

The CAHPS Database
2016 CAHPS® Clinician & Group Survey (CG-CAHPS) Database
Data Use Agreement

Instructions

1. All organizations that want to participate in the CAHPS Clinician and Group Survey Database must submit a signed Data Use Agreement (DUA) and provide the organization name (hereinafter termed “**Participating Organization**”), the Participating Organization’s point of contact and Vendor name.

Data collection vendors may not sign this DUA on behalf of a medical group, system, health plan or practice (even if they have been given permission by the medical group, system, health plan or practice to handle the actual submission of data). Only a duly appointed representative from the medical group, system, health plan or practice may sign this DUA.

2. Provide the name and address of each individual practice which is represented by the Participating Organization and therefore covered under this Data Use Agreement in the required Excel file format and submit the file along with this Data Use Agreement.
3. Each year, the CAHPS Database receives requests from various state and regional coalitions to support their initiatives to report CG-CAHPS survey results based on data submitted to the CAHPS Database. In order for these coalitions to gain access to CG-CAHPS data for this purpose, Participating Organizations must provide their express authorization.
If the data being submitted to the CAHPS Database are part of one of these initiatives, please complete the Authorization Form attached with this DUA.
4. Upload a scanned copy of the signed DUA and Authorization form along with the completed Practice List file through the DUA Submission Portal at <https://www.cahpsdatabase.ahrq.gov>
5. Please retain a copy of the fully signed and executed DUA for your records.

Westat has pre-signed this DUA in its current form. Any changes or modifications to the DUA or the authorization form other than those required to complete the DUA, such as contact information, will require review and execution, by both parties, of a new DUA or addendum.

If you have any questions or require any additional information please contact the CAHPS Database at 888-808-7108 or by email to CAHPSDatabase@westat.com.

The CAHPS Database
2016 CAHPS Clinician & Group Survey (CG-CAHPS) Database
Data Use Agreement

1. This Data Use Agreement (DUA) is made by and between Westat and the organization named below (hereinafter termed “**Participating Organization**”) which includes any practice listed in the attached file submitted along with this Data Use Agreement.

Name of Participating Organization

Street Address of Participating Organization

City

State

Zip Code

VERY IMPORTANT: Type or write in the name of the Participating Organization above. If more than one *practice or site* is represented, list the name of the overall medical group, system, health plan or practice above and IDENTIFY EACH INDIVIDUAL PRACTICE or site for which data will be submitted in the required file format and submit the file along with this Data Use Agreement.

2. This DUA specifies the terms and conditions of Participating Organization’s submission of its CAHPS Clinician & Group Survey (CG-CAHPS) data to Westat for participation in the CAHPS Clinician & Group Survey Database (hereinafter termed the “Database”).
3. The purpose of the Database is to establish a central repository of CAHPS survey data to facilitate comparisons of health plan, medical group, clinician, and health care facility performance as measured by the CAHPS suite of surveys. The Database is designed to continue and expand this comparative database through the voluntary participation of organizations that have implemented the CAHPS Clinician & Group Survey (CG-CAHPS) and are willing to submit their CG-CAHPS survey data to Westat for inclusion in the Database.

The CAHPS Database is funded by the Agency for Healthcare Research and Quality (AHRQ) under a contract and the Database is managed and administered by Westat, a private research organization under contract with AHRQ. Westat will operate the Database to comply with the provisions in this DUA. Within this framework, Westat will manage and administer the Database using its discretion as necessary, and it will seek and be guided by the advice and counsel of the CAHPS Technical Expert Panel established by Westat, in accordance with its contractual obligations, to provide input throughout the design, development and administration of the Database. The Technical Expert Panel consists of representatives from various survey sponsor organizations and other groups with an interest in the Database.

