CENTER FOR HEALTH INFORMATION AND ANALYSIS

Quality of Care in the Commonwealth

Select Clinical Quality and Patient Experience Measures, 2023 and 2024

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Technical Appendix

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Quality of Care in the Commonwealth: Select Clinical Quality and Patient Experience Measures, 2023 and 2024

Technical Appendix

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Healthcare Effectiveness Data and Information Set (HEDIS®)

Measure Steward

National Committee for Quality Assurance (NCQA)

The clinical performance measures included in this report are drawn from the Healthcare Effectiveness Data and Information Set (HEDIS®) Measure Set developed by the National Committee for Quality Assurance (NCQA). All health plans that apply for NCQA accreditation for a given product line (Commercial, Medicare, and/or Medicaid) submit their HEDIS® measures to NCQA, based on the specified health plan enrollee population, using standard technical measure specifications defined by NCQA. NCQA recently changed their naming protocol to align with the measurement year rather than the year that the measure set was submitted. CHIA Reporting Year (RY) 2024 therefore corresponds to HEDIS Measurement Year (MY) 2024.

NCQA requires that these measures be submitted annually by each health plan and that the measures be independently audited by an NCQA-accredited auditing agency according to standard auditing specifications. All the health plans that submitted HEDIS® MY 2024 measures included in this report have successfully completed the NCQA-mandated audits for the measurement year.

Population

Measures for commercially insured enrollees in HMO and Point of Service (excluding Marketplace) products in participating health plans (Mass General Brigham Health Plan,[1] Blue Cross Blue Shield of Massachusetts, Point32Health (composed of the entities Harvard Pilgrim Health Care and Tufts Health Plan),[2] and Health New England) are included in this report.

The HEDIS® measures reported cover the health plan population that was enrolled as of December 31st of the reporting year (2023 or 2024) and met the enrollment, demographic, and clinical specifications required for each measure.

Performance Measures

Table 1 contains a list of the HEDIS measures reported by CHIA in the **Select Clinical Quality and Patient Experience Measures Dashboard**. Results are provided at the statewide, parent provider group, medical group, and practice site levels when there is sufficient data for reliable results. Measures that were new to collection in RY 2024 are reported at only the statewide level. Due to limited administrative claims, 3 measures are reported at only the statewide level (Controlling High Blood Pressure, Glycemic Status Assessment for Patients With Diabetes: Poor HbA1c Control [>9%], and Blood Pressure Control for Patients with Diabetes). Measures

[1] Mass General Brigham Health Plan was formerly AllWays Health Partners (name change as of January 2023)
[2] On January 1, 2021, Harvard Pilgrim Health Plan and Tufts Health Plan merged to form Point32Health. Currently both health plans continue to operate separate lines of business under the Point32Health company, so are reported separately in this publication.

for which there is not sufficient data for reliable results at the medical group and practice site levels are reported only at the statewide and parent provider group levels, as indicated in Table 1 below.

TABLE 1. HEDIS measures

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[3]	RY 2023 Reporting Level	RY 2024 Reporting Level
Adult Diagnostic Care	Use of Imaging Studies for Low Back Pain	LBP	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness (7-Day)	FUM-7	Menu	Statewide; Parent Provider Group	Statewide; Parent Provider Group
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness (30-Day)	FUM-30	Monitoring	Not Collected	Statewide
Behavioral Health	Follow-Up After Hospitalization for Mental Illness (7-Day)	FUH-7	Menu	Statewide; Parent Provider Group	Statewide; Parent Provider Group
Behavioral Health	Initiation and Engagement of Substance Use Disorder Treatment – Engagement	IET-E	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Behavioral Health	Initiation and Engagement of Substance Use	IET-I	Menu	Statewide; Parent Provider	Statewide; Parent Provider

[3] For information on the Aligned Measure Set, please see CHIA's 2026 Quality Measure Catalog Survey Results dashboard.

