

## PCF PEC Survey Fact Sheet

---

### The PEC Survey Instrument

**The Patient Experience of Care (PEC) Survey is required for all practice sites participating in the Primary Care First (PCF) model.** Positive patient experience reflects high-quality care. Positive patient experience is also associated with higher levels of patient adherence, improved clinical outcomes, and lower utilization of inpatient and emergency department services.

#### Why did CMS select a CAHPS survey?

A CAHPS survey was selected for the PCF PEC Survey given that it is a validated survey tool. Consumer Assessment of Healthcare Providers and Systems, or CAHPS, surveys are a family of surveys designed to collect data from patients and other consumers about their experiences with the care they receive from their health care providers. The [PCF PEC Survey](#) is based on a combination of questions from the CAHPS Clinician & Groups Survey ([CG-CAHPS](#)) v.3.1 and CAHPS Patient-Centered Medical-Home Item Set v.3.0, with additional PCF-specific items.

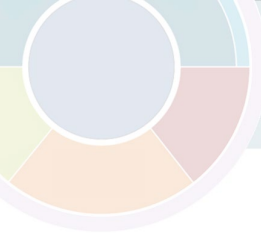
The CMS team regularly reviews reliability of the questions included in the survey as well as participant feedback.

#### Why is the CAHPS survey a patient *experience* survey and not a patient *satisfaction* survey?

Patient *experience* surveys ask patients specific, objective questions about the health care that occurred and to what extent certain providers exhibited certain behaviors. By comparison, *satisfaction* surveys ask patients to consider whether various aspects of their care met their expectations or what rating they would give. Satisfaction surveys are inherently subjective because every patient has different expectations and desires. Because the PCF PEC Survey is a patient experience survey, it gives a standardized and objective measure that allows for equitable comparisons between practices—critical in a situation involving payment decisions such as PCF and other quality programs.

#### How does the PEC Survey relate to PCF model goals?

The designers of the PCF questionnaire specifically included CAHPS questions that measure whether patients observe providers and practice sites engaging in behaviors connected to PCF objectives, such as use of a care team with 24/7 access to the patient's EHR and educating patients about how to get emergency care outside of practice hours.



(More information about each of the PEC Survey questions, and how to review the practice PEC Survey reports, can be found in the on-demand webinar, [Understanding and Using your PEC Survey Results](#).)

### **What language(s) is the survey offered in?**

The survey is available in English and Spanish. Vendors and practice sites are not permitted to translate the survey into other languages; only CMS-provided translations are permitted. CMS may provide other translations in upcoming years of PCF. Practice sites should inform their vendor of additional translation needs so that they may be shared with CMS. Sampled patients with a language barrier may still participate in the survey with assistance from a friend or family member, who can translate the survey (mail or telephone) for them. Practice site staff may not act as interpreters or translators.

Please see the [Introduction to the PCF PEC Survey webinar](#) for additional information about the PEC Survey.

---

## **Practice Responsibilities for the PEC Survey**

### **Who conducts the PCF PEC Survey?**

The PCF PEC Survey follow the same model as other CAHPS surveys, such as the CAHPS for MIPS Survey, where providers contract with and pay approved survey vendors for the data collection and the implementation of the survey.

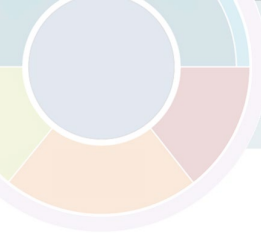
CMS has adopted standardized survey protocols and ensured that the approved vendors are trained to implement these protocols consistently. However, CMS does not dictate the pricing for the approved survey vendors and encourages practices to contact vendors for cost and service information as there may be differences among vendors. The list of CMS-approved survey vendors for the PCF PEC Survey is [here](#).

### **Do practices need to authorize a vendor every year?**

Practices who wish to use the same vendor from the previous year do not need to update the online vendor authorization form. If a practice is participating in data collection for the first time, or if a practice decides to switch vendors, they may do so during the open vendor authorization period (March-June) each year. Practices will not be able to switch vendors after the vendor authorization deadline has passed and sampling has begun.

### **Why does CMS request a patient roster for the PEC Survey?**

Complete and accurate patient roster information is very important to the success of the PEC Survey and helps maximize response rates. The PEC Survey is administered using mail data collection with a telephone follow-up. This type of patient sampling makes obtaining accurate patient address and telephone numbers especially critical in the rostering process. The address information practices provide within the patient roster is used for first attempts in getting your



patients to complete the survey. The telephone numbers provided in the patient roster are also important, as this is how nonrespondents are contacted in the last few weeks of data collection. Accurate telephone numbers help practices get feedback from hard-to-reach populations.