4. Participating Organizations will provide their survey data to the Database for analysis and reporting according to the terms specified in this DUA. By agreeing to participate in the Database, each Participating Organization agrees to make every good faith effort to provide data, as specified by the data specifications outlined below, for inclusion in the Database (this data being collectively referred to as the “Data”), including:
 - a) A copy of the final survey instrument administered for each surveyed population for which data will be submitted to the Database;
 - b) Participating Organization’s final, respondent-level CG-CAHPS survey data, as collected by the Participating Organization itself or by a survey data collection vendor, according to the data specifications outlined for the Database; and
 - c) Selected medical practice organizational characteristics data (e.g., ownership, medical specialties represented, etc.) and information related to survey administration (e.g., mode of survey administration, dates of administration, sample size, response rate, etc.).
5. In accordance with the AHRQ confidentiality statute [at 42 USC 299c-3(c)], Westat agrees to establish appropriate and necessary administrative, technical, and physical procedures and safeguards to protect the data. Only Westat and duly authorized representatives appointed by AHRQ will have access to the identifiable source data provided by Participating Organization. In addition, Westat will ensure appropriate staff training to protect the confidentiality of the identifiable data and to prevent unauthorized access to it and any unauthorized use of it.

OMB Control No.: 0935-0197 Expiration: Pending

6. Participating Organization's Data will be accepted into the Database provided that the version of the CG-CAHPS survey administered by Participating Organization is deemed acceptable by Westat (i.e., not modified substantially from the original CG-CAHPS survey instructions and items) and the data submitted by Participating Organization are deemed acceptable. Westat will promptly notify the Participating Organization of any problem, if any, with the survey version(s) administered or with the data submitted. If the survey version administered is acceptable but the data submitted are problematic, Westat will make a good faith effort to work with the Participating Organization to complete or correct the data submission, but reserves the right to not include incompatible or flawed data in the Database.
7. Participating Organization's data files will be aggregated for comparative purposes along with other Participating Organizations' Data in the Database. Westat will report aggregate statistics on CG-CAHPS survey composite scores and items across all Participating Organizations and across various subsets of Participating Organizations (e.g., ownership, medical specialties represented, etc.) in the CAHPS Database online reporting system. The online reporting system will not publicly identify individual Participating Organizations by name. Only aggregate data will be reported, and only when there are sufficient data so that such aggregation will not permit the identification of Participating Organizations by other Participating Organizations or the public. The results will be made available to Participating Organizations and the public in the CAHPS Database online reporting system at no charge.
8. Westat may conduct psychometric analyses of the aggregate data to examine its distributional properties (variability, missing data, skewness), and to assess the factor structure and reliability. In any data analysis reports that may be produced, such reports will not identify individual Participating Organizations by name and results will only be reported in a manner that will not permit the identification of Participating Organizations.
9. Westat may grant access to Participating Organization's data for health care research purposes approved by AHRQ according to the following provisions:
 - a) Access to aggregate data files that do not identify individual Participating Organizations or permit reidentification may be granted by Westat without the specific authorization of Participating Organizations whose data are included as part of the aggregate data files. These data files may include variables describing the Participating Organization according to types (e.g., ownership, medical specialties represented, etc.), provided the variables do not permit reidentification.
 - b) Access to data files specific to an identifiable Participating Organization may be approved only with the express written authorization of the Participating Organization whose data files are requested. Researcher analyses of the data files provided to researchers under these provisions and containing any identifying information, may not be released, disclosed or made public by the researchers without the express written authorization of any Participating Organizations that may be identified in the published research analysis.
10. Westat agrees to use the Data submitted by Participating Organization only for the purposes stated in this DUA.
11. Westat has signed this DUA in its current form. Any changes or modifications to the DUA other than those required to complete the DUA, such as contact information, will require review and execution, by both parties, of a new DUA or addendum.
12. If Participating Organization represents more than one practice or site, include the name and address of each individual practice which is represented by the Participating Organization and therefore covered under this Data Use Agreement in the required file format and submitted along with this Data Use Agreement.

