



Frequently Asked Questions—English PCF PECS (CAHPS with PCF Supplemental Items)

Overview

This document provides survey customer support personnel guidance on responding to frequently asked questions from sample respondents answering the PCF PECS. It provides answers to general questions about the survey, concerns about participating in the survey, and questions about completing/returning the survey. Survey Vendors may amend the document to be specific to their operations or revise individual responses for clarity.

Note: Survey vendors conducting the PCF PECS must NOT attempt to influence or encourage patients to answer items in a particular way. For example, the Survey Vendor must NOT say, imply or persuade patients to respond to items in a particular way. In addition, Survey Vendors must NOT indicate or imply in any manner that the practice site, its primary care providers, or its staff will appreciate or gain benefits if patients respond to the items in a particular way.

I. General questions about the survey

- **Who is sponsoring this survey?**

Your provider's office has joined a program run by the U.S. Department of Health and Human Services to learn how they can improve the experience and health of their patients. They provided DHHS with a list of their active patients. DHHS and your provider's office are working with independent survey vendors to conduct the survey.

- **Who is conducting this survey?**

I'm an interviewer from [Survey Vendor], hired by [Practice Name] to conduct this survey to help them get feedback from their patients.

- **What is the purpose of this survey?**

Your responses will help improve primary care in America. Your provider conducts this survey to learn how they can improve the quality of care you and other patients receive. The feedback you provide tells them how they are doing and where they can improve. Your individual answers are confidential and will never be seen by your provider.

- **How can I verify this survey is legitimate?**

You can contact [Practice Name] at [TELEPHONE NUMBER] for information about the survey.

- **How do I know you really are an interviewer for this survey?**

You can contact my supervisor, [SUPERVISOR NAME], at [TELEPHONE NUMBER] for information about the survey.

- **Who can I contact if I have questions about the study?**

If you would like to speak to a study representative, please call [SUPERVISOR NAME], toll free at [TELEPHONE NUMBER].

- **Is there a government agency that I can contact to find out more about this survey?**

If you are a Medicare/Medicaid beneficiary, you may contact the Centers for Medicare & Medicaid Services at 1-800-MEDICARE for more information about the Patient Experience of Care Survey.

Your primary care provider can also provide more information about the survey. You may have seen a poster advertising the survey at your provider's office.

- **How do I know this is confidential?**

All the information we collect through the survey is confidential. Your answers will be seen by research staff, who have signed statements of confidentiality. We destroy all your identifying information after the survey period ends. All data collected will be aggregated before they are shared with practices. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered.

- **How long will this take?**

This survey takes on average about 20 minutes to complete. I'll move through the questions as quickly as possible. [NOTE: SURVEY COMPLETION TIME WILL DEPEND ON WHETHER OTHER NON-CAHPS SURVEY ITEMS ARE ADDED TO THE QUESTIONNAIRE.]

- **What kinds of questions will be asked?**

This survey asks questions about your health care experiences with your primary care provider. We ask questions such as,

- How easy or hard was it for you to make appointments and get care,
- If you felt listened to, and
- How clearly providers explained what you needed to know to take care of yourself and stay healthy.

It also asks some general health and demographic questions. Your participation in the survey provides valuable feedback that your provider's office can use to make improvements to the quality of care you receive. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered.

- **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all patients at [*Practice Name*].

- **I am not happy with the care I'm getting from my primary care provider. Who can I talk to about this?**

I will record your complaint. However, this help desk is intended to provide information about the Patient Experience of Care Survey. If you are a Medicare or Medicaid beneficiary there is a number to call with concerns about doctors. That number is 1-800-MEDICARE.

II. *Concerns about participating in the survey*

- **How are the results from the study going to be used?**

Your answers will help your health care provider's office improve the experience and health of their patients.

- **Where can I see the results from the study?**

Thank you for your interest. Results from this survey will not be publicly reported. Your provider's office will receive the results in summary form.

- **Do I have to take part in this study?**

Your participation in this survey is voluntary; all information you give in this survey will be held in confidence. Your primary care provider will not see your individual answers to this survey, nor will they know whether or not you participated.

It is also important that you know that your decision to participate or not participate in this survey, and your answers to the survey questions, will not affect the health care benefits that you receive now or expect to receive in the future.

You can also skip or refuse to answer any question you don't feel comfortable with. But we hope you will participate because the feedback you provide will help your health care provider's office improve the experience and health of their patients.

- **What do I have to do?**

I would like to ask you some questions about your opinion of your primary care doctor, the office staff you have encountered, and your experiences at the provider's office you visited in the last 6 months. This survey takes on average about 20 minutes to complete, and I will move through the questions as quickly as possible.

- **Can my (wife, husband, child, legal guardian, etc.) answer these questions for me?**

Someone like a family member or friend can help a patient by marking the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if a patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

- **Why do you want to know all this personal stuff about me if this is a survey about my primary care experiences?**

I understand your concern with the questions about your health and background. We have found that people's experiences may differ based on their current health status and other characteristics. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question.

- **I'm on the *Do Not Call* list. Why are you calling me?**

The Do Not Call list stops sales and telemarketing calls. We are conducting survey research on behalf of the Department of Health and Human Services, also known as DHHS. We are not calling to sell or market a product or service.

- **I'm not going to answer a lot of questions over the phone!**

Your cooperation is very important to us. The information that you provide in this survey will help your primary care provider to improve the care they give. All of the answers you give in this survey will be kept completely confidential. Let me start and you can see what the questions are like.

- **I don't like my primary care doctor!**

I understand. Your opinions are very important and will help your primary care provider's office understand how to improve its care. I will record your complaint. However, this help desk is intended to provide information about the Patient Experience of Care Survey. If you are a Medicare or Medicaid beneficiary, there is a number to call with

concerns about doctors. That number is 1-800-MEDICARE. [NOTE: DO NOT ARGUE BACK. MAKE SHORT, NEUTRAL COMMENTS TO LET THEM KNOW THAT YOU ARE LISTENING AND IMMEDIATELY ASK THE FIRST QUESTION.]

III. *Questions about Completing/Returning the Survey*

- **Is there a deadline to fill out the survey?**

[Before telephone follow-up begins]—Since we need to contact so many people, it would really help if you could return it within the next several days.

[After start of telephone follow-up] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have the time, maybe I could schedule an appointment for some time within the next several days.

- **Where do I put my name and address on the questionnaire?**

You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which respondents have returned a completed questionnaire. This is done to maintain your confidentiality and privacy.

- **Can someone else complete the survey on behalf of the patient?**

Someone like a family member or friend can help a patient by marking the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if a patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

- **As someone with Power of Attorney may I complete the survey?**

Someone like a family member or friend can help a patient by marking the patient's answers, reading the survey to the patient, or translating it into the patient's language. However, if a patient can't respond because of poor health or mental or physical limitations, someone like a family member or friend knowledgeable about the patient's care can take the survey on the patient's behalf.

- **I only saw this provider via telehealth/e-visit. Do I still need to complete the survey?**

Yes, please answer the survey thinking about all visits to the practice in the last 6 months, whether in-person or telehealth.