

A Systematic Approach To Improving CAHPS Clinician and Group Survey Scores

12th CAHPS/2nd SOPS User Group Meeting

April 20, 2010

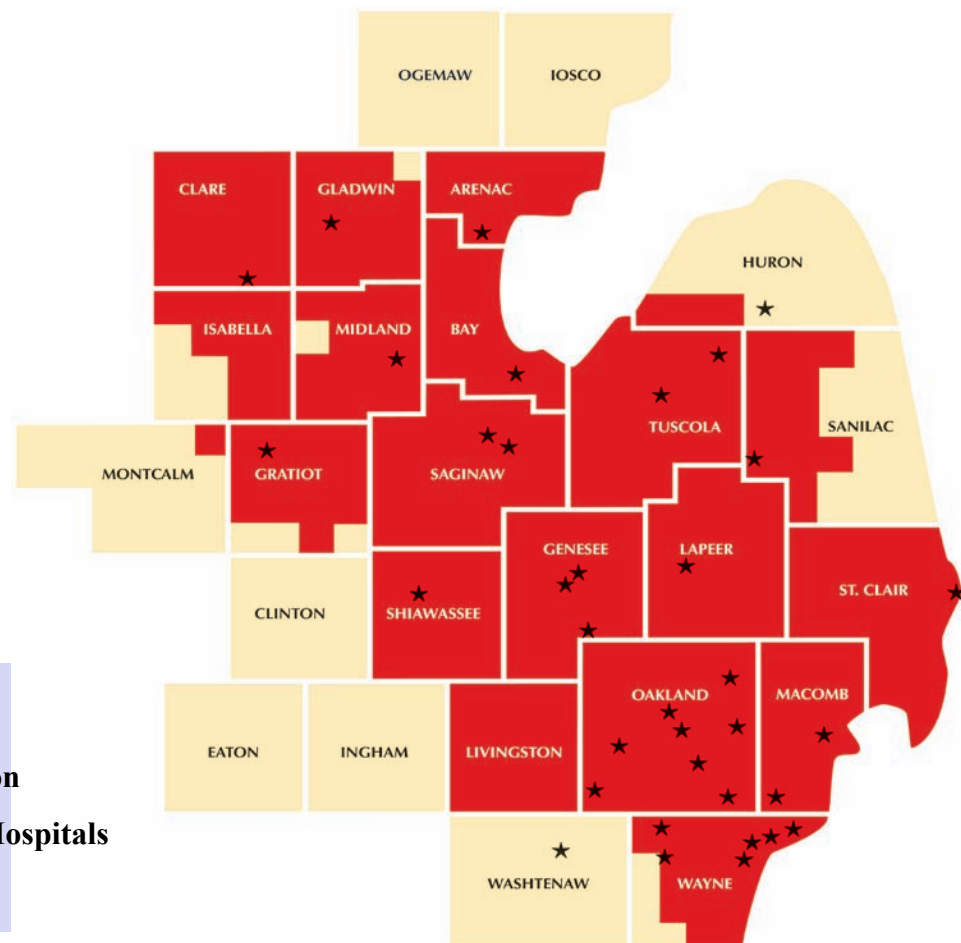
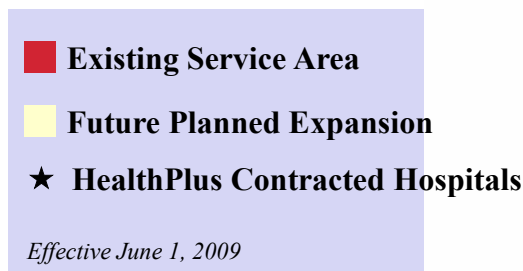
**Clifford Rowley, MPH
Director, Member Service and Satisfaction
Business Intelligence Unit**

Track: How Organizations Are Using CAHPS Surveys
Session: Health Plan Use of the CAHPS Clinician & Group
Survey for Reporting and Quality Improvement
Date & Time: April 20, 2010, 9:30 am
Track Number: CAHPS T3_S1

HealthPlus of Michigan

- Independent, Not-for-Profit
- HMO, PPO, POS, TPA
- HMO: Commercial, Medicaid, and Medicare Advantage
- Provide/administer health insurance for nearly 210,000 members
- HMO: PCP Directs Care

