



Consumer Assessments of Health Care

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<http://www.gim.med.ucla.edu/FacultyPages/Hays/>

Why are Patient Reports and Ratings of Care Important?

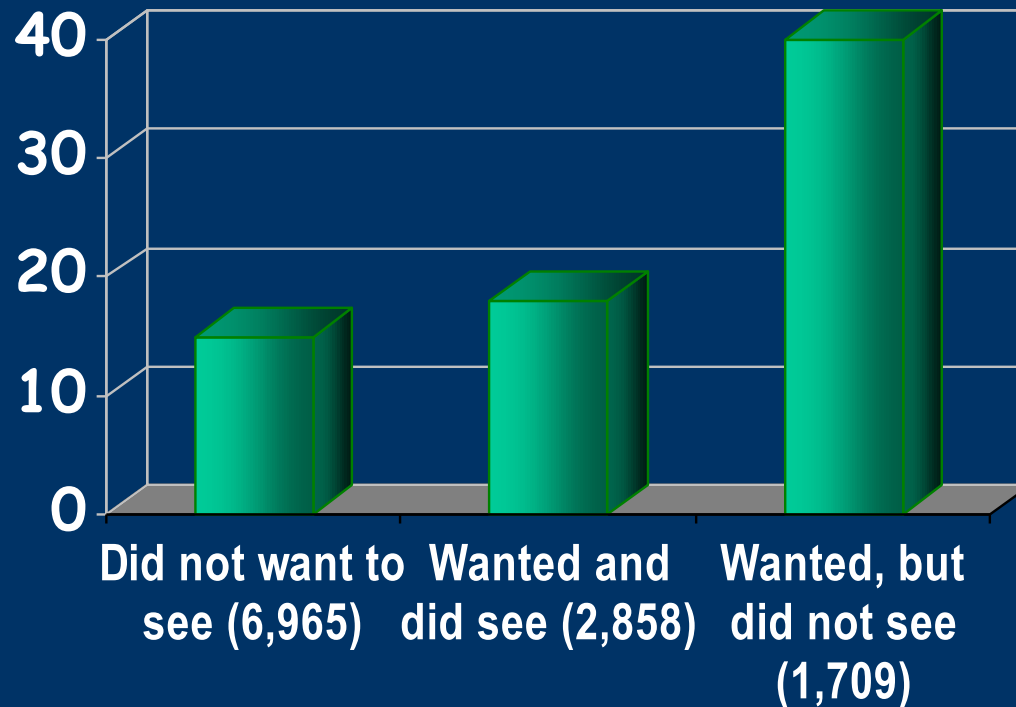
- Market share
- Accountability
- Identifying disparities
- Consumer choice



Patients Who Wanted to See a Specialist, But Did Not, were Twice as Inclined to Leave the Plan