### **Which patients should be included on the roster for the PEC Survey?**

Practices are required to provide a patient roster for all active patients regardless of insurance, not just Medicare beneficiaries. Patient rosters should include all patients who have received care since January 1<sup>st</sup> of the current performance year.

### **Why does the survey ask about the past 6 months when the patient rosters ask for a list of patients since January 1st?**

To be as inclusive as possible on the patient rosters, CMS asks practices to list all patients with a visit since January. This is intended to help CMS obtain a sampling frame of active patients at the practice. The 6-month lookback period is a standard part of the CG CAHPS 3.0/3.1 and CAHPS Patient-Centered Medical Home v. 3.0 questionnaire item sets, and aids in respondent recall.

### **CMS appreciates your support of the PEC Survey and asks that when communicating with your patients about the survey, you:**

- ✓ Send a message to patients in September through your patient portal to inform them of the upcoming PEC Survey. Please use the language provided by CMS, [available here](#), to send this message to your patients.
- ✓ Prominently feature the PEC Survey Poster at your practice: [8.5x11](#) and [17x22](#) (includes survey details in 12 languages).
- ✓ Display the [PEC Survey FAQs](#) in your waiting room.
- ✓ Notify your PECS vendor of residential care/assisted living facilities in your area.
- ✓ Work with your PEC Survey vendor to ensure that the practice name and address that are printed on the survey are familiar to your patients.

## **PEC Survey Schedule for Practices**

**March – December:**  
Display PEC survey posters

**March – End of June:**  
[Register on the PCF PEC Website](#), login with your credentials and [register your practice sites on the website](#)

**March – End of June:**  
Sign a contract with a CMS-approved survey vendor

**March – End of June:**  
[Authorize your survey vendor on the PECS website](#). Practices may also switch vendors during this period.

**June**  
Submit an all-patient roster for your practice in the PCF Portal.

**August**  
Receive PCF PEC Score Supplemental Reports from previous performance year

**September – December:**  
PEC Survey data collection period



Do Not:

- Provide a copy of the questionnaire or survey materials to patients.
- Discuss or share specific survey questions with patients.
- Attempt to influence patients' answers.
- Translate the survey into the patient's language. (A translation provided by the patient's family member or friend is appropriate.)

Please refer to the [Responsibilities of Practice Sites](#) Quick Link or Section 3.4 of the [Vendor Quality Assurance Guidelines](#) for additional information about the PEC Survey.

---

## PEC Survey Administration

### Who will receive the survey?

The PEC Survey will be administered to a random sample of patients from your practice site. CMS will select a systematic random sample of patients commensurate with your practice site size to be surveyed. The patient sample is designed to be representative of all rostered patients and large enough to yield sufficient completed surveys to achieve an acceptable level of reliability.

Read more about all-patient rosters [here](#).

### When does data collection for the PCF PEC Survey take place?

Data collection occurs in the fall of each performance year.

### What are the data collection modes offered for the PCF PEC Survey?

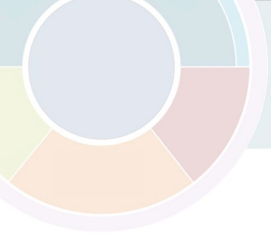
The PCF PEC Survey is an annual survey conducted once per year. It is a single-phase of data collection. Sampled patients will receive up to 2 mail surveys and 6 telephone calls over the 12-week data collection period.

### How long does the survey take?

The PCF PEC Survey takes about 20 minutes.

### What if a patient needs assistance responding to the survey?

Someone like a family member or friend can help patients respond to the survey by recording the patient's answers, reading the survey to the patient, or translating it into the patient's language. If the patient can't respond because of poor health, mental or physical limitations, or a language barrier, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf. This information is shared throughout all of the survey materials- the survey cover letters, the postcards, the [poster](#), and the FAQs.



### **What if a selected patient does not want to participate?**

The PCF PEC Survey, like any legitimate research survey, allows respondents to skip or refuse any questions that they don't know the answer to or don't feel comfortable answering. Participation in the survey is completely voluntary, which is clearly stated in the survey [cover letter](#) and in the informed consent script of the telephone interview, which all interviewers are required to read verbatim. No patients are required to participate or answer any questions.

### **Is patient information kept confidential?**

CMS holds patient privacy as a top priority and all patient information will be kept private and confidential. Practice sites share patient names and other sensitive information with CMS and its contractors for the purposes of the PEC Survey. HIPAA covers all contractors of CMS. The contractors work on behalf of the agency, and thus have the same rights and responsibilities under HIPAA and other privacy laws and regulations as CMS. All survey staff have signed confidentiality agreements and all identifying patient information will be destroyed after the survey ends.

