



CAHPS College

Using CAHPS to Improve Quality: Development of the QI Supplemental Items

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Topics Covered Today

- Why develop Quality Improvement (QI) supplemental Items?
- Development of supplemental items for health plan survey
 - Coordination of care
 - Access to care
 - Information and materials for consumers
 - Customer service
- Development of supplemental items for clinician group survey
 - Physician communication



Why Develop Supplemental items for QI?

- Conducted interviews to learn from CAHPS users about CAHPS and quality improvement activities
- Found users wanted new survey items that are actionable for health plans and providers
- Develop and test items
 - Which offer important information
 - How they correlate to CAHPS composites
 - Strategies to apply and use them



Interviews Conducted with 27 Health Plans

- Understand which quality improvement priorities health plans have identified and how consumer-reported measures are included
- Document how health plans use CAHPS – marketing, quality improvement, other
- Obtain feedback from health plans on the value and limitations of CAHPS for QI
- Identify topics important to health plans for more actionable data from CAHPS



Highlights of Interview Findings

- Motivation confirmed - Health plans valued CAHPS data for some purposes but felt it was not actionable for QI
- Primary uses of CAHPS
 - Trending
 - Benchmarking to other plans
 - Identification of QI issue areas
- NCQA accreditation was key driver for use of CAHPS survey



Feedback on CAHPS Topic Areas

- The majority of plans felt that CAHPS content topic areas were appropriate and relevant
- Most useful content topic areas:
 - Customer service
 - Access to care
 - Claims and paperwork
- Least useful content topic area – provider communication
- Some plans wanted more items on health plan customer service issues
- Some plans felt the specialist referral items were too focused on HMOs



Feedback on CAHPS Limitations

- Plans felt that CAHPS is limited in its ability to establish specific actions and interventions
- Reasons cited were:
 - Data is reported at the plan level
 - Limited specificity in terms of scope of items, unit of analysis, and fit to different type of health plans
 - Data not timely enough to allow for improvements and monitoring



Validity Check on Interview Findings

- Analyzed Quality Improvement Activity (QIA) reports required for NCQA accreditation
- Purposes of the QIA analysis
 - Identify and categorize health plans' service-related improvement activities
 - Understand health plan priorities for these activities
 - Validity check on information collected in the health plan interviews
- NCQA sent us 224 blinded QIAs on plan services from the 1999 Quality Profile study



Specific Domains of Service Identified

- Access to care
- Availability of providers
- Complaints and appeals
- Provider communication
- Coordination of care
- Health plan services
- Health plan authorization of care
- Ancillary clinical services
- Preventative care



Identification of Key CAHPS Domains for Health Plan Items

- Delphi process of 18 plans identified top-rated domains
 - Access to Care, Availability of providers, Health Plan Services
- Web-based meeting with technical panel of 5 plans with sophisticated data skills narrowed domains and ranked them
 - Coordination of care, Access to care, Information and materials, Customer service
- Follow-up ranking of domains and topic areas by two other groups of plans confirmed areas



Development of QI Supplemental items

- Developed a pool of candidate items drawn from CAHPS and other surveys
- Items targeted the information needs voiced by plans in the interviews; covered the 9 domains
- Selected items that addressed topics that were important to many plans
 - Iterative selection process
 - Health plans, NCQA, and CAHPS consortium participated
 - Used information from Delphi and technical panels



Field Test for QI Supplemental Items

- Three health plans field-tested 24 candidate QI supplemental items in 2004 CAHPS surveys
- NCQA gave exemptions to support field test
 - Allowed unlimited number of supplemental items
- RAND analyzed items in Summer and Fall 04



QI Supplemental Items for Health Plan Survey

- Coordination of care
 - Communication by providers
- Access to care
 - Appointments
 - After hours care
- Information and materials for consumers
 - Effectiveness
 - Usefulness
- Customer service
 - Problem resolution
 - Representative's knowledge
 - Representative's politeness



Findings from Analysis of QI Supplemental Items

- Items generally performed well psychometrically
 - Varied from plan to plan
 - Items on after-hours care had very few responders
 - Three items had large percentages of responses in “other reason”
- Moderate correlations among item responses – confirmed relationships while each item provides unique information
- As a group, items predict each composite for which they provide “drill down” information
- Refined for use in CAHPS 3.0 and 4.0



Development of QI items on Physician Communication

- One health plan field-tested 21 candidate QI supplemental items in 2005 Clinician/ Group CAHPS surveys
- RAND analyzed items in Fall 06



QI Supplemental Items for Physician Communication

- Being informed about wait time
- Patient doctor interaction
 - Being cared for by a doctor
 - Being ignored by a doctor
 - Having interest shown by a doctor
 - Having experienced a condescending, sarcastic or rude doctor



QI Supplemental Items for Physician Communication (Continued)

- Having doctor conduct specific communication actions during a visit
 - Listen to reasons for visit
 - Show concern for physical comfort
 - Describe physical findings
 - Explain reasons for tests
 - Describe next steps in treatment
- Receiving complete and accurate information from a doctor about six aspects of care
 - Tests, choices of care, treatment, plan for care, medications, and follow-up care



Findings from First Test of Physician Communication Supplemental Items

- Items were moderately associated with patient's willingness to recommend and global rating of doctor
- Items differentiated low performing doctors from high performing doctors
- Items generally performed well psychometrically
 - Filter question had a high rate of missing data because of not following skip pattern
 - One item had poor psychometric properties and did not differentiate low performers



Second Test of Physician Communication Supplemental Items

- Revisions were made in placement, wording and for one item 4-point scales were collapsed to 2-point Yes/No scale
- New item added to fix problem in open-ended item
- Health plan field-tested revised QI supplemental items in 2006 Clinician/ Group CAHPS surveys
- RAND analyzed items in Fall 07



Findings from Second Field Test

- Moderate correlations among item responses – confirms relationships while each item provides unique information
- As a group, items predict communication composite for which they provide “drill down” information
- Items were moderately associated with patient’s willingness to recommend and global rating of doctor
- Items differentiated low performing doctors from high performing doctors
- Recommend 23 items on physician communication as QI Supplemental items for Clinician/Group CAHPS survey

Resources on CAHPS QI Supplemental items

- Resources found on AHRQ website:

<https://www.cahps.ahrq.gov/default.asp>