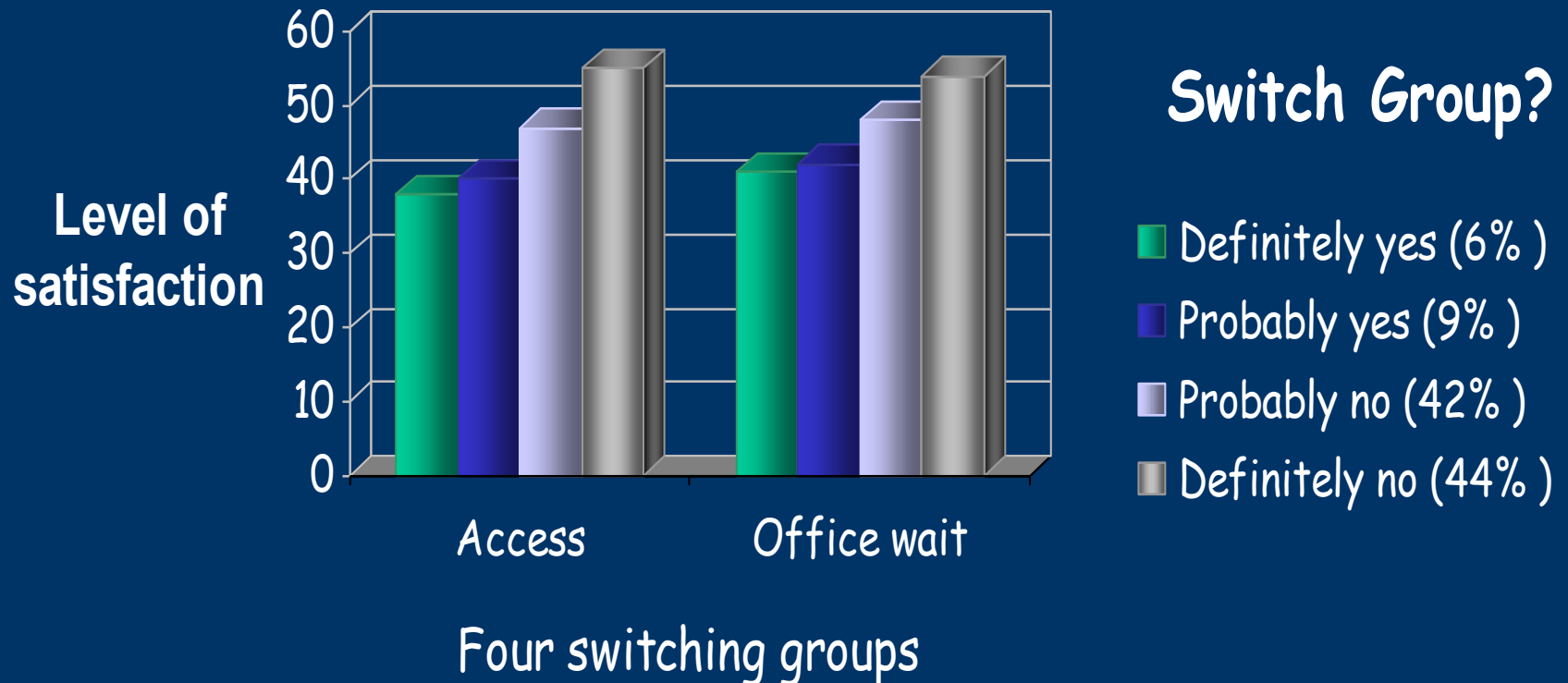
(Kerr et al., Journal of General Internal Medicine, 14, 287-296, 1999)

Percentage wanting to leave plan



Satisfaction with Access and Office Wait Associated With Wanting to Leave Group

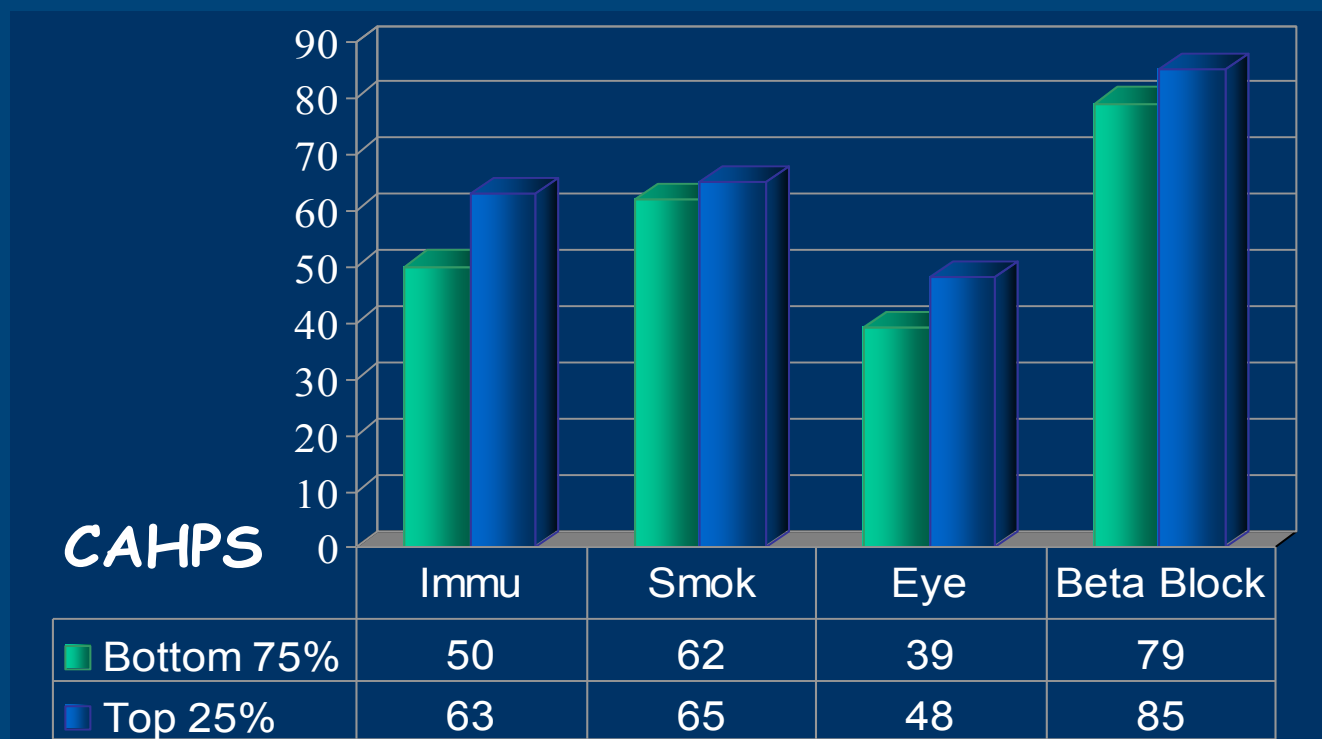
(Hays et al., Archives of Internal Medicine, 158, 785-790, 1998)