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[3]	RY 2023 Reporting Level	RY 2024 Reporting Level
	Disorder Treatment – Initiation			Group; Medical Group; Practice Site	Group; Medical Group; Practice Site
Behavioral Health	Pharmacotherapy for Opioid Use Disorder	POD	Menu	Statewide; Parent Provider Group	Statewide; Parent Provider Group
Chronic Condition Care	Asthma Medication Ratio	AMR	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group
Chronic Condition Care	Blood Pressure Control for Patients with Diabetes	BPD	Menu	Statewide Only	Statewide Only
Chronic Condition Care	Controlling High Blood Pressure	CBP	Core	Statewide Only	Statewide Only
Chronic Condition Care	Eye Exam for Patients with Diabetes	EED	Menu	Statewide; Parent Provider Group; Medical Group	Statewide; Parent Provider Group; Medical Group; Practice Site
Chronic Condition Care	Glycemic Status Assessment for Patients with Diabetes HbA1c Poor Control (>9.0%) [4]	GSD (formerly HBD-PC)	Core	Statewide Only	Statewide Only
Maternity Care	Prenatal and Postpartum Care – Postpartum	PPC-POST	Menu	Statewide; Parent Provider Group; Medical	Statewide; Parent Provider Group; Medical

[4] Beginning in MY 2024, this measure's name was updated from "Hemoglobin A1c control of Patients with Diabetes HbA1c Poor Control." The updated measure name is used throughout the dashboard for all reporting years for consistency. A lower score indicates better performance for this measure.

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[3]	RY 2023 Reporting Level	RY 2024 Reporting Level
	Care			Group; Practice Site	Group; Practice Site
Maternity Care	Prenatal and Postpartum Care – Timeliness of Prenatal Care	PPC-PRE	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Pediatric/ Adolescent Care	Child and Adolescent Well Care Visits, 3 – 21 Years: 3 – 11 years	WCV-11	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Pediatric/ Adolescent Care	Child and Adolescent Well Care Visits, 3 – 21 Years: 12 – 17 years	WCV-17	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Pediatric/ Adolescent Care	Child and Adolescent Well Care Visits, 3 – 21 Years: 18 – 21 years	WCV-21	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Pediatric/ Adolescent Care	Child Immunization Status (Combo 10)	CIS-10	Core	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Pediatric/ Adolescent Care	Immunizations for Adolescents (Combo 2)	IMA-2	Menu	Statewide; Parent Provider Group; Practice Site	Statewide; Parent Provider Group; Medical

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[3]	RY 2023 Reporting Level	RY 2024 Reporting Level
					Group; Practice Site
Pediatric/ Adolescent Care	Metabolic Monitoring for Children and Adolescents on Antipsychotics: Combined Blood Glucose/Cholesterol Testing	APM-BGCT	N/A	Statewide; Parent Provider Group	Not Collected
Pediatric/ Adolescent Care	Well-Child Visits in the first 30 Months of Life: 15 – 30 months	W30	Menu	Statewide; Parent Provider Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Breast Cancer Screening	BCS	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Cervical Cancer Screening	CCS	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Chlamydia Screening in Women Ages 16 to 20	CHL-AD	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Chlamydia Screening in Women Ages 21 to 24	CHL-YA	Menu	Statewide; Parent Provider Group; Medical	Statewide; Parent Provider Group; Medical

Measure Category	Measure Name	Measure Abbrev.	2024 Aligned Measure Status[3]	RY 2023 Reporting Level	RY 2024 Reporting Level
				Group; Practice Site	Group; Practice Site
Screening and Prevention	Colorectal Cancer Screening[5]	COL	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Colorectal Cancer Screening: 45-49 Years	COL-45	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site
Screening and Prevention	Colorectal Cancer Screening: 50 and Over Years	COL-50	Menu	Statewide; Parent Provider Group; Medical Group; Practice Site	Statewide; Parent Provider Group; Medical Group; Practice Site

Measurement Periods

The measurement periods vary somewhat by measure, but in general, MY 2024 measures reflect performance during calendar year 2024. Certain measures also count care provided in earlier years: for example, the breast cancer screening measure looks at exams performed in the measurement year or in the prior year.