Commercial HMO/POS Service Area



Clinician Group CAHPS® at HealthPlus

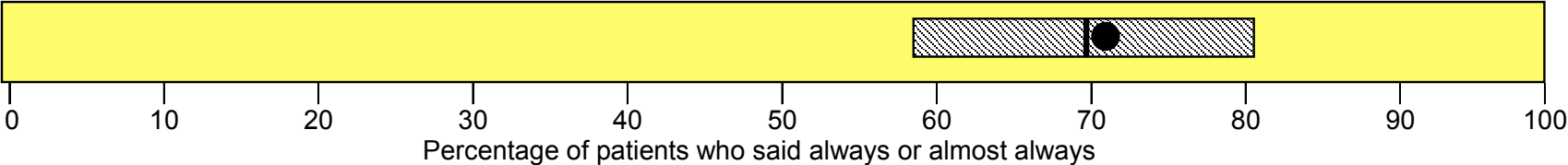
- Fall survey initiated in 2005 for Commercial primary care physicians with 40 or more unique patient visits, if > 100, then 100 patients randomly selected.
- Survey included the 6-point response scale and included several unique QI items that focused on detailed aspects of Doctor Communication.
- Working with RAND, designed a report format, tested with face-to-face interviews with primary care physicians, modified based on input, delivered in mid - 2006.
- Interviews with a high performing physicians in mid - 2006.
- Individual report delivered in June/July with summary of local peer best practice insights and self-directed resources delivered in 2007 and 2008.
- Communicated upcoming inclusion in 2007 pay for performance (P4P) program.
- Introduced web-based transparency reporting in January 2008.

Your Summary Measures:
Compared to *All* Commercial HealthPlus Adult Primary Care Physicians

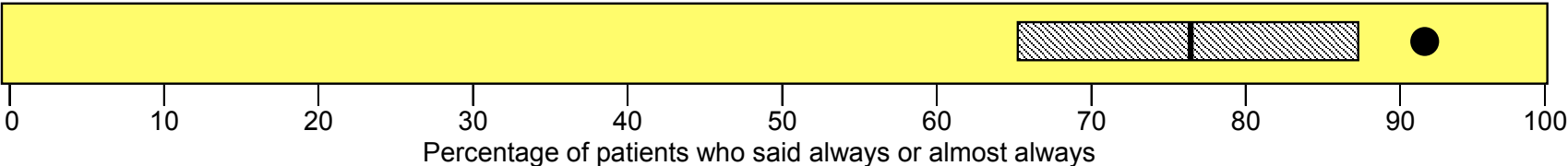
Key:



Patients Receive Timely Appointments, Care, and Information
Your score = 71% (percentile rank = 54th)



Doctor Communicates Well With Patients
Your score = 91% (percentile rank = 87th)



Overall Rating of Doctor (1 question)

	Your Score*	All HealthPlus of Michigan Physicians		HealthPlus Physicians at [INSERT health system name]	
		50 th percentile	75 th percentile	50 th percentile	75 th percentile
Doctor rated 9 or 10 on a scale where 0 is the worst doctor possible and 10 is the best doctor possible.	70	68	79	66	76

Percentage of patients who rated doctor 9 or 10

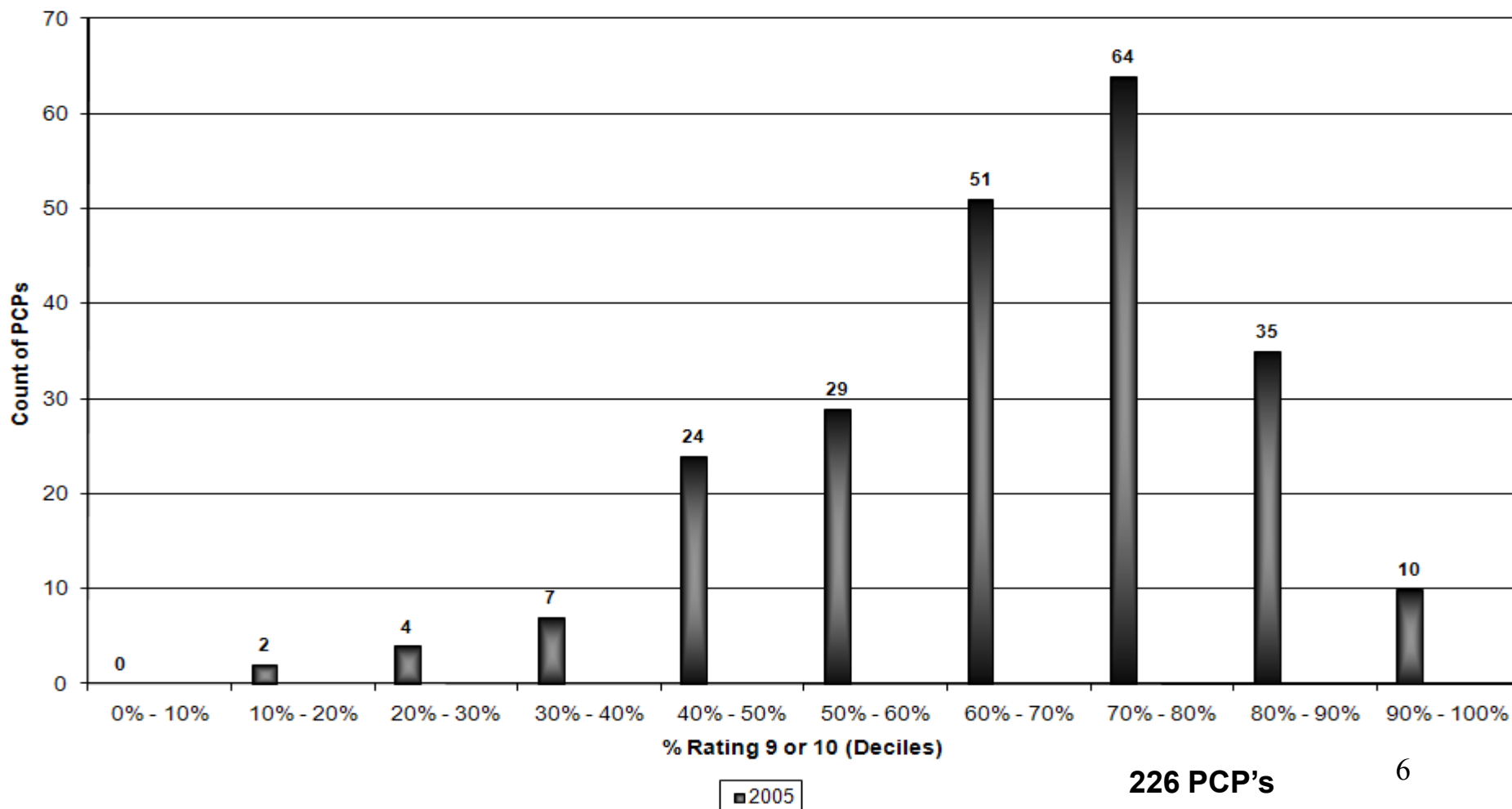
Willingness to Recommend Doctor (1 question)