---

## **PEC Survey Scoring**

### **What is the minimum required response rate for the PCF PEC Survey?**

There is no required minimum response rate for PBA scoring, but the survey vendor does send the survey to a large number of patients so that even if the response rate is low, each practice can be expected to meet a minimum number of responses. The target number of completed surveys are based on a reliability criterion recommended by the CAHPS Consortium for quality reporting programs like PCF. If a practice does not meet the reliability threshold, CMS will use the responses that were received, and the scores will be calculated based on those responses.

### **How does CMS use the PEC Survey data to determine Performance-based Adjustment (PBA) scoring?**

CMS transforms each survey response into PEC Survey domain-specific scores using numeric values assigned to responses for a given measure. The PEC Survey Summary Score is calculated as the average of the 5 PEC Survey domain-specific measures, and is case-mix adjusted based on age, gender, education, self-reported physical health, proxy response, and survey mode (paper survey vs. telephone interview). The practices are then ranked based on their PEC Survey Summary Score on a continuous 0–100 scale to establish their percentile ranking. A practice's PEC Survey Summary Score must meet or exceed the 30th percentile to be eligible to pass the Quality Gateway.

### **How are practices benchmarked for the PEC Survey?**

Practices are benchmarked against other practices participating in the PCF model. This is favorable to PCF practices, compared to the originally planned benchmarks using historical CPC+ practice performance. The PEC Survey benchmark is calculated concurrently with annual PCF practice performance and based on PCF practice performance.



## Are the results of the PEC Survey publicly reported?

Individual practice results of the PEC Survey are not publicly reported. CMS does intend to make additional PCF Model level results publicly available on the CMMI PCF website in winter 2022. These results will include PCF region-level average PEC Survey Summary score and region-level average domain performance for Cohort 1 practices. Practice-level data in this report will indicate what benchmark decile each practice's PEC Survey summary score fell within. If you would like more information on how PEC Survey scores are calculated, or benchmark PEC Survey scoring, please reference section 4.1.1.3 Patient Experience of Care Survey Measurement of the [Payment and Attribution Methodologies](#) resource.

---

## PEC Survey Results

### How do practices receive their official PEC Survey results?

Practices receive two reports from CMS:

1. Summary results for the PCF PEC Survey are available in the **Quality Gateway Report**, scheduled to be released in Q3 of each year. The Quality Gateway Report also includes results for eCQM and CQM performance.
2. Detailed results are available in the **PCF PEC Survey Supplemental reports**, which are released in Q2 for the previous performance year. Each performance year, CMS prepares personalized, easy to understand score reports for each practice site. The PCF PEC Survey Supplemental reports include your practice's scores on each individual question, organized by the five domains, as well as the average scores in your region and across PCF. Practices should use these detailed results to understand areas in which they are doing well and areas in which there are opportunities for improvement.

The [Understanding and Using Your PEC Survey Results webinar](#) will guide you step-by-step through your official CMS PEC Survey supplemental report.

Note that survey vendors may also provide additional reports to their practice clients. However, CMS-calculated results are considered as the official survey results. Survey vendors will not have sufficient information to replicate CMS scoring.

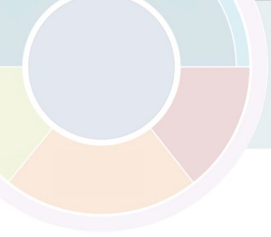
Practices interested in understanding survey requirements vs. optional "bells and whistles" can ask the vendor, or see the [Vendor Quality Assurance Guidelines](#) on the PCF PEC Survey website.

---

## Where Can I Learn More?

For more detail about the PCF PEC Survey, visit the [PCF PEC Survey Website](#).

The purpose of this fact sheet is to provide a basic overview of the PCF Patient Experience of Care (PEC) Survey. For detailed PEC Survey measure specifications information, please review



the [PCF Payment and Attribution Methodologies paper](#). If you have any further questions, please contact PCF Support at [pcf@telligen.com](mailto:pcf@telligen.com) or 888-517-7753.

[Understanding and Using Your  
PEC Survey Results Webinar](#)

[Introduction to PCF PEC Survey  
On-Demand Webinar](#)

[Patient Roster On-Demand  
Webinar](#)

[Navigating Your Practice's  
Quality Gateway Report Webinar](#)

[Payment and Attribution  
Methodologies Paper](#)

[PCF PEC Survey Website](#)