



Patient Experiences of Care in HEDIS and Accreditation

- **1998**
 - Member Satisfaction Survey (MSS)
 - Health plans accredited by NCQA required to report HEDIS
- **1999 – CAHPS Health Plan Survey 2.0H**
 - Survey joins HEDIS measurement set
 - Survey results used for Accreditation scoring
- **2003**
 - CAHPS Health Plan Survey 3.0H adopted; scoring revised to hold plans harmless for trending issues
- **2004**
 - Health Plan Survey 3.0H results account for 14% of health plan accreditation score
- **2005**
 - CAHPS Health Plan Survey 4.0 public comment delayed pending field test

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What we have learned from 8 years of using CAHPS in HEDIS

- Now have linked data base from plans covering more than 75 million persons over 8 years
- Multiple studies done using HEDIS CAHPS data base (more than 60 studies in EntrezPubMed data base since 2000)
- Gradual improvement in most scores related to health plan function
- Modest correlations between HEDIS effectiveness of care and CAHPS scores
- Have used survey as vehicle for new effectiveness measures that are best reported from patient perceptions
 - Influenza and pneumococcal vaccine
 - Smoking cessation

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Barriers to Continued Use

- Health Plan concerns over cost of doing survey –only a few entities (NCQA and CMS, few others) require it
- Lack of health plan influence on clinician related components
- Lack of direct “actionability” of many of the questions
- Confusion about potential use of the new CAHPS Clinician & Group Survey instead of the CAHPS Health Plan Survey

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Issues for Implementation

- Attribution/Influence (control) of new instrument
- Sampling
- Sample size-response rate (falling)
- Data collection
 - Vendor oversight (audit/certification)
 - Data base

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Ambulatory CAHPS Effort

- Address functions relevant at different levels of health care system including health plans, practices, physicians
- Allow users flexibility to select components relevant for specific purpose while maintaining national standards for comparison
- Improves comprehension among diverse populations
- Root questions and construction as close as possible- but with variations to reflect site

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The CAHPS Family of Surveys

CAHPS Hospital Survey

CAHPS Clinician
& Group Survey

CAHPS Health Plan Survey

CAHPS PPO Survey

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NCQA Input on CAHPS Health Plan Survey

- **Address health plans' concerns about the Health Plan Survey**
 - Focus on health plan functions
 - Need for actionable items
 - Items responsive to change
- **Maintain accountability and trending**
- **Address new areas of accreditation content identified in market research**
 - Member Connections
 - Health Improvement
 - Physician and Hospital Quality

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NCQA's CAHPS Task Force

- Representatives of 14 organizations convened to discuss implementation of the new 4.0H version of the CAHPS Health Plan Survey
- January 2005 initial meeting to review survey changes
- November 2005 reviewed field test results
- February 2006 discussed transition issues and impact on accreditation requirements

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3.0H vs. 4.0H Versions of the CAHPS Health Plan Survey

Composites

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service
- Claims Processing

Ratings

- Health care
- Health plan
- Personal doctor
- Specialist

One composite dropped

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3.0H vs. 4.0H Versions of the CAHPS Health Plan Survey

- Revised response sets for Getting Needed Care and Customer Service composites:
 - “How much of a problem” changed to “how often” to improve comprehension among low-income populations and for cross-cultural comparison
- Several individual items dropped based on field test results
- Items reordered
 - Based on A-CAHPS approach of defining functions at different levels of health system
- New content related to Quality Plus areas

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3.0H vs. 4.0H Versions of the CAHPS Health Plan Survey: New Content

- | | |
|---|--|
| Health Improvement | <ul style="list-style-type: none">• Health Promotion and Education• Shared Decision Making• Coordination of Care |
| Member Connections | <ul style="list-style-type: none">• Plan Information on Costs |
| Physician & Hospital Quality | <ul style="list-style-type: none">• Information for Provider Choice<ul style="list-style-type: none">– Tested, but not recommended for inclusion |

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Field Test of the CAHPS Health Plan Survey 4.0H

- **Purpose**
 - Assess psychometric properties, ability to discriminate among plans, and impact on trending
- **Participants**
 - Six plans (includes 1 Medicaid Plan, 1 PPO)
 - High and low performers on CAHPS 1st quartile and 4th quartile)
 - As much geographic distribution as possible
- **Design**
 - Side by side samples using CAHPS Health Plan Survey 3.0H and CAHPS Health Plan Survey 4.0H field test version
 - Draw adequate sample to yield 300 completes (150 by mixed mode and 150 by telephone only)

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Field Test Results: Ratings

- Negligible impact on trending due to reordering of items
 - Rating of All Health Care
 - Rating of Health Plan
 - Rating of Specialist Seen Most Often
- Minimal impact on rates, denominators or trending due to change in wording & reordering
 - Rating of Personal Doctor
 - Deleted “or nurse” from question

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Field Test Results: Composites

- **Getting Needed Care – Not trendable**
 - Revised response choices to Always/Usually/Sometimes/Never
 - Item dropped on Finding a Personal Doctor (will remain available as a supplemental item)
 - Item dropped on Getting Plan Approval based on field test
- **Getting Care Quickly – Not trendable**
 - Item dropped on Taken to Exam Room Within 15 Minutes
 - Item dropped on Getting Help by Phone for consistency with AHRQ's Core survey (will remain available as a supplemental item)

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Field Test Results: Composites

- **How Well Doctors Communicate - Trendable**
 - All items in composite reworded to ask about experiences with “your personal doctor”. Previously asked about “doctors or other health providers”. – minimal impact
- **Courteous and Helpful Office Staff**
 - Composite dropped

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Field Test Results: Composites

- **Customer Service – Not Trendable**
 - Revised response choices to Always/Usually/Sometimes/Never
 - Item on Usefulness of Written Materials is included (different from in CAHPS Health Plan Survey core questionnaire)
- **Claims Processing - Trendable**
 - Claims timeliness question reworded to ask if claims were handled “quickly.” Previously asked if claims were handled “in a reasonable time.” – Minor impact

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Field Test Results: New Content

- **Shared Decision Making**

- In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care? [Definitely Yes, Somewhat Yes, Somewhat No, Definitely No]
- In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you liked best? [Definitely Yes, Somewhat Yes, Somewhat No, Definitely No]
- Recommend rolling average scoring as denominators were small

- **Health Promotion and Education**

- In the last 12 months, how often did you and a doctor or other health provider talk about how to stay healthy or prevent illness? [Never, Sometimes, Usually, Always]
- No concerns from field test

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Field Test Results: New Content

- **Coordination of Care**

- In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? [Never, Sometimes, Usually, Always]
- No concerns from field test

- **Plan Information on Costs**

- In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment? [Never, Sometimes, Usually, Always]
- In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines? [Never, Sometimes, Usually, Always]
- Recommend rolling average scoring as denominators were small

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Use in Expanded NCQA Evaluation Programs

- **Public comment, reconsideration by CPM and by standards committee for HEDIS CAHPS 4.0**
- **Scoring for accreditation**
 - What we are considering where questions are not trendable
- **Relationship to new accreditation areas in Quality Plus**
 - Member Connections
 - Care Management
 - Physician Hospital Quality
- **Patient Centered Care-Primary and Specialty Care**
 - Patient Activation (PAM)
 - Patient Experiences (CAHPS Clinician & Group Survey)
 - Medical Home-systemness (PPC)
 - Disparities

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