	Your Score*	All HealthPlus of Michigan Physicians		HealthPlus Physicians at [INSERT health system name]	
		50 th percentile	75 th percentile	50 th percentile	75 th percentile
Patient would recommend their doctor to family and friends	91	76	88	69	80

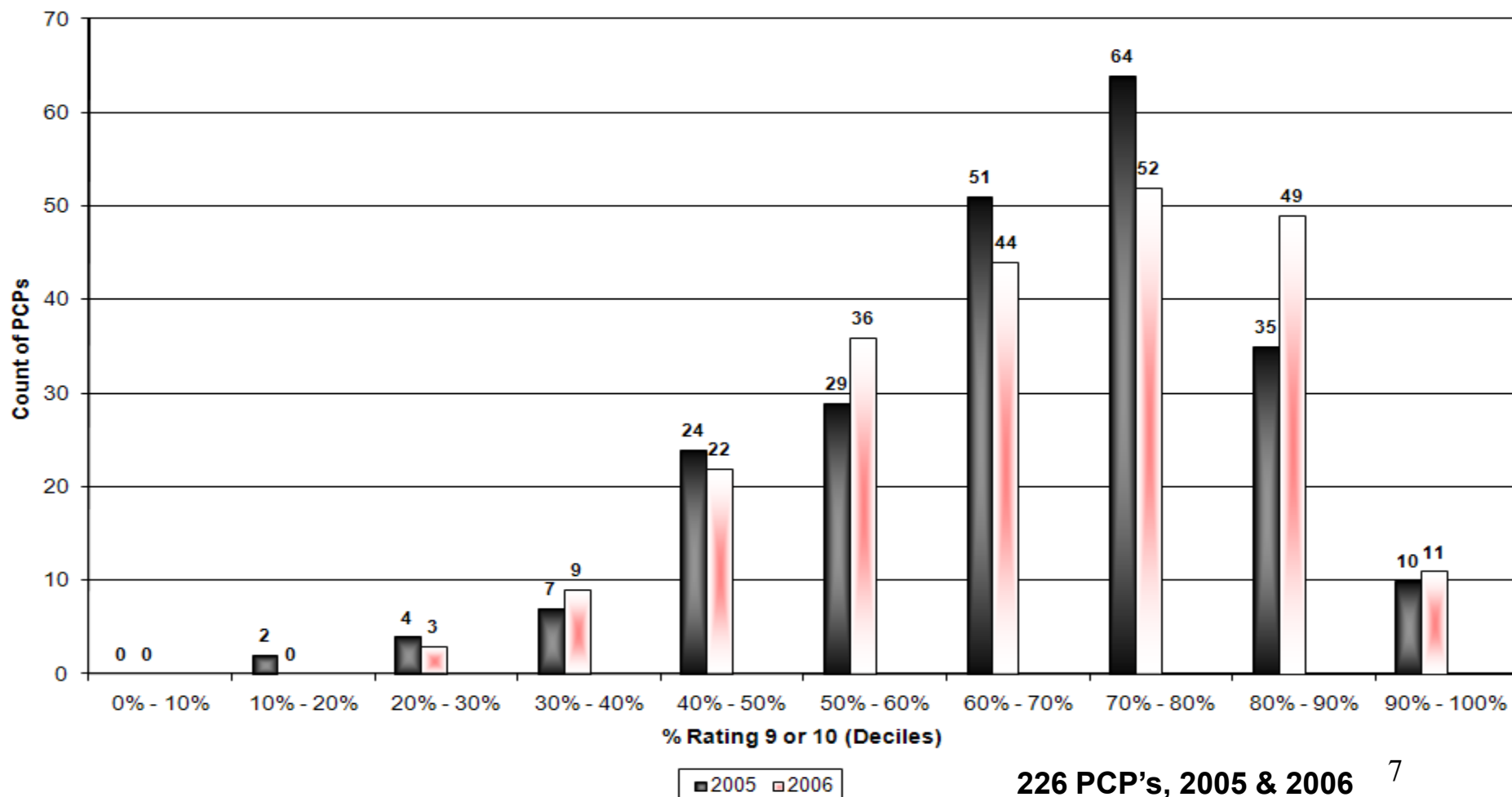
Percentage of patients who said definitely yes or somewhat yes

* Your results are based on [INSERT x] patients. Your scores have been adjusted to account for differences between your case mix and the typical case mix of commercial HealthPlus adult PCPs.

HealthPlus of Michigan
2005 CG CAHPS Member Survey: Overall Doctor Rating
Distribution of PCP Scores*

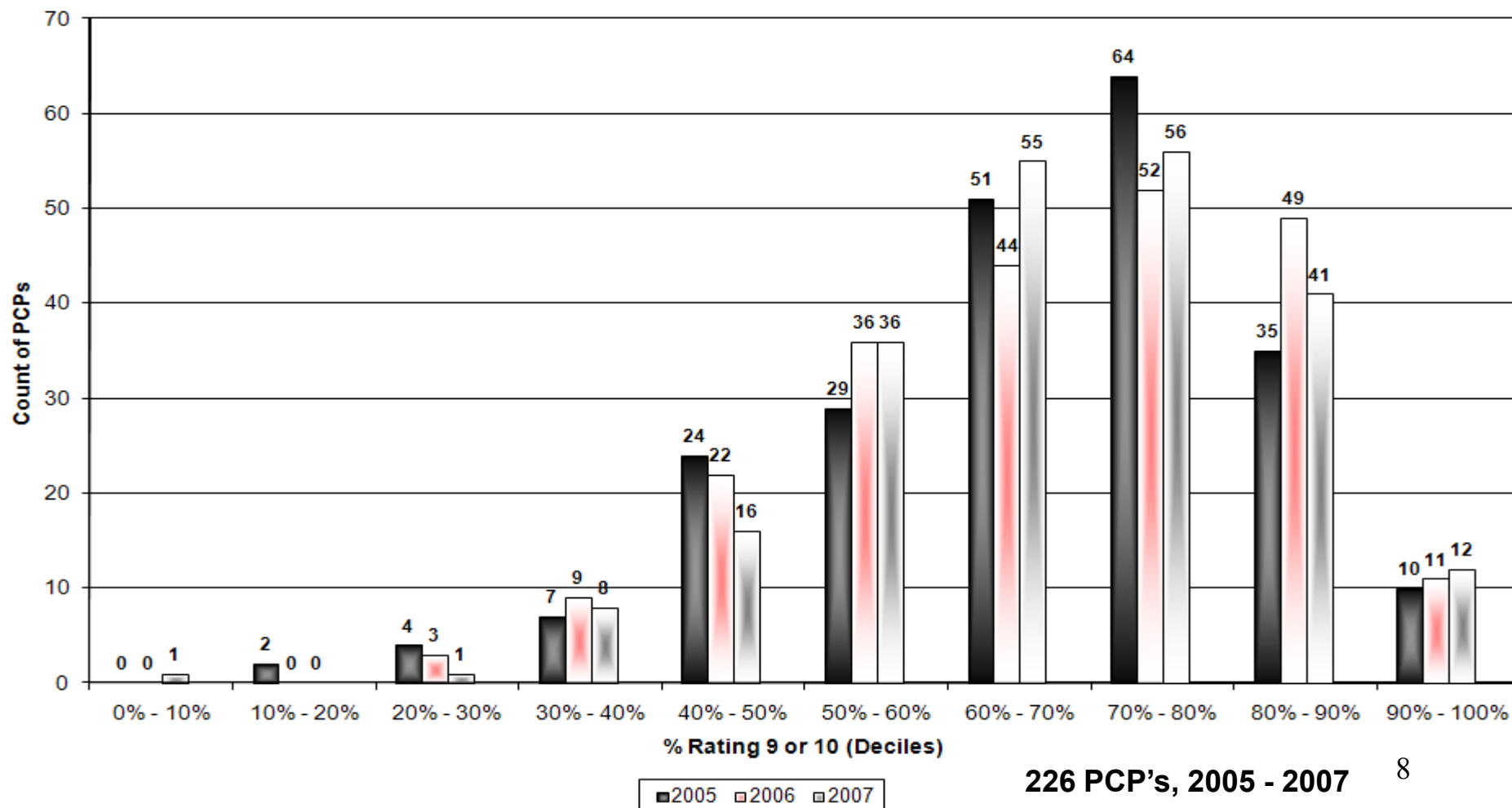


HealthPlus of Michigan
2005 - 2006 CG CAHPS Member Survey: Overall Doctor Rating
Distribution of PCP Scores*