Measure Selection

In 2025, MHQP, CHIA, and participating health plans collaboratively selected HEDIS® measures to be reported for this data request. The measure selection process began with HEDIS® measures that MHQP had collected in previous years and HEDIS® measures that are on the **2024 Massachusetts Aligned Measure Set**. The Aligned Measure Set is the result of a multi-year Quality Measure Alignment Taskforce measure selection process to propose

[5] In HEDIS MY 2022, NCQA updated the age range for the Colorectal Cancer Screening measure to align with the updates to the US preventive Services Task Force (USPSTF) guidelines to assess for adults ages 45-75 years. The **interactive dashboard** and accompanying **dataset** provides measure performance results (MY 2023 data only) for the prior age range (COL-50, 50-75 years) and the newly added ages (COL-45, 45-49 years).

measures intended to focus provider quality improvement efforts, while reducing the administrative burden on provider organizations to measure and improve quality.[6] HEDIS® measures ultimately selected are those that are likely to be able to be reported at a level below the state level, reflect the State's measurement priorities, and reflect health plans' recommendations. Of the measures selected, results for those that an individual health plan perceived to be inaccurate were excluded from the data the health plan shared with MHQP.

Data Sources

Five Massachusetts health plans provided the HEDIS® data used to compile the measures in these reports (Blue Cross Blue Shield of Massachusetts, Health New England, Mass General Brigham Health Plan, and Point32Health (Harvard Pilgrim Health Care/Tufts Health Plan). Four of these plans provided de-identified data at the individual member level, and one health plan aggregated to the individual provider level prior to submission to MHQP. All measures were attributed to the enrollee's assigned primary care provider (PCP) as of December 31st of the reporting year (2023 or 2024). A numerator event delivered by any eligible health care provider was credited to the assigned PCP, even if the event was delivered by a different eligible health care provider. The providers included in the reports were those listed as PCPs by at least one of the five participating health plans. These providers included internists, family practitioners, geriatricians, pediatricians, and nurse practitioners with patient panels as a PCP, and specialists who served as PCPs for some patients and had dual status according to at least one of the health plans.

In addition, all five health plans provided MHQP with a file containing provider directory information for all physicians and nurse practitioners in their plan eligible to serve as PCPs as of December 31st of the reporting year. These files were integrated into the Massachusetts Provider Database (MPD), which MHQP used to group the member-level data to the individual PCP level and the practice level. Individual PCP-level HEDIS® data supplied by the health plans was then mapped to each provider.

In an effort to continuously improve the assignment of providers to networks, medical groups, and practice sites, provider assignments begin with the information received from these organizations in previous years. Health plans submit updated provider directories to supplement this information. All networks, medical groups, and practice sites on MHQP's private MPD website (**https://private.mhqp.org/**) then have access to updated directories and yearly review and update contact information on this website, to remove the providers who no longer practice at their organization and to add the providers not listed. A majority of networks, medical groups,

[6] The Commonwealth currently relies on voluntary adoption of this Aligned Measure Set by providers and commercial payers; however, legislation signed in 2025 requires CHIA to establish a measure set for mandatory adoption (**Chapter 343: An Act Enhancing the Market Review Process**), which will further advance alignment quality measurement. As a result, the role of reviewing and recommending a standard quality measure set will transition to the **Statewide Quality Advisory Committee (SQAC)** beginning with the 2027-2028 Aligned Measure Set.

and practice sites have reviewed and modified their directories. The final clinician assignments for the current report are based on the modifications. If an organization did not review and validate its provider directory, the final provider assignments for that organization are based on the previous year's assignments.

Measurement Methods

For each of the measures, NCQA specified whether results should be calculated using administrative (claims/encounter) data only (referred to as the Administrative Data Method) or whether health plans could opt to draw a random sample of the HEDIS®-eligible population and use data obtained through medical record reviews to supplement the data derived from their claims and encounter records (referred to as the Hybrid Method). Medical record data could be used to identify patients who should be dropped from the denominator population, based on the exclusion criteria for a given measure, and to identify eligible numerator events that were not captured in the plans' administrative data. Appendix A identifies measures that may be calculated using the Hybrid Method. Please note that, for some health plans, access to on-site medical records and at practice sites was limited due to workforce constraints.