National Committee on Quality Assurance 1999 State of Managed Care Quality

- 247 managed health care organizations
- 410 health plan products (HMO and POS plans)
 - there were 650 HMOs in US (half NCQA accredited)
- 70 million Americans represented

Plans in Highest Quartile on CAHPS Provide Better Quality of Care



Disparities in Health Care Experiences

- Mixed findings regarding African Americans.
- No published information regarding American Indians/Alaskan Natives or Multiracial individuals.
- Hispanics and Asian/Pacific Islanders less satisfied than whites.

NCBD 1.0 Data

- Surveys fielded in 1997-1998 (n = 28,354)
- 31 Medicaid and 54 commercial health plans
- Response Rates
 - Mean=52% (Median=52%)
 - Range 17% to 83%

Assigning Racial/Ethnic Categories

**Q1. Are you
of Spanish
or Hispanic
family
background**

?

Yes

Hispanic

No

No Answer

**Q2. How
would you
describe
your race?**

No Answer

Missing

White

African American or Black

Asian or Pacific Islander

American Indian or Alaskan Native

Another Race or Multiracial (*write in*)

Sample

	Hispanic	White	Black	Asian / Pacific Islander	Am Indian / Native Alaskan	Multiracial / Other	Missing
N	1,657	20,414	2,942	976	588	553	1,224
Age (%)							
18-34 Years	47	33	42	38	44	36	36
35-54 Years	45	54	46	51	48	54	54
55+ Years	8	13	12	11	8	10	10
Gender (% Female)	70	68	77	61	80	62	72
Education (%)							
<HS	20	8	18	10	19	6	7
HS	30	28	35	20	36	23	18
>HS	50	64	47	70	45	71	76
Health Status (% E, VG)	49	55	46	53	36	53	56
Insurance Type (%)							
Commercial	63	73	47	74	39	79	69
Medicaid	37	27	53	26	61	21	31

Racial/Ethnic Differences in CAHPS® 1.0 Measures

	Access	Prompt	Comm	Helpful	Service	MD	Spec	Care	Plan
Hispanic (reference = Whites)	↓	↓			↓				↑
African American			↑	↑				↑	↑
Asian/Pacific	↓	↓	↓	↓	↓				
American Indian / Alaskan Native						↓	↓		
Multiracial / Other	↓	↓	↓	↓		↓		↓	↓
Missing	↓	↓	↓	↓	↓			↓	↓

↑ ↓ Indicate significantly different from whites at $p < 0.05$ level. Models control for age, gender, health status, education, and sector.

Implications

- Asians and Hispanics have worse experiences with care.
- African Americans report better experiences and give higher ratings than whites.
- More research is needed to understand who “Missing” and “Multiracial/Other” are.
- Quality improvement efforts are needed for most racial/ethnic minority groups.
- Comparisons of care based on global ratings need to be interpreted with caution.

National Healthcare Quality Report

National Healthcare Disparities Report

<http://www.qualitytools.ahrq.gov/qualityreport/>

<http://www.qualitytools.ahrq.gov/disparitiesreport/>

Health Plan Chooser - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Copy Paste Address https://uc.chooser.pbgh.org/wizard.asp?npage=quality_ratings Go Links Online Computing Helpdesk RAND RAND Internal Home Page

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MEDICAL PLAN CHOOSER

[About Plans](#)

About You Costs Doctors **Quality Ratings** Plan Rules Services Results [Help](#) [LogOut](#)