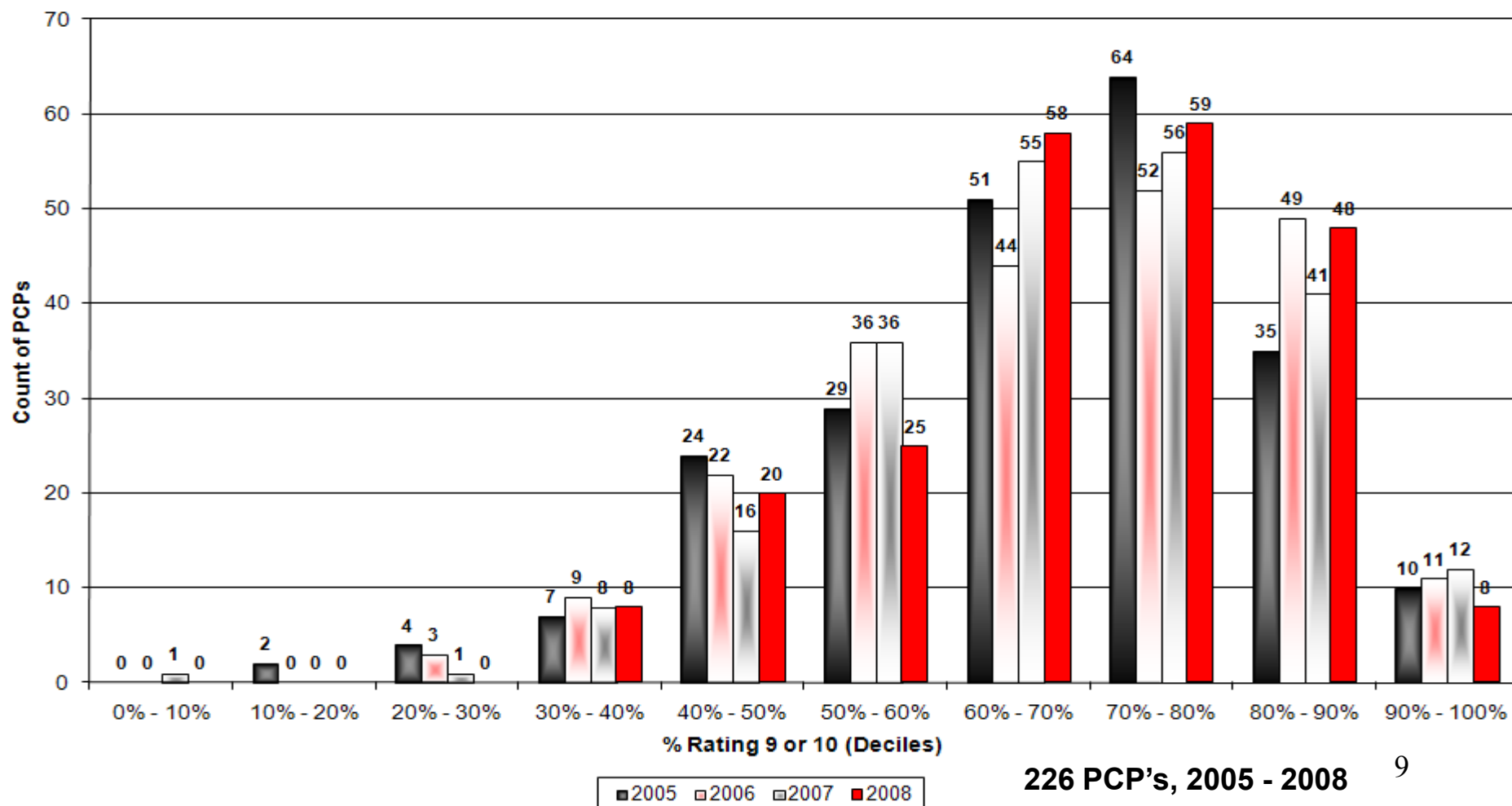


HealthPlus of Michigan

2005 - 2007 CG CAHPS Member Survey: Overall Doctor Rating Distribution of PCP Scores*



