Use of CAHPS® Data For Monitoring/Improving Care

National CAHPS® Benchmarking Database
Plenary Panel Discussion

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Importance of CAHPS Data

- Plans value CAHPS data
  - RAND study
- Consumer views of 'quality'
- Correlates with technical quality
- Significant variation between plans
- For Medicaid plans
  - autoassignment algorithm
  - quality incentive bonus

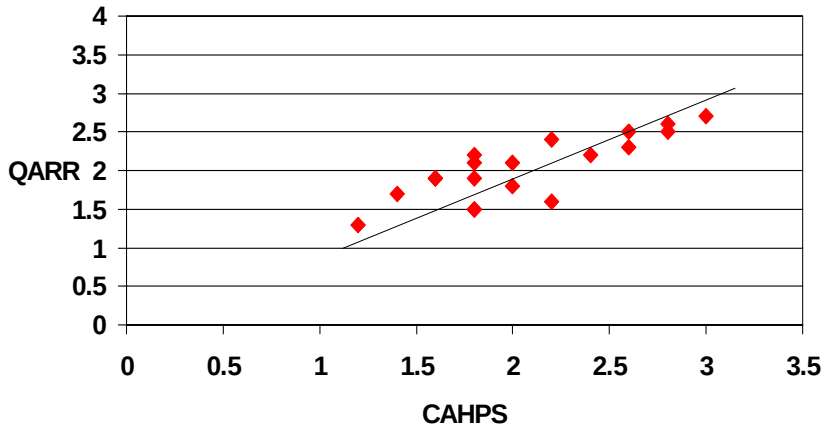
Why are CAHPS Data Important ?

- Consumers understand and believe in relevance of satisfaction ratings to describe PLAN performance
  - Understand patient compliance component of technical preventive measures
  - NYS Consumer Guide Focus Groups

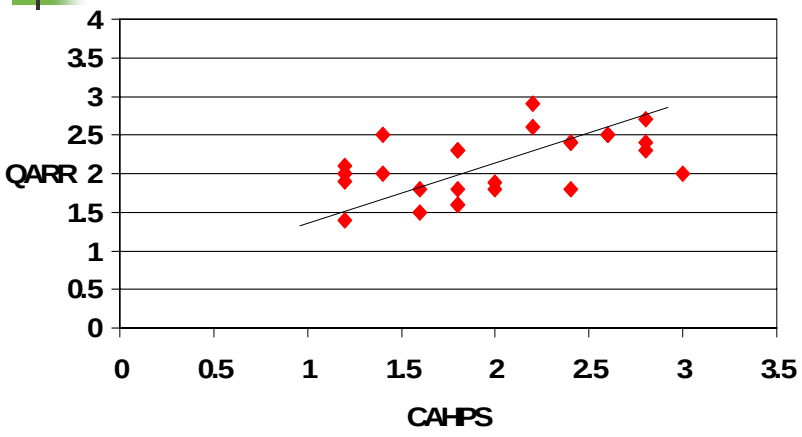
Why are CAHPS Data Important ?

- Quality of care positively associated with patient satisfaction
  - Medicare HEDIS® (Schneider et. al. Medical Care, December 2001)
  - Diabetes Care (Narayan et. al. Journal of the National Medical Association, January, 2003)
  - Depression Management (Orlando and Meredith, Medical Care, August 2002)