Adjustment Methodology

If a health plan chose to report eligible measures to NCQA using the Hybrid Method, the health plan reported the rate for their sample population based on Administrative Data Method and the rate based on the Hybrid Method (combination of administrative data and medical record review data) to MHQP. This enabled MHQP to calculate a "chart adjustment factor," which represents the increase in a plan's measured rate after medical record review (i.e., the Hybrid Method rate minus the Administrative Data Method only rate). MHQP adjusted the rates that were obtained for the health plan's entire HEDIS®-eligible population using the Administrative Data Method by applying the respective chart adjustment factors to each affected measure for the provider site, medical group, or physician network.

Since the completeness of administrative data can be influenced by factors such as the length of members' tenure with the plan (affecting the completeness of their historical clinical information), the completeness of encounter submission by the plan's network providers, and plan-specific payment policies that can affect measure specific procedure coding, the chart adjustment factors varied both by measure and by health plan. MHQP's adjustment methodology applied health plan and measure specific adjustment factors to each PCP's HEDIS® measurements. An example of the adjustment methodology is shown in **Table 2** below.

Table 2. Example of Adjustment Methodology

Health Plan	Raw Numerator (A)	Raw Denominator (B)	Unadjusted Rate (C) Calculated As: (C=A/B)	Chart Adjustment Factor (D)	Adjusted Rate (E) Calculated As (E=C+D)	Adjusted Numerator (X) Calculated As (X=AxB)
Health Plan 1	12	20	60%	5%	65%	13
Health Plan 2	15	30	50%	10%	60%	18
Health Plan 3	15	30	50%	No Adjustment	50% (unchanged)	15 (unchanged)
Overall	42	80	52.5% (42/80)		57.5% (46/80)	46

The claims adjustment factors were applied to each applicable measure by recalculating the measure numerator after increasing each clinician's plan-specific rate for that measure by the plan-specific adjustment factor for the measure.

In the above example, three of the five participating health plans provided HEDIS data for the provider on a given measure. Health Plans 1 and 2 used the Hybrid Method and supplied claims adjustment factors for this measure, while Health Plan 3 used the Administrative Data Method and made no adjustments.

Adjusted rates for provider networks, medical groups, and practice sites were calculated based on the sums of the adjusted numerators and the raw denominators for each affiliated PCP for each measure.

Reporting Methods

Rates are calculated for the following levels of provider organizations:

- **Parent Provider Group:** A parent provider group is an overarching affiliation of medical groups and/or practice sites with an integrated approach to quality improvement that health plans regard as a contracting entity for provider organizations. Most represent a collection of ambulatory practice sites whose integrated systems and procedures support clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, keeping medical records and follow-up). Some embody a collection of hospital-affiliated clinicians.
- **Medical Group:** A medical group is a provider organization which may exist within a broader parent provider group structure and generally comprises multiple practice sites,

but can represent a single, large multi-specialty practice site. Medical groups often have integrated administrative systems and procedures. Some represent hospital-affiliated provider organizations.

- **Practice Site:** A practice site is one clinician or a group of clinicians who practice together at a single location (i.e., same mailing address down to the suite #). The single location is the site where care is provided during specific periods of time. The same systems and procedures support clinical and administrative functions (e.g., scheduling, treating patients, ordering services, prescribing, maintaining comprehensive medical records). Medical records for all patients treated at the practice site are available to and shared by all physicians at the practice site, as appropriate.

The dataset provided includes all medical groups/practices who have eligible patients for a given measure. MHQP has identified those organizations whose results are reliable for benchmarking and reporting. For a medical group, there must be at least 3 or more providers and at least 30 eligible patients for a given measure. For a practice site, there must be at least 3 or more providers and at least 10 eligible patients for a given measure. For CHIA to publicly report a given measure, at least 50% of the practices/medical groups must be reportable for the measure and the sample population must be greater than or equal to 30.

