

## To Get the Most Out of HowsYourHealth: Customization

- Your patients (or community respondents) will be able to respond to your custom options after entering the passcode when requested.
- You may also automatically enter the passcode for them if they enter from a howsyourhealth link from your personal website. Use the address: [http://www.howsyourhealth.com/cgi-bin/start.py?Q0x=YOUR\\_PASSCODE](http://www.howsyourhealth.com/cgi-bin/start.py?Q0x=YOUR_PASSCODE)

### Change Your Survey

**Add Up to 10 Subgroups** for sorting information (for example Drs. A, B, C in your practice). Communities/practices that wish to have a much more extensive list of subgroups (such as employers, practices, hospitals, etc) should contact the webmaster.

**Modify or add up to 5 questions** (three are yes/no; 1 is three response, 1 is 5 response). You can change over time. Make sure you keep track of the data because the response automatically appear in your summary data base and can be censored by date) for those 9-17, for those 18-69 and those older than 70

**Add an open-ended question** such as *“what do you suggest our practice do to make you care better?”*

**Add CAHPS.** (Note-increased patient response burden). The consumer assessment of health plans survey is a multi-item survey desired by some to look in greater detail at Access, General Communication, Doctor Rating and Doctor Communication about several problems, Doctor Style of Communication, Staff Courtesy, Patient Race and Education, and Shared Decision Making. You can add these questions in their entirety (but it will require substantially more patient time) or randomly (to reduce response burden). THE DEFAULT AUTOMATICALLY INCLUDED IS CAHPS RACE AND EDUCATION AND DOCTOR STYLE. (Except for style CAHPs domains are subsumed by HowsYourHealth items. Extensive analysis of the CAHPS compared to single item HowsYourHealth items reveals little “gain” in validity from multiple items. Wasson JH, Benjamin R, Johnson D, Moore LG, and Mackenzie T. Patient Use the Internet to Enter the Medical Home. J.Amb.Care.Mgmt. 2011; 34:38-46). We recommend CAHPs be used randomly every year or so by practices that want to compare themselves to CAHPs national norms.

**Offer Pre-visit Medical Check.** (Note-Increased patient response burden). When activated, patients who respond to question “are you visiting the doctor within 2 weeks” can be asked additional questions that provide a “review of systems” and reason for visit. These questions can increase both the efficiency and billing of office visits. When activated these items are summarized on the Action Form for the clinical staff.

**Include Family History.** Some employers interpret Federal regulations (wrongly we believe) as prohibiting questions about family history. This allows elimination. The default is inclusion of family history.

## Choose Your Summary

You can choose anonymous summary data for respondents by age group, range of dates, and illness burden. These options enable comparable comparison of results across practices and within a practice over time.

### **Request All Items and Practice Quality.**

Practice Quality is based on categories that illustrate Important Processes and Desirable Consequence of primary care. The "overall measure" is that of "I receive exactly the care I want and need..."; the "medical home processes" is an average of access, continuity, efficiency and coordination; "interaction style" refers to an average for MD listens and respects; "communication" is information quality for chronic disease(s); "confidence" refers to patient self-management and health problem solving; "aware of functional limits" is an average of MD/Nurse awareness for any of the 6 significantly bothersome functional categories; "Benchmarks" is an average for age/gender screening (mammograms, lipid testing, bowel cancer testing), blood pressure > 150 and cholesterol < 200 for diabetics and those with cardiac or hypertensive disease, and blood sugar < 140 for diabetics; "Wellness" is an average of exercising regularly, not having poor eating/health habits, and not smoking; "No Hospital or ED" is a measure of utilization in last year; and "Meds Not Make Ill" is based on patient report of neither "yes" nor "maybe" their medications are making them ill.

The median and cutoff for the top third of over 100 typical clinical settings (in which about half of the patients have a chronic disease of bothersome functional limit) 100 is best. As a measure of equity of care, the Quality Summary lists all patients and those who have financial problems. The difference should be less than 10 absolute points. In all Tables, "too few" indicates 6 or fewer measures in a cell. Measures are very stable when there are 60 or more; reasonably stable for 20 or more; and crude estimates when < 20.

The item summary following the quality summary produces all variables for all respondents sorted by age, gender and chronic conditions. This detailed listing enable clinical setting to specifically identify deficiencies. The best "scores" from the respondent perspective are obvious.

**Open Ended and Harms List.** In the future clinical settings will be able to see verbatim responses to Open-ended questions (if activated as described above) in real time. Verbatim responses provided for patients who personally experienced health care related harms in the past year. Until this option is activated, Contact the Webmaster for your list.

## Choose Patient Report

**Email Action form/activate registry.** The emailed action form and Registry includes personal identifiers and key variables from HowsYourHealth. THIS OPTION MUST BE ACTIVATED if you want your patients/respondents to put information in the Registry and email you their responses. The Registry enables sorting of patients and generation of lists for population management.

The patients/respondents are informed and must OPT IN for their information to be sent to a

Venix Corporation of Lebanon, New Hampshire. When you activate this option you will receive a description of the Registry obligations of the service provider and you must email confirmation.

It reads as follows:

*If you would like to submit your information to your physician or health system by email you will have to identify yourself so that it is known who is sending the information. The information is kept in a secure, private file. Please fill out the form below and click the "Submit Info" button otherwise click the "Continue" button.*

*Email transmissions may be unencrypted. Although it is unlikely, it is theoretically possible for a third party to view your information while it is in transit to your physician. If you wish to send this information to your physician or nurse, choose "Submit Info".*

**HTML/TXT** If information is to be electronically sent the default format is HTML. However, TXT can also be chosen for import into an EHR.

**Consent for Research and Condition Management.** If you choose, you may ask users to participate in a condition management/research options. Users can submit their name and phone number at the end of the survey, which will be sent to you, along with their survey results in the registry. To use this function, you must also have configured your email address (see above).

You will be asked to describe your 'invitation'. For example, if you have diabetes, heart disease, or re bothered by your feelings and pain, please sign up so we can re-contact you and see how your are doing. If it is research, you must explain benefits and harms of participation.

## INFREQUENT OPTIONS

**Update password.** If needed for security reasons.

**Update or review contact information.** So that you can be contacted about the status of your agreements with HowsYourHealth. We offer your information to no one.

**View Subscription.** You will be automatically contacted 1 month before your registration agreement is due. If you miss the deadline, you have a 2 week grace period.

**Request personal identifier.** Some users wish their patients/respondents to enter a specific number or code before beginning the HowsYourHealth survey.