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# General Guidelines for Telephone Interviewing on the Medicare Provider Experience Survey (ACO REACH CAHPS®)

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## Overview

These guidelines are provided to assist phone interviewers who are conducting the **Medicare Provider Experience Survey** in collecting the highest quality data possible. You play an extremely important role in the overall success of this study. You are the link to the hundreds of respondents who will provide valuable information to the project team. You are the person who develops rapport with the respondents, assures them that their participation is important, and obtains their full cooperation and informed consent, and helps them feel comfortable with the interview.

## General Interviewing Techniques

The Medicare Provider Experience Survey is administered as an electronic system telephone interview for nonrespondents to the mail survey. Telephone interviewers will use the electronic system to conduct each interview. The phone number is provided by the computer for you to make the call. The introduction to the survey and the questions you ask are programmed into a computer. You will read the questions from the computer screen and enter the answer to each question into the computer. Based on the answer you enter, the computer will automatically take you to a screen with the next applicable question.

When speaking with survey respondents or anyone in their household who may come to the phone, phone interviewers must follow these guidelines:

* Speak in an upbeat and courteous tone and maintain a professional and neutral relationship with the respondent at all times.
* Do not provide personal information or offer opinions about the survey.
* The phone interviewer must not introduce bias into the interview.
* Read all questions and responses exactly as presented. Do not change or condense any question or response options.

## Gaining Cooperation and Avoiding Refusals

The first and most critical step in avoiding refusals is your effort to establish rapport with reluctant respondents, therefore minimizing the incidence of refusals. Remember, once the respondent refuses, this project does not allow interviewers to call back to try to convert the refusal. Your initial contact with the sample member, therefore, is key. The following are some tips to follow to avoid refusals.

* Make sure you are mentally prepared when you start each call, and have a positive attitude.
* Be ready to respond rapidly to respondent’s questions. Use the ACO REACH CAHPS FAQs which provide to-the-point, concise language about why you are calling. Answering respondents’ questions quickly is important to getting your foot in the door, and it can spur respondent cooperation. Use only ACO REACH CAHPS FAQs. Let the ACO REACH CAHPS Survey Coordination Team know if any additional FAQs are needed.
* Treat respondents the way you would like to be treated.
* Always use an effective/positive/friendly tone and maintain a professional outlook.
* Listen to the respondent completely so you understand the reluctance/refusal at the start of the call.
* Do not debate or argue with the respondent. Rather, be accommodating to the respondents’ needs.
* Always remain in control of the interaction.
* Remember that you are a professional representative of your survey organization and the health care organization whose patients you are contacting.

## Introducing the Survey

The introductory scripts that open the survey guide you through accessing the correct respondent or proxy, giving respondents all legally-required information about the survey, and allowing the respondent to give their informed consent. If you can convince the respondent to remain on the line through the introductory scripts, chances are high that your respondent will complete the interview. Deliver the introduction at a conversational pace. Rushing through the introduction gives an impression of lack of confidence and may also cause the listener to misunderstand.

* Respondents are typically not expecting survey research calls, so they may need your help to clarify the nature of the call.
* Practice the introductory screens until you can present them in such a manner that your presentation sounds confident, sincere, and natural.
* Try not to pause too long before asking the first question in the survey following the introduction. A pause tends to indicate that you are waiting for approval to continue. And don't ask the respondent if it is ok to continue - continue on with the next question.

## Administering Survey Questions

* Ask the questions and response categories exactly as they are presented. Do not change the wording or condense any question when reading it to the respondent. Read verbatim.
* Read questions in the exact order in which they are presented.
* Emphasize all words or phrases that appear in bold, are underlined, or appear in italics.
* Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts).
* Text in (parentheses) can be read if necessary or skipped if not necessary.
* Do not read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories. These are instructions for the interviewers or response options that should not be offered as choice, but chosen if answered as such by the respondent.
* DON’T KNOW (DK) or REFUSED (REF) are valid response options for each question, but you should not read them aloud or volunteer them.
* Ask every question specified, even when a respondent has seemingly provided the answer as part of the response to a preceding question. The answer received in the context of one question may not be the same answer that will be received when the other question is asked. If it becomes cumbersome to the respondent, remind him or her gently that you must ask all questions of all respondents.
* If the answer to a question indicates that the respondent did not understand the intent of the question, or if the respondent requests that any part of the question be clarified, even if it is only one word, repeat the question.
* Read the questions slowly, at a pace that allows them to be readily understood. Remember that the respondent has not heard these questions before and will not have had the exposure that you have had to the questionnaire.
* Keep the respondent on task. If they begin to offer extensive feedback about their provider or health care experiences, do your best to continue to the next question.
* Read all transitional statements as they are presented. Transition statements are designed to inform the respondent of the nature of an upcoming question or a series of questions, to define a word, or to describe what is being asked in the question. Don’t create “transition statements” of your own, because these may unintentionally introduce bias into the interview.
* Do not suggest answers to the respondent or assume a respondent’s answers. Your job as an interviewer is to read the questions exactly as they are printed, make sure the respondent understands the question, and then enter the responses. Do not help the respondent answer the questions.
* Read all questions including those which may appear to be sensitive to the respondent in the same manner with no hesitation or change in inflection.
* Thoroughly familiarize yourself with the ACO REACH CAHPS Frequently Asked Questions list before you conduct interviews so that you are knowledgeable and able to respond to questions about the ACO REACH CAHPS survey.
* At the end of the interview, tell the respondent that the survey is completed and thank him or her for taking part in the survey.

## Providing Neutral Positive Feedback

The use of neutral feedback can help build rapport with respondents. Periodically acknowledging the respondent during the interview can help gain and retain cooperation during the interview.

Acceptable neutral acknowledgment words:

* Thank you
* Alright
* Okay
* I understand, or I see
* Let me repeat the question

## Probing

At times, it will be necessary for you to probe to obtain a more complete or more specific answer. Probes should stimulate the respondent to give a response without increasing the likelihood of one answer over another. Some general rules and neutral probes follow.

* Repeat the question if the respondent misunderstood or misinterpreted the question. After hearing the question the second time, the respondent will probably understand what information is expected.
* Repeat the answer choices if the respondent is having difficulty selecting a response option.
* Use a silent probe, which is pausing or hesitating to indicate to the respondent that you need additional or better information. Pause briefly to allow the respondent time to consider the questions and response choices. Consider using one of the following probes:
* “Take a minute to think about it.” REPEAT QUESTION, IF APPROPRIATE
* “So, would you say that is…” (AND REPEAT THE RESPONSE CATEGORIES)
* Which would be closer?” REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE RESPONDENT’S RESPONSE

Encourage the respondent to give his or her best guess if a respondent gives a “don’t know” response. Let the respondent know that this is not a test and there are no right or wrong answers. We are interested in the respondent’s opinions and assessment of the care that he or she has received.

Interviewers must not interpret survey questions for the respondent. However, if the respondent uses a word that clearly indicates yes/no, then the interviewer can accept those responses.

## Avoiding Bias

One common pitfall of interviewing is unknowingly introducing bias into an interview. Bias occurs when an interviewer says or does something that affects the answers respondents give in an interview. An interview that has significant bias will not provide accurate data for the research being conducted; such an interview may have to be thrown out.

As a professional interviewer, remaining neutral at all times ensures that bias is not introduced into the interview. There are many things you can do or avoid doing to help ensure that no bias is introduced. You should

* read all statements and questions exactly as they are written,
* use neutral probes that do not suggest answers,
* when providing encouragement to respondents, use only neutral language (e.g., “thank you” or “I understand”) instead of suggestive language (e.g., “that’s great” or “these days it’s hard to find a good doctor” or “You’re 69 years young” is not acceptable.
* not use non-verbal language, such as a cough or a yawn to influence the interview.

Taking these steps to monitor your own spoken and unspoken language will go a long way to guarantee that the interviews you conduct are completed correctly and efficiently.

## Be Knowledgeable About ACO REACH CAHPS Procedures and Be Prepared for Each Interview

Remember, the key to successful interviewing is being prepared for every contact that you make, whether it is with the respondent or someone in their household who may come to the phone. Some general rules that you should follow every time you place a call are provided below.

1. ***Have a complete set of the appropriate materials at your work station***. They should be organized in such a manner that you can quickly find the information you need (for example, Frequently Asked Questions [FAQs], statements of purpose of the study) to answer questions from sample members or others in the household.
2. ***Be prepared before you place each call****.*You should be able to fluidly and confidently explain the purpose of your call to the sample member or his or her family and friends who may come to the phone. Do not rely on your memory alone; use the written materials at your work station.
3. ***Act professionally***. Convey to sample members or whomever may come to the phone that you are a professional who specializes in asking questions and conducting interviews. As a professional interviewer, you have specific tasks to accomplish for this survey.
4. ***Make the most of your contact***. Even though you may not be able to obtain an interview on this call, it is important to make the most of the contact to aid in future attempts. For example, if you are trying to contact the sample member and he or she is not available, gain as much information as you can to help reach the sample member the next time he or she is called. Important questions to ask:
* What is the best time to reach the respondent?
* Can you schedule an “appointment” to reach the respondent at a later time?
1. ***Don’t be too quick to code a sample member as physically/cognitively/mentally incapable***. Some sample members may be hard of hearing or appear not to fully understand you when you call. When in doubt, rather than immediately coding these cases as “Incapable,” please attempt to set a call-back for a different time of day and different day of the week. It is possible that reaching the respondent at a different time may result in your being able to conduct the interview with him or her.

Remember, **the use of proxy respondents is permitted for sample members who are confirmed to be physically, cognitively, or mentally incapable of taking the survey. Someone who is severely ill or hearing impaired may also be considered physically incapable of the interview.** Typically, a household member will explain the sample member’s status to the interviewer and the interviewer may proceed with conducting the interview via a proxy respondent. The proxy should be someone like a family member or friend who is familiar with the sample member’s recent healthcare.

For situations where the sample member is mentally or physically incapable and a proxy is not available, you should code the case as the appropriate ineligible category (180 – Mentally or Physically Incapacitated).

Note that for situations where someone only needs assistance with translating the questions into their language which is other than English or Spanish, and translation assistance is not available, code the case as the appropriate ineligible category (170 – Language Barrier).

1. ***Keep in mind that people who are in a residential or care assisted living facility are not eligible for the telephone survey.*** They are only eligible for the mail survey.

If you find out during a phone call attempt that the sample member is in one of those facilities, code the case as 260 – No Response to Mail Survey RCF Patients.

Note that people who live in group quarters should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.

1. ***And finally, remember that people who are institutionalized, living out of the country during data collection period, or deceased are ineligible.*** Code as the appropriate ineligible category (160 – Does Not Meet Eligibility Criteria).