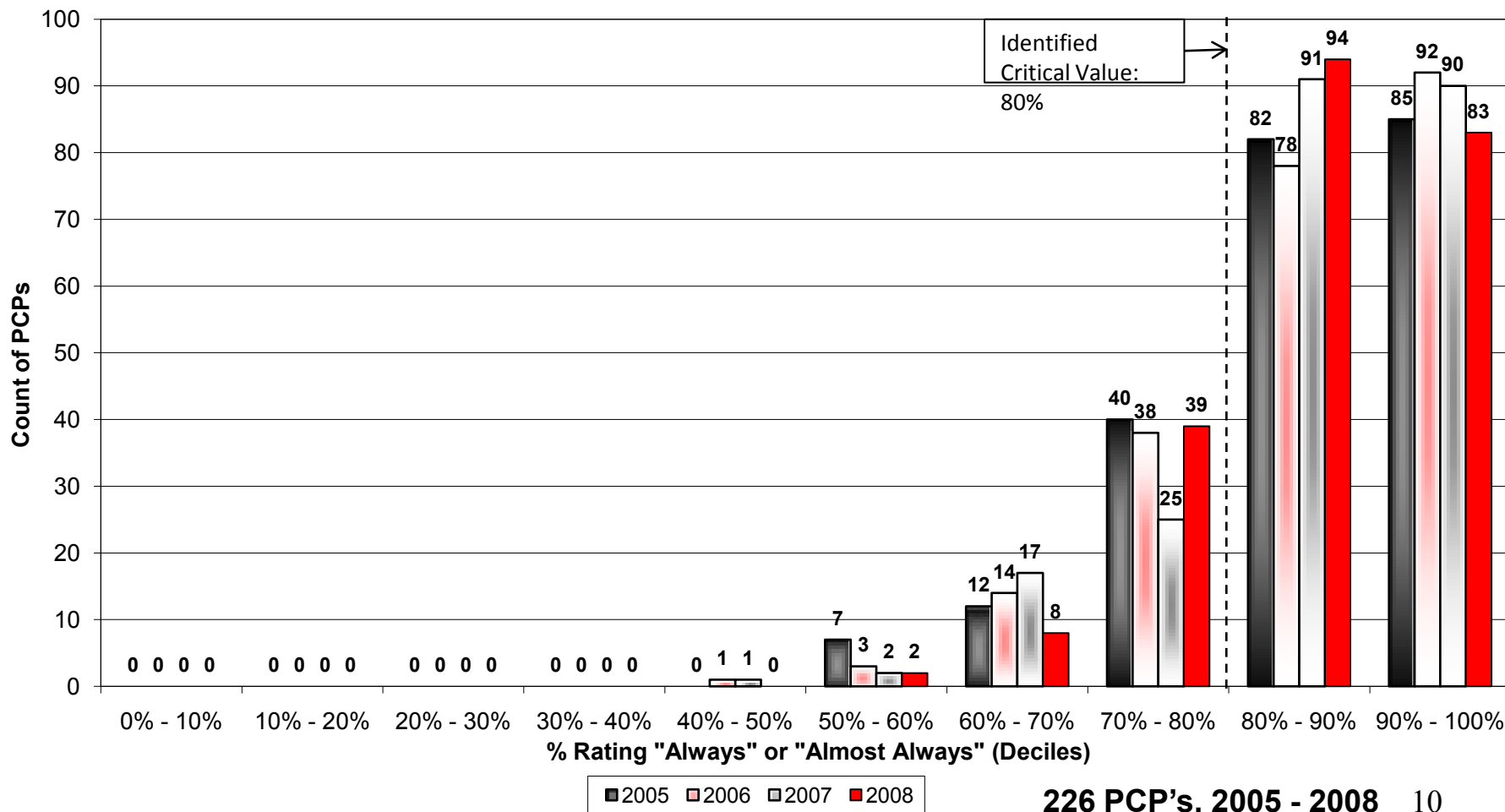
HealthPlus of Michigan 2005 - 2008 CG CAHPS Member Survey: Overall Doctor Rating Distribution of PCP Scores*



HealthPlus of Michigan

2005 - 2008 CG CAHPS Member Survey: Doctor Communication

Distribution of PCP Scores*



HealthPlus Program Specifics

- All sampled physicians receive a report of their results.
- The average physician report is based upon 33-36 patient responses.
- Pay for Performance (P4P) is based on annual responses.
- Annual P4P Payment is based on three (3) Tiers:
 - Top Tier is performance at or above the 2005 75th percentile (10/10 or 5/5)
 - Second Tier is performance at or above the 2005 50th percentile (7/10 or 3/5)
 - Third Tier is performance below the 2005 50th percentile (0/10 or 0/5)
- Transparency reporting is based on responses over a “rolling” two-year cycle.
- Minimum number of responses is thirty ($n \geq 30$) over both years.
- The transparency results are embedded within the HealthPlus Provider Directory.

CG CAHPS® measures within the Commercial Pay for Performance Program

	Overall Rating of Doctor	Doctor Communication	Office Staff	Payment Year
2006	0%	0%	0%	None
2007	10%	5%	5%	2008
2008	10%	5%	5%	2009
2009	10%	10%	0%	2010
2010	10%	0%	0%	2011

Physician Transparency - Overview

Legend



Highest



Lowest

N/A

This doctor did not treat enough members to qualify for this measure. This does not mean this doctor does not practice quality medicine. For example, the doctor may not currently treat any members with that particular condition.

New to Network

This doctor is new to the HealthPlus network and does not have a score

Under Review

This doctor's scores are currently under review

[Score Explanation](#)

Results

Download File Printer Friendly Format

Provider Name	Address	HMO Accepting Status	Specialty	Clinical Quality Adult Care	Clinical Quality Pediatric care	Member Satisfaction Overall
HealthPlus HMO/POS/Medicare Supp	1314 S Linden Rd Ste A Map/Directions	Conversions	Family Practice		N/A	
HealthPlus HMO/POS/Medicare Supp	1397 S Linden Rd Ste A Map/Directions	Conversions	Internal Medicine		N/A	
HealthPlus HMO/POS/Medicare Supp	8483 Holly Rd Grand Blanc, MI 48439	Conversions	Family Practice		N/A	
HMO/POS/Medicare Supp	8447 Holly Rd Grand Blanc, MI 48439	Conversions	Family Practice		N/A	



Definitions, Data Sources and Methodology

Use of Information:

Many people, including you, your doctor, and other health professionals, must work together responsibly to optimize your health. Providing quality health care service is complex, and requires a wide variety of knowledge and skills. There are many ways to measure doctor quality. The measures included represent only a handful of doctor indicators and are to be used as a guide for evaluating a doctor. The information presented is not an endorsement of any doctor by HealthPlus of Michigan and does not guarantee the quality of care you might receive from a doctor.

Overall Member Satisfaction

The total Member Satisfaction score for the doctor. This is a composite score and is a combination of 4 categories:

- 1) Overall Rating of Doctor
- 2) Doctor Communication
- 3) Courteous and Helpful Office Staff
- 4) Timeliness of Appointments, Care and Information.

Each measure is weighted equally.

Clinical Quality - Adult Care

The total Quality-Adult Care score for the doctor. This is a composite score and is a combination of 5 categories:

- 1) Asthma Care
- 2) Breast Cancer Screenings
- 3) Cervical Cancer Screenings
- 4) Colorectal Cancer Screenings
- 5) Diabetes Management

Only the measures for which the doctor treats enough members are included in the total composite score. Each qualifying measure is weighted equally.



Courteous and Helpful Office Staff: The percentage of responding members who select either "Always" or "Almost Always" to questions about how helpful and courteous the staff are at their or their child's doctor's office.

Timeliness of Appointments, Care and Information: The percentage of responding members who select either "Always" or "Almost Always" to questions about getting routine appointments, appointments when ill and responses to phone calls at their or their child's doctor's office.

How is this Calculated?

Doctors are ranked on each measure according to how they perform. The doctors are separated into five (5) groups and their ranking determines their score for the measure:



To establish the rankings, we use data from HealthPlus medical claims, Michigan Department of Community Health records, audits of medical records and member surveys. This ensures that accurate data is used to determine the results.

For many measures the doctor is compared to other HealthPlus doctors. On the measures listed below, HealthPlus doctors perform better than the national performance*. For these measures, HealthPlus doctors are compared to national benchmarks:

Asthma Care ◇ Childhood Immunizations ◇ Well Child Visits: 1st 16 Months ◇ Breast Cancer Screening ◇
Cervical Cancer Screening ◇ Diabetes Management

Notes:

- 1) Some patients may not follow their doctor's recommendations. This may influence these scores.
- 2) Results are for the doctor's HealthPlus Commercial HMO membership.

*NCQA® Quality Compass 2007

Initial Assessment by RAND:

- All 3 composites and both summary physician measures improved significantly from 2005 to 2008.

“Steady, modest, but meaningful, overall improvement across the board.”
- “Almost all (doctors) getting better, a few by a lot on Access and (Office) Staff.”
- Improvements correspond to advancing the PCP median performance from the 50th percentile to the 54th-62nd percentile
- Improvement appears to be in reducing the number of PCPs with low scores, especially for Access, Doctor Communication, and Doctor Recommendation

RAND Quality Improvement Assessment:

- RAND has initiated an evaluation of this systematic intervention.
- This evaluation is a part of the QI efforts within the AHRQ CAHPS III Project.
- Interviews will be conducted with HealthPlus senior management, health system and/or physician organization leadership, and PCPs to assess physician reporting, P4P, and transparency programs.

Changes in Two Measures on Commercial CAHPS®

CAHPS Measure	2005	2006	2007	2008	2009
Doctor Communication (% <i>Usually + Always</i>)	92.7	93.7	92.4	92.8	93.5
Doctor Communication (% <i>Always</i>)	61.2	69.1	73.9	72.2	74.3
Overall Rating of Personal Doctor (% 8 - 10)	74.9	81.3	82.7	85.4*	81.8
Overall Rating of Personal Doctor (% 9 - 10)	53.3	59.1	68.8*	68.5*	69.4*

* Exceeds NCQA Quality Compass® 90th percentile value for corresponding year.

HealthPlus of Michigan

HEDIS CAHPS 4.0H Commercial Survey 2005 - 2009 Accreditation Scores*

CAHPS Summary Measures	2005 Mean Rating	2006 Mean Rating	2007 Mean Rating	2008 Mean Rating	2009 Mean Rating	CAHPS 25th Percentile	CAHPS 50th Percentile	CAHPS 75th Percentile	CAHPS 90th Percentile
Composite Summary Measures									
Getting Needed Care	NA	NA	2.51	<u>2.49</u>	2.51	2.28	2.36	2.43	2.48
Getting Care Quickly	NA	NA	2.48	2.59	2.58	2.40	2.45	2.50	2.55
How Well Doctors Communicate	2.54	2.63	2.66	<u>2.65</u>	2.68	2.59	2.64	2.67	2.70
Customer Service	NA	NA	2.54	<u>2.45</u>	2.58	2.28	2.36	2.44	2.54
Claims Processing	2.60	2.60	<u>2.58</u>	<u>2.58</u>	2.59	2.29	2.40	2.49	2.56
Rating Summary Measures									
Rating of Personal Doctor	2.39	2.49	2.59	2.59	2.59	2.47	2.52	2.57	2.61
Rating of Specialist Seen Most Often	2.50	2.57	2.58	2.60	<u>2.58</u>	2.44	2.49	2.55	2.58
Rating of All Health Care	2.50	2.61	<u>2.48</u>	2.47	<u>2.46</u>	2.27	2.33	2.40	2.43
Rating of Health Plan	2.40	2.48	<u>2.44</u>	<u>2.39</u>	2.41	2.05	2.16	2.25	2.34

* NCQA Memorandum: 2009 Accreditation Benchmarks and Thresholds - Date: January 23, 2009
 NA: CAHPS Survey changes in 2007 are not trendable to previous years.

CHANGE: Mean Rating by 0.005 or more.
 Underline - Less than previous year
 Bold - Greater than previous year

Significant improvement on
 both measures, $p < 0.01$

HealthPlus of Michigan

HEDIS CAHPS Medicare Advantage Survey 2004 - 2009 NCQA Accreditation Scores*

CAHPS Summary Measures	Fall 2004 Mean Rating	Spring 2006 Mean Rating	Spring 2007 Mean Rating	Spring 2008 Mean Rating	Spring 2009 Mean Rating	CAHPS 25th Percentile Advancement	CAHPS 50th Percentile	CAHPS 75th Percentile	CAHPS 90th Percentile
Composite Summary Measures									
Getting Needed Care	NA	NA	2.72	<u>2.71</u>	<u>2.68</u>	2.47	2.55	2.61	2.65
Getting Care Quickly	NA	NA	2.61	2.68	<u>2.62</u>	2.48	2.55	2.60	2.65
How Well Doctors Communicate	2.64	2.64	2.71	2.72	<u>2.69</u>	2.66	2.70	2.73	2.77
Customer Service***									
Rating Summary Measures									
Rating of Personal Doctor	2.58	2.62	2.68	2.71	<u>2.67</u>	2.47	2.55	2.61	2.65
Rating of Specialist Seen Most Often	2.64	<u>2.57</u>	2.72	2.72	<u>2.58</u>	2.57	2.63	2.68	2.73
Rating of All Health Care	2.66	2.66	<u>2.60</u>	<u>2.53</u>	<u>2.50</u>	2.43	2.49	2.58	2.64
Rating of Health Plan	2.55	<u>2.54</u>	2.57	<u>2.52</u>	2.54	2.35	2.45	2.57	2.66

* NCQA Memorandum: 2009 Accreditation Benchmarks and Thresholds - Date: January 23, 2009

*** Due to changes in the Customer Service composite made by CMS, NCQA will no longer use it as a part of accreditation. Plans evaluated under older standards will receive full credit.

NA: CAHPS Survey changes in 2007 are not trendable to previous years.

CHANGE: Mean Rating by 0.005 or more.

Underline - Less than previous year

Bold - Greater than previous year

Improvement on Rating of
Personal Doctor, $p = 0.06$

HealthPlus CG CAHPS Program Summary

- CG CAHPS has utility for health plans.
- Primary care physicians can improve their CG CAHPS patient experience of care measures.
- A systematic approach with sequential, interrelated processes can yield improvement across a primary care physician population.
- At HealthPlus, a mix of individual physician reporting, best-practice information, incentives based on performance, and public reporting of physician results has resulted in improvements on CG CAHPS measures.
- At HealthPlus, improvement on measures within CG CAHPS has corresponded with improvement on similar measures within health plan CAHPS.