the AHRQ QIs was hospitals and health care providers (81.5 percent), followed by State and Government agencies. As of 2016, there were 32 State data organizations (including 18 hospital associations) across the country using AHRQ QIs.



## **Promoting Learning Health System Capabilities**

The AHRQ QI Toolkit demonstrates how AHRQ works with hospitals and healthcare systems to develop the capacity to use their own data to track and improve inpatient quality and patient safety and adopt evidence-based practices to realize improvements.

### **For More Information**

- Project Website: [www.qualityindicators.AHRQ.gov](http://www.qualityindicators.AHRQ.gov)
- The AHRQ QI Toolkit:  
[www.ahrq.gov/professionals/systems/hospital/qitoolkit/index.html](http://www.ahrq.gov/professionals/systems/hospital/qitoolkit/index.html).

## **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)**

CAHPS is an initiative to help patients, consumers, clinicians, payers, and other stakeholders understand patient experience of care. These state-of-the-art tools and resources help CAHPS users measure and improve quality using methods that begin with the patient's perspective of what is important in a health care encounter. The CAHPS surveys, encompassing health plans, providers, and clinical settings, ask questions for which patients are the best, or sometimes the only, source of the information.

### **Goals**

The AHRQ CAHPS program helps users improve patient experience through measurement (surveys), quality improvement implementation tools, resources for tracking patient experience scores, quality improvement case studies, and ongoing research on patient-centered care.

### **Process**

The CAHPS program develops patient experience surveys with accompanying guidance for administering the surveys, determining the sample, translating the surveys, and analyzing data. Surveys exist for several healthcare settings and health plans. The CAHPS program also offers TalkingQuality, which guides users in producing comparative information on healthcare quality; voluntary databases for submitting CAHPS Clinician and Group and CAHPS Health Plan data, and customized reports for data submitters. The CAHPS Ambulatory Care Improvement Guide is a comprehensive resource for health plans, medical groups, and other ambulatory care providers seeking to improve performance in patient experience. The guide helps organizations implement a more patient centered-care approach, analyze results of CAHPS surveys and other patient feedback, and develop strategies for improving performance. Finally, the AHRQ CAHPS program maintains an active research program focused on using and understanding CAHPS data.

### **Results**

The growth of the CAHPS survey program and demand for patient experience measures reflect the increasing emphasis of the patient's perspective in good quality healthcare. Overall, research shows a positive association between patient experience and clinical quality, hospital safety culture, and lower hospital readmissions (Cleary 2016). Current research also uses CAHPS to measure the impact of interventions or explore differences between patient experiences. For example, CAHPS scores in clinics with patient-centered medical home features were higher in certain domains than in other clinics (Setodji, et al., 2017). CAHPS data were also used to examine racial and ethnic disparities in Medicare Beneficiaries' Care Coordination Experiences (Martino, et al., 2016).

## **Promoting Learning Health System Capabilities**

CAHPS surveys are used by healthcare systems to measure their patients' experience of care. These data can provide insights into areas for improvement. The CAHPS Ambulatory Care Improvement Guide is a comprehensive resource for survey users seeking to improve their patient experience in ambulatory care settings. Organizational use of the guide can help to cultivate an environment that encourages and sustains improvement in patient-centered care.

### **For More Information**

[www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)



AHRQ Pub. No. 17-0049  
September 2017

[www.ahrq.gov](http://www.ahrq.gov)