NAME OF SURVEY VENDOR – Organization submitting participating organizations' data:

PLEASE SIGN, COMPLETE THE INFORMATION BELOW, AND RETURN ALL PAGES OF THIS DATA USE AGREEMENT BACK TO WESTAT.

The undersigned individual hereby attests that he/she is duly authorized to represent the Participating Organization and all practices listed in the Excel file template and in so doing, enters into this Data Use Agreement on behalf of the Participating Organization and the practices listed in the Excel file and agrees to all the terms specified herein.

Name: _____

Title: _____

(Signature)

(Date)

NAME AND ADDRESS OF POINT OF CONTACT:

Please provide the name and address of the individual from Participating Organization who should be the point of contact of this completed Data Use Agreement:

Name of contact (if different from above): _____

Title (if different from above): _____

Address: _____

Phone number: _____

Fax number: _____

Email address: _____

The undersigned individual hereby attests that he is duly authorized to represent Westat, and, in so doing, enters into this Data Use Agreement on behalf of Westat and agrees to all the terms specified herein.



David Maklan
Senior Vice President, Westat

**AUTHORIZATION FOR USE OF CAHPS CLINICIAN & GROUP (CG-CAHPS)
SURVEY DATA IN COALITION REPORTS**

Each year, the CAHPS Database receives requests from various state and regional coalitions to support their initiatives to report CG-CAHPS survey results based on data submitted to the CAHPS Database. In order for these coalitions to gain access to CG-CAHPS data for this purpose, medical groups and practices submitting data to the CAHPS Database must provide their express authorization. This form is designed to streamline the authorization process as part of the standard Data Use Agreement (DUA) signed by organizations participating in the CAHPS Database.

In 2016, the following two coalitions request authorization to use CG-CAHPS data collected in the 2015 survey year that have been submitted to the CAHPS Database in 2016.

If your organization participates in one of these coalition initiatives, please complete this Authorization form by initialing the appropriate line to indicate your authorization for use of your 2015 CG-CAHPS survey year data.

1. Michigan Patient Experience of Care (MiPEC) Initiative

The Michigan Patient Experience of Care (MiPEC) Initiative requests authorization for access to CG-CAHPS 2015 survey year data submitted to the CAHPS Database in 2016 by Physician Organizations and their affiliated medical groups and practice sites participating in the MiPEC Initiative. By initialing YES below, I hereby grant permission to MIPEC participating health plans and to MIPEC project staff from the Greater Detroit Area Health Council to view our survey results in the CAHPS Database online reporting system. I also grant express permission to allow the MIPEC project staff and its contractors access to the data files of the individual practice sites listed in the Excel file attached to this DUA, for purposes of creating and sharing reports according to the terms agreed to in the MIPEC Data Access and Use Policy. [Note: Please contact Lisa Mason at lmason@gdahc.org, or at 313-596-0811, if you have any questions about this request.]

Please initial one:

_____ YES, authorization is hereby granted for the requested use of our CG-CAHPS survey data.

_____ NO, authorization is not granted for the requested use of our CG-CAHPS survey data.

2. Maine Health Management Coalition (MHMC)

The Maine Health Management Coalition (MHMC) requests authorization for access to CG-CAHPS 2015 survey year data submitted to the CAHPS Database in 2016 by Maine medical groups and their affiliated practice sites. By initialing YES below, I hereby grant MHMC access to the data files of the individual practice sites listed in the Excel file attached to this DUA, to be used by MHMC for assigning ratings (Low, Good, Better, Best, etc.) that will be publically reported for these practices for up to a two-year period. [Note: Please contact the PTE Program Office at PTE@mehmc.org, or at 207-844-8106, if you have any questions about this request.]

Please initial one:

_____ YES, authorization is hereby granted for the requested use of our CG-CAHPS survey data.

_____ NO, authorization is not granted for the requested use of our CG-CAHPS survey data.