Quality Ratings

Some medical plans and their doctors get good grades for their care and service. Others don't. When you shop for a medical plan, look for quality that meets your needs. Use this page to see which plans' quality is rated highly in areas that matter to you. [Read more about Quality Ratings.](#)

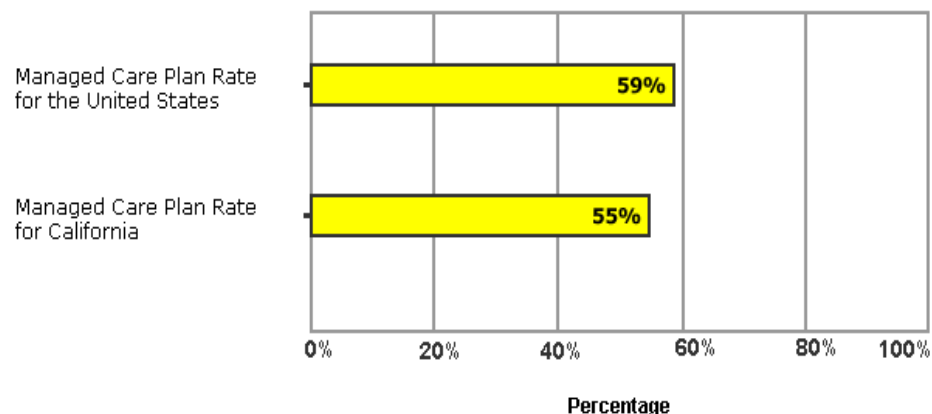
Rate each medical plan based on its quality results. **Good fit** means the plan rates higher in the areas you care most about. Choose **So-so fit** if the plan has mixed results in these areas. **Poor fit** means the quality ratings aren't good enough in areas that matter to you. Use **Not rated** if "no info" is shown for a plan.

Tips: Only HMOs (but not all) have their quality rated. To see detailed quality ratings, visit Healthscope.org.

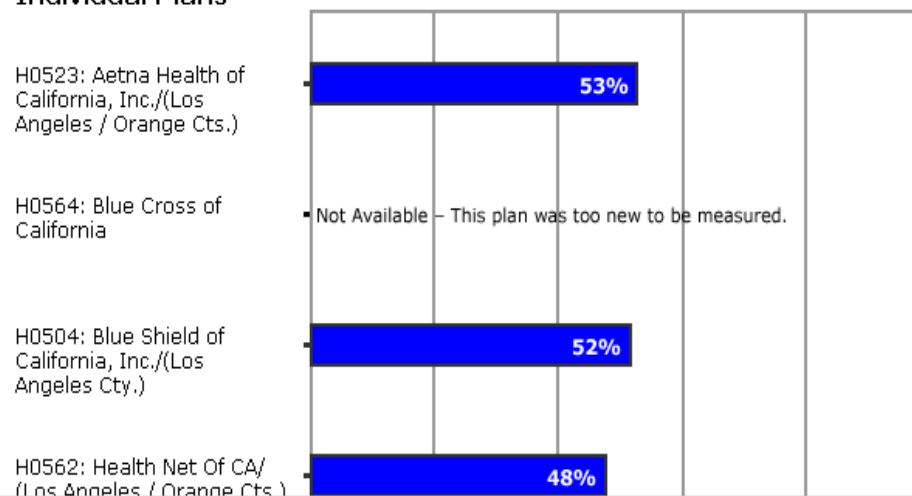
Health Plan	Rate or Remove Plan	Care for Staying Healthy	Care for Living with Illness	Care for Getting Better	Doctor Communications and Services	Plan Service
		★★★★ Excellent	★★★ Good	★★ Fair	★ Poor	No Info
Core CA	Not Rated	★★	★	★	★★	★★
Kaiser Permanente CA HMO	Not Rated	★★	★★	★	★★	★★
Health Net HMO	Not Rated	★	★	★	★★	★
PacifiCare of California HMO	Not Rated	★★	★★	★★	★★	★
Blue Cross Plus POS	Not Rated	No Info	No Info	No Info	No Info	No Info
Blue Cross PPO	Not Rated	No Info	No Info	No Info	No Info	No Info

[Format for Printing](#) or

The Percentage Who Said They Always Got Care When They Needed it Without Long Waits