CAHPS vs QARR Scores: NYS Commercial, 2004

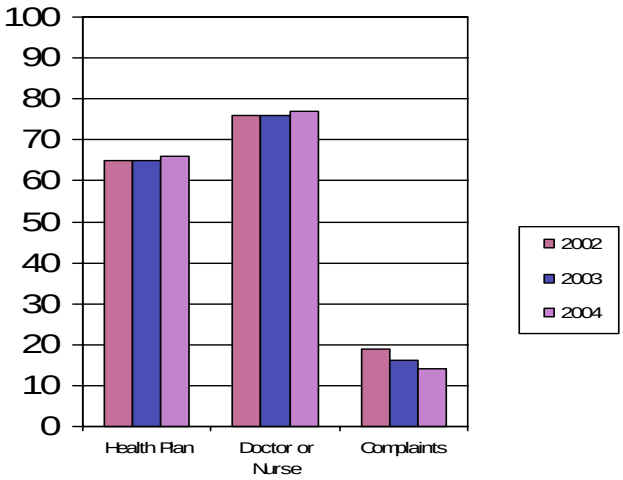


CAHPS vs QARR Scores: NYS Medicaid, 2004



Selected NYS Trends: Commercial, 2002-2004

- No meaningful change on statewide level
- What about variance among plans?

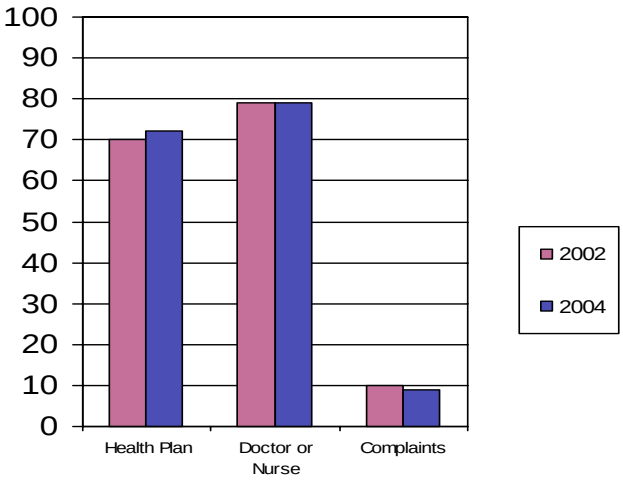


Variability: NYS Commercial, 2004

- Rating of Health Plan: 30 points
  - 50 – 80%
- Rating of Personal Doctor or Nurse: 14 points
  - 68 – 82%
- Complaints: 22 points
  - 9 – 31%

Selected NYS Trends: Medicaid, 2002-2004

- Statewide is stable like Commercial
- Plan variability



Variability: NYS Medicaid, 2004

- Rating of Health Plan: 27 points
  - 57 – 84%
- Rating of Personal Doctor or Nurse: 13 points
  - 72 – 85%
- Complaints: 8 points
  - 5 – 13%

Variability: NYS Medicaid, 2004

- Ease of Getting Counseling – Problem: 35 Points
  - 18% - 53%
- Wait to See a Doctor for Routine Visit four or more days: 37 points
  - 30% - 67%

CAHPS Data Can Be a Powerful QI Tool

- Trending within organization
- Benchmarking
  - national
  - regional
  - State
- Provider/geography drill down
- CAHPS QI Matrix
- Incentive

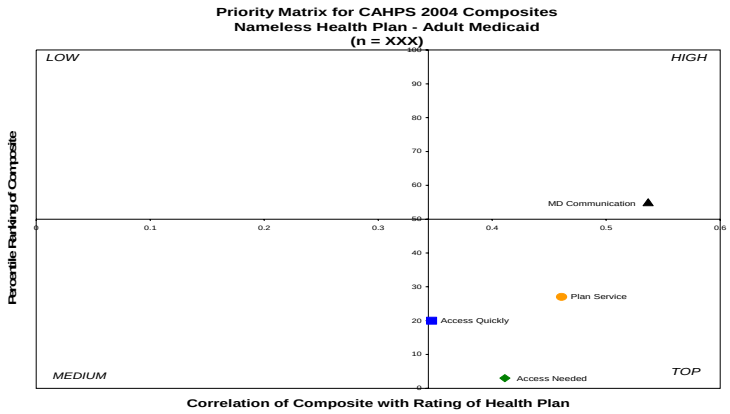
Drill Down

- Neighborhood analysis for NYC
- Aggregating across plans
- Allows increased focus on areas where provider access may be an issue
- Maximize use of data
- Could provide prioritization for ambulatory CAHPS

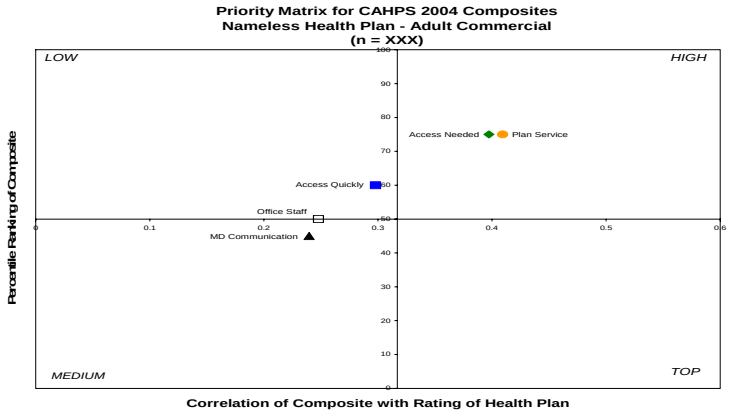
QI Matrix

- Need to prioritize improvement activities….or
  - Which composites are most highly correlated with overall plan satisfaction?
- Use of 2x2 grid to allow plans (and state) to focus on areas most likely to impact overall ratings
  - Highest priority would be composites poorly performing, and most correlated with overall plan rating
- Challenges
  - Plans require more technical assistance to use
  - Does not always give clear/concise ‘answer’

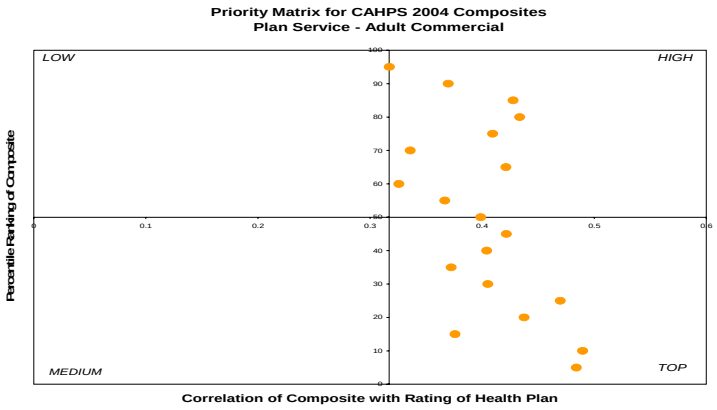
Example of a Priority Matrix



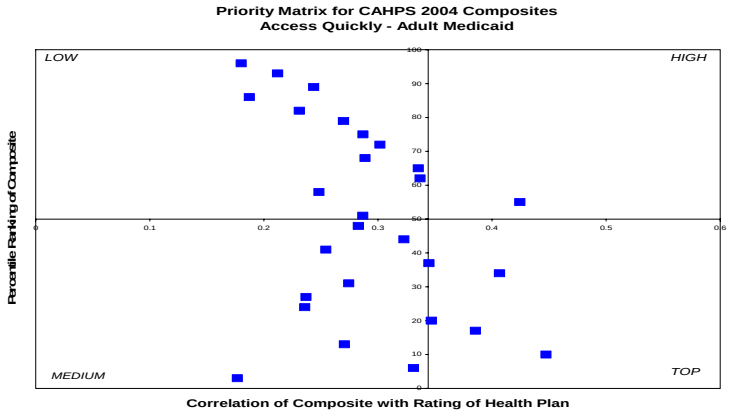
Priority Matrix – Example 2



Plan Service Distribution



Access Quickly Distribution



Incentives

- Autoassignment and premium support
- CAHPS data 1/3 of total score
- Score translates into as much as 3% increase in PMPM premium
- Measures
  - Problem getting needed care
  - Receive services quickly
  - Rating of personal doctor
  - Rating of plan
  - Called/written with complaints

Summary

- Combination of public reporting, action plan requirement for low performance, AA/QI incentive, and activities to help prioritize has enhanced profile of CAHPS data as an important component of an overall measurement/improvement strategy
- Provider level data and evidence based improvement strategies tied to specific composites define remaining challenges

And thanks to....

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