Starting with MY 2023 data, CHIA is publishing statewide HEDIS measure performance results stratified by race and ethnicity for 14 NCQA measures that are found on the 2023 Aligned Measure Set: Colorectal Cancer Screening, Controlling High Blood Pressure, Glycemic Status Assessment for Patients With Diabetes HbA1c Poor Control (>9%), Prenatal and Postpartum Care, Child and Adolescent Well Care Visits, Breast Cancer Screening, Well-Child Visits in the First 30 Months of Life, Initiation and Engagement of Substance Use Disorder Treatment, Pharmacotherapy for Opioid Use Disorder, Asthma Medication Ratio, and Immunization for Adolescents.

Race and ethnicity classifications aligned with those defined by NCQA, as shown in **Table 3** and **Table 4** below. Only results with sufficient sample sizes (n ≥ 30) will be released publicly. Within this interactive dashboard, reported race categories were limited to Asian, Black or African American, White and reported ethnicity categories were limited to Hispanic/Latino and Not Hispanic/Latino; however, results for all other NCQA-endorsed race and ethnicity classifications (with sufficient sample size) are provided in the accompanying **dataset**. Patients' race and ethnicity classifications are a combination of directly (patient self-identified) and indirectly sourced race and ethnicity in accordance with NCQA reporting specifications.

TABLE 3. NCQA RACE CLASSIFICATIONS

Code	Race Classification
1	White
2	Black or African American
3	American Indian and Alaska Native
4	Asian
5	Native Hawaiian and Other Pacific Islander
6	Some Other Race
7	Two or More Races
8	Asked But No Answer
9	Unknown

TABLE 4. NCQA ETHNICITY CLASSIFICATIONS

Code	Ethnicity Classification
1	Hispanic / Latino
2	Not Hispanic/Latino
3	Asked But No Answer
4	Unknown

Calculation of the State Rate

The Massachusetts Statewide Performance rate is calculated by dividing the number of eligible managed care members from the five health plans who received the required test or intervention by the total number of members eligible to have received the test or intervention. This is a population-based rate, not the average of all the rates achieved by all the physician groups involved.

Consumer Assessment of Health Care Providers and Systems Clinician and Group Patient Centered Medical Home Survey (CG CAHPS) – Primary Care (Adult and Pediatrics)

Measure Steward

Agency for Healthcare Research and Quality (AHRQ)

CHIA Data Source

Massachusetts Health Quality Partners (MHQP), Patient Experience Survey (PES)

Population

Sample of commercially insured members of three health plans in Massachusetts in an HMO, PPO, or POS health plan product. Adult patients' ages 18+, pediatric patients ages 0 to 17. The 2024 MHQP PES results include data from five participating plans (Blue Cross Blue Shield of Massachusetts, Point32Health/Harvard Pilgrim Health Care, Wellpoint and Health New England) and four provider organizations (Mass General Brigham, Reliant Medical Group, UMass Memorial Health, and Tufts Medicine Integrated Network). The 2025 MHQP PES results include data from five health plans (Blue Cross Blue Shied of Massachusetts, Point32Health/Harvard Pilgrim Health Care, Wellpoint, MGB Health Plan, and Health New England) and three provider organizations (Mass General Brigham, Reliant Medical Group, and Tufts Medicine Integrated Network).

Measurement Periods

This dashboard includes results from the 2025 MHQP PES and the 2024 MHQP PES, generally reflecting patient-reported experiences with primary care visits in calendar years (CY) 2024 and 2023, respectively. As a result, measurement year (MY) 2025 refers to performance during CY 2024, and MY 2024 refers to performance during CY 2023.