Individual Plans



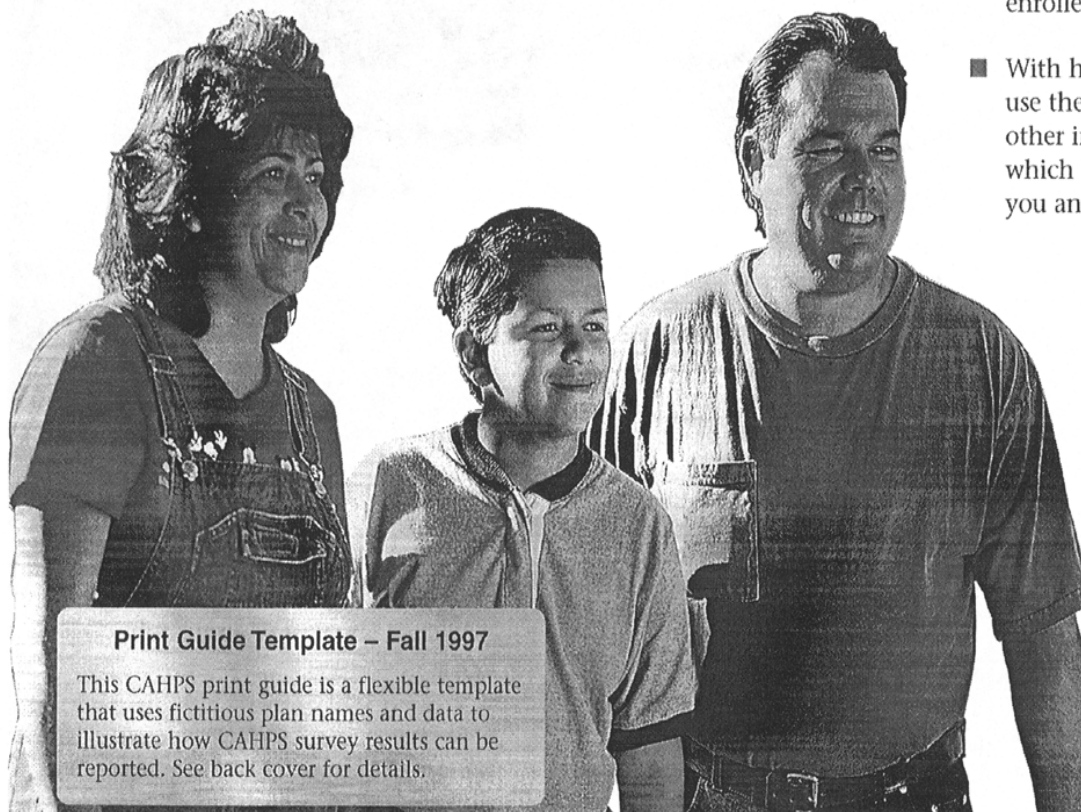
Compare Your Health Plan ChoicesTM

1998

The health plan you choose can make a difference in the quality of care you get.

This booklet gives you new information on health care quality from a consumer perspective.

- See how health plans compare, based on results from an independent survey of people enrolled in each plan.
- With help from this booklet, use the survey results and other information to decide which health plan is best for you and your family.



Print Guide Template – Fall 1997

This CAHPS print guide is a flexible template that uses fictitious plan names and data to illustrate how CAHPS survey results can be reported. See back cover for details.

The
Sponsor
LOGO

CAHPSTM
Health Care Quality Information
From the Consumer Perspective

Methods

(Spranca et al., Health Services Research, 35 (5Pt 1) 933-947, 2000)

- Research participants: 311 privately insured adults in Los Angeles County
- Asked to imagine they were trying to pick a health plan for themselves
- Presented with materials for four health plans
- Booklet on plan features plus:
 - Booklet or computerized guide with CAHPS® health plan reports and ratings
- Ask to “choose” a plan and then rate materials

Variations in CAHPS® Ratings

- Half of experimental group:
 - Plans with more coverage (higher premiums) were assigned higher ratings
- Other half of experimental group:
 - Plans with less coverage (lower premiums) were assigned higher ratings

Results

- Consumers spent an average of:
 - 10 minutes on plan features booklet
 - 15-20 minutes with CAHPS® information
 - 20 minutes on “Compare Your Health Plans” booklet
 - 15 minutes on Computerized guide
- 84% said it was very or somewhat easy to decide on a plan based on information provided. 31% said it was very easy.

How Easy to Understand Information?

	Very Easy	Somewhat Easy	Very or somewhat hard
Plan Features Booklet	63%	32%	5%
CAHPS® Booklet	48%	41%	11%
CAHPS® Computer	42%	44%	14%

Importance Ratings

	Print Guide	Computer Guide	Control
Benefits Package	9.7	9.5	9.6
Premiums	9.5	9.1	9.5
Out-of-Pocket Costs	9.4	8.9	9.2
Type of Plan	8.9	8.8	8.6
Own Doctor In Plan	8.9	8.7	8.7
Consumer Reports/ Ratings	6.7	7.3	6.9

NOTE: Mean on a scale from 0 to 10.

Effects of CAHPS® Information on Choice of Plan

- In the control group, most people (86%) chose the more expensive plan that provided greater benefits (14% did not)
- If more expensive plans were linked with higher CAHPS® ratings, no shift in preferences
- If less expensive plans were linked with higher CAHPS® ratings, many consumers (41%) chose the less expensive plan

Summary of Lab Study

- Quality information about health plans from the consumer perspective is new, and consumers are not yet convinced of its usefulness and objectivity
- Even so, results suggest that, under certain conditions, consumers will use quality ratings in choosing a plan
- CAHPS® data affect plan choices in situations where they reveal high-quality plans that cost less

Demonstration Sites

- Positive association between self-report of use of report and perceived ability to judge plan quality, but...
- No overall effect on plan choice in Iowa

Farley, D. O., et al. Impact of CAHPS performance information on health plan choices by Iowa Medicaid beneficiaries. Medical Care Research and Review, 59, 319-336, 2002.

- No overall effect on plan choice in New Jersey, but small effect on subgroup of “receptive” Medicaid beneficiaries.

Farley, D. O., et al. Effects of CAHPS® health plan performance information on plan choices by New Jersey Medicaid beneficiaries. Health Services Research, 37, 985-1007, 2002.

Imagine someone sends you an email...

- I have read many of your outstanding articles on patient satisfaction with care?
- Can you recommend a good measure for my study?



Possibilities

- Health plan
- Physician group
- Individual provider
- Hospital

http://www.cms.hhs.gov/quality/hospital/3State_Pilot_Analysis_Final.pdf

- Nursing home
- Behavioral health care

<http://www.hcp.med.harvard.edu/echo/home.html>

- People with mobility impairments
- ESRD
- Chiropractic
- Dental care

Rationale for CAHPS®

- Many surveys but no standardization
- Little comparative data
- Science uneven and fragmented
- National, multi-institutional, collaborative project launched in 1995 with financing from AHRQ

CAHPS® Goals

- Develop public domain consumer surveys and reports focused on the quality of health care
- Evaluate surveys and reports
- Disseminate products and support use

CAHPS® Design Principles

- Provide information consumers say they want and need to help select a health plan.
- Collect information for which the consumer is the best or only source.
- Develop core items applicable to everyone.
- Develop a smaller set of supplemental items to address needs of specific populations:
 - Medicaid, Medicare, Children

CAHPS®:

A National Standard

- NCQA uses CAHPS for accreditation
- CMS uses Medicare version nationally
- Many other organizations use CAHPS
- 130 million Americans enrolled in health plans that collect CAHPS data
- Over one-half million Americans complete CAHPS surveys each year

Strong Science

- Diverse research and development team
 - AHRQ; AIR; Harvard; RAND; RTI; Westat
- Combination of focus groups, cognitive, psychometric, and protocol testing
- Pilot tested in many populations with nearly 20,000 respondents
- Many contributions to survey science motivated by the development of real world products

Extensive Stakeholder Input

- Advisory Committee
- NCQA
- ABMS Boards
- Public comment
- Stakeholder meetings
- User Group meetings
- Continuous patient involvement in development and testing

National CAHPS® Benchmarking Database (NCBD)

- National repository of CAHPS® data (data from about 700 health plans each year)
- 2.3 million respondents over 7 years
- Used for benchmarking and research
- Generic and customized reports
- Funded by AHRQ and administered by Westat

CAHPS® Surveys

- Standardized survey instruments.
 - Reports about health care.
 - Ratings of health care.
- Adult and child survey versions.
- Spanish and English survey versions.
- Phone and mail modes.
- <http://www.cahps-sun.org/>

Hargraves JL, Hays RD, & Cleary PD. Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS®) 2.0 adult core survey. Health Services Research, 38, 1509-1527, 2003.

CAHPS® Global Ratings (4 items)

- Health plan
- Health care
- Personal doctor
- Specialist care

Example of Global Rating Item

Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- ☐ 0 WORST HEALTH CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH CARE POSSIBLE

Reports about Care (20 items)

- How well doctors communicate (4)
- Courtesy/respect/helpfