

Primary Care First (PCF) Patient Experience of Care Survey (PECS) CAHPS® with PCF Supplemental Items Interviewing FAQs

Purpose of the Study/ Why should I do this?

“The purpose of this study is to improve primary care in America. Your primary care provider conducts this survey to learn how they can improve the quality of care you and other patients receive. Your feedback tells them how they are doing and where they can improve.”

IF NEEDED: “We will combine your answers with those of other people to create a summary report for your provider.”

“Participation is voluntary, confidential, and very important to your provider in helping improve primary care in America.”

Where are you calling from?

“I am calling on behalf of the U.S. Department of Health and Human Services to administer the Patient Experience of Care Survey.”

Project Contact Information

Included in the survey letters
 Helpdesk: [INSERT VENDOR PHONE NUMBER HERE]
 Helpdesk Email: [INSERT VENDOR EMAIL HERE]

Sponsor

“Your provider’s office has joined a program run by the U.S. Department of Health and Human Services (DHHS) to learn how they can improve the experience and health of their patients. DHHS and your provider’s office are working with an independent survey vendor to conduct the survey. Your provider supplied the vendor with a list of their active patients to contact.”

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?
- Did you feel listened to?
- How clearly did providers explain 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 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.”

How did you get my name?

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

IF NEEDED: “I am calling from [INSERT VENDOR NAME HERE], an independent survey vendor contracted by the U.S. Department of Health and Human Services to conduct this survey in partnership with your primary care provider’s office.”

IF NEEDED: “You may not remember seeing a doctor at that practice or that location, but the practice provided your name as a current or recent patient. If you’ll bear with me, I have a list of medical providers at this office you might recognize.”

Will my doctor/provider know my answers to these questions?

“All the information we collect through the survey is confidential. Your provider will only see results in summary form, without names, so they will not know who responded or how anyone answered. Even though your answers are not tied to you, they help your provider improve the experience and health of their patients.”

IF NEEDED: “The survey vendor has your name, address, and phone number so they know how to contact you. The vendor destroys all identifying information after the survey ends.”

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.”

Interviewer Information: PECS Schedule

Modes	Date	Languages	Respondent Types
Mail	Sept. 26–Dec. 18	English, Spanish	Patient, Proxy
Telephone	Nov. 21–Dec. 18	English, Spanish	Patient, Proxy

Eligibility Criteria

- ✓ At least 18 years of age
- ✓ Reside in the United States
- ✓ Received services from specified primary care practice in the past 6 months
- x Institutionalized (nursing home, jail, prison)
- x Deceased

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 U.S. Department of Health and Human Services, also known as DHHS. We are not calling to sell or market a product or service.”

Concerns about HIPAA

“We take patient privacy and confidentiality very seriously. Your provider shared your name and telephone number with the U.S. Department of Health and Human Services and its contractors under the quality improvement portion of HIPAA. The provider and the survey vendor are bound by all HIPAA confidentiality rules and required to follow all privacy laws and regulations. All survey staff have signed confidentiality agreements. All identifying information will be destroyed after the survey ends.”

Complaints About Doctor/Provider/Practice

- Use a neutral response such as “I’m sorry to hear that.” Redirect the respondent back to the survey.
- If the respondent insists that you escalate the complaint, instruct them to call his/her doctor’s office, insurance company, or 1-800-MEDICARE.

Criteria for Allowing a Proxy

- ✓ Physically or mentally incapable
- ✓ Assisted living/group home
- ✓ Language barrier other than Spanish
- x Deceased
- x Under 18
- x Unavailable/out of country
- x Institutionalized (nursing home, jail, prison)
- x Does not want to do the survey

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.”

Proxy Qualifications

Use these guidelines to help a person decide if they qualify as a proxy respondent

- ✓ At least 18 years of age
- ✓ Knowledgeable about the patient’s care

Legitimacy Concerns

“This is an official government survey sponsored by the U.S. Department of Health and Human Services. Your primary care practice knows about this survey and encourages patients to complete it. You may have seen a poster about it in your primary care provider’s office.”

IF NEEDED:

- Medicare Beneficiaries: 1-800-MEDICARE for more information about the Patient Experience of Care Survey
- PCF Website: <https://www.innovation.cms.gov> and type PCF in the search field
- Help Desk email address: [INSERT VENDOR EMAIL HERE]

How long will this take?

“This takes about 20 minutes. We can get started now and I’ll move through the questions as quickly as possible to save you time.”