Adult Primary Care Patient Experience Survey Measure

Measure Name	Description	Primary Data Source
Organizational Access	Survey respondents' scoring of satisfaction with their ability to get timely appointments, care, and information: 1. When you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed? 2. When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed? When you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Patient Reported Data/Survey
Office Staff	Survey respondents' scoring of their interactions with office staff. 1. Thinking about your most recent visit, was the staff from this provider's office as helpful as you thought they should be? 2. Thinking about your most recent visit, did the staff from this provider's office treat you with courtesy and respect?	Patient Reported Data/Survey
Integration of Care	Survey respondents' scoring of their satisfaction with their providers' integration of their care. 1. During your most recent visit, did the provider seem informed and up-to-date about the care you got from specialists? 2. Did someone from this provider's office follow up to give you those results? 3. During your most recent visit, did you and someone from this provider's office talk about all the prescription medicines you were taking, whether they were prescribed by this office or another provider?	Patient Reported Data/Survey
Communication	Survey respondents' scoring of their satisfaction with their patient-providers' communication. 1. During your most recent visit, did this provider explain things in a way that was easy to understand? 2. During your most recent visit, did this provider listen carefully to you?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	3. During your most recent visit, did this provider show respect for what you had to say? 4. During your most recent visit, did this provider spend enough time with you?	
Knowledge of Patient	Survey respondents' scoring of their satisfaction with how well doctors know them. 1. During your most recent visit, did this provider have the medical information they needed about you? 2. How would you rate this provider's knowledge of you as a person, including values and beliefs that are important to you?	Patient Reported Data/Survey
Adult Behavioral Health	Survey respondents' scoring of whether doctors talked to them about their mental health. Adult patients only. This composite refers to how patients answered questions about provider engagement with patients to talk about their behavioral health needs 1. During your most recent visit, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed? 2. During your most recent visit, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	Patient Reported Data/Survey
Self-Management Support	Survey respondents' scoring of whether healthcare providers talked with them and their family about goals for good health and ways to meet these goals. For adult patients, this composite refers to how patients answered questions about provider engagement with patients to talk about their goals for their health and things that make it hard to take care of their health. 1. During your most recent visit, did you and anyone in this provider's office talk about specific goals for your health? 2. During your most recent visit, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	Patient Reported Data/Survey
Willingness to Recommend	Survey respondents reported YES, they would definitely recommend their doctor to family and friends.	Patient Reported Data/Survey
Trust	Survey respondents' scoring of their trust in their providers. This composite refers to how patients answered questions about trust in their provider's decisions and consideration of their best interest.	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	1. Sometimes your provider cares more about what is convenient for them than about your medical needs. 2. Your provider is extremely thorough and careful. 3. You completely trust your provider's decisions about which medical treatments are best for you. 4. Your provider is totally honest in telling you about all of the different treatment options available for your condition. 5. All in all, you have complete trust in your provider.	

Pediatric Primary Care Patient Experience Survey Measures

Measure Name	Description	Primary Data Source
Organizational Access	Survey respondents' scoring of satisfaction with their ability to get timely appointments, care, and information: 1. When you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed? 2. When you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed? 3. When you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Patient Reported Data/Survey
Office Staff	Survey respondents' scoring of their interactions with office staff. 1. Thinking about your child's most recent visit, was the staff from this provider's office as helpful as you thought they should be? 3. Thinking about your child's most recent visit, did the staff from this provider's office treat you with courtesy and respect?	Patient Reported Data/Survey
Integration of Care	Survey respondents' scoring of their satisfaction with their providers' integration of their care. 1. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	months, did your child see a specialist for a particular health problem? 2. During your most recent visit, did the provider seem informed and up-to-date about the care your child got from specialists? 3. Did someone from this provider's office follow up to give you those results?	
Communication	Survey respondents' scoring of their satisfaction with their patient-providers' communication. 1. During your child's most recent visit, did this provider explain things in a way that was easy for your child to understand? 2. During your most recent visit, did this provider listen carefully to your child? 3. Did this provider give you enough information about what you needed to do to follow up on your child's care? 4. During your child's most recent visit, did this provider explain things about your child's health in a way that was easy to understand? 5. During your child's most recent visit, did this provider listen carefully to you? 6. During your most recent visit, did this provider show respect for what you had to say? 7. During your most recent visit, did this provider spend enough time with your child?	Patient Reported Data/Survey
Knowledge of Patient	Survey respondents' scoring of their satisfaction with how well doctors know them. 1. During your child's most recent visit, did this provider seem to know the important information about your child's medical history? 2. How would you rate this provider's knowledge of your child as a person – special abilities, concerns, fears?	Patient Reported Data/Survey
Self-Management Support	Survey respondents' scoring of whether healthcare providers talked with them and their family about goals for good health and ways to meet these goals. For pediatric patients, this composite refers to how supported the caregiver feels in independently managing the pediatric patient's care. 1. During your child's most recent visit, did you and anyone in this provider's office talk about specific goals for your child's health?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	2. During your child's most recent visit, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?	
Willingness to Recommend	Survey respondents reported YES, they would definitely recommend their doctor to family and friends.	Patient Reported Data/Survey
Child Development	Survey respondents' scoring of whether doctors talked to them about how well their child was growing, moving, speaking, learning, and getting along with others. 1. During your child's most recent visit, did you and anyone in this provider's office talk about your child's learning ability? 2. During your child's most recent visit, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age? 3. During your child's most recent visit, did you and anyone in this provider's office talk about how your child's body is growing? 4. During your child's most recent visit, did you and anyone in this provider's office talk about your child's moods and emotions?	Patient Reported Data/Survey
Pediatric Preventive Care	Survey respondents' scoring of whether doctors gave advice about keeping their child safe and healthy. Pediatric care only. This composite refers to how patients' caregivers answered questions about provider engagement with caregivers to talk about their child's home environment (addressing exercise, food, computer, safety, etc.). 1. During your child's most recent visit, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured? 2. During your child's most recent visit, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV? 3. During your child's most recent visit, did you and anyone in this provider's office talk about how much or what kind of food your child eats? 4. During your child's most recent visit, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?	Patient Reported Data/Survey

Measure Name	Description	Primary Data Source
	5. During your child's most recent visit, did you and anyone in this provider's office talk about how your child gets along with others? 6. During your child's most recent visit, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?	
Trust	Survey respondents' scoring of their trust in their child's providers. For pediatric patients, this composite refers to how caregivers answered questions about trust in their child's provider's decisions and consideration of the child's best interest. 1. Sometimes your child's provider cares more about what is convenient for them than about your child's medical needs. 2. Your provider is extremely thorough and careful. 3. You completely trust your child's provider's decisions about which medical treatments are best for your child. 4. Your child's provider is totally honest in telling you about all of the different treatment options available for your child's condition. 5. All in all, you have complete trust in your child's provider.	Patient Reported Data/Survey

Methodology

All scores for measures of patient experience in medical groups were pre-calculated by and received from the Massachusetts Health Quality Partners (MHQP).

Patient Experience measures scores are rated on a scale from 0 to 100. Each survey response is converted to numeric format, with 100 as the most favorable response. Related questions are averaged to create a respondent- level score for each measure. The respondents' measure scores are then case mix adjusted before aggregating to the medical group level and a statewide score. MHQP does not report scores for practices or groups with insufficient sample size, but individuals from these small practices or groups are counted at more aggregated levels, once sufficient sample size is reached.

As part of **MHQP's Measured Equity Initiative**, statewide measure results are stratified by federal Office of Management and Budget (OMB) standard race and ethnicity categories including White, Native Hawaiian or Other Pacific Islander, Black or African American, Asian, and American Indian or Alaska Native, starting with RY 2022 data (2023 MHQP PES).

Respondents to the Patient Experience Survey (PES) can select as many race and ethnicity categories as appropriate. Reporting is based on member self-reported responses and only those categories with sufficient volume to ensure valid and reliable results are included in this publication. Therefore, reported race categories were limited to Asian, Black or African American, and White. Direct questions from the survey are included below for reference:

Are you of Hispanic or Latino origin or descent?

- ◯ Yes, Hispanic or Latino
- ◯ No, not Hispanic or Latino

What is your race? *Check all that apply.*

- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Black or African American
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ My race is not listed

2024 Parent Provider Group Affiliations

2024 parent provider group affiliations are sourced from Massachusetts Health Quality Partners (MHQP). To see the affiliations for the HEDIS clinical quality data and PES data, please refer to the accompanying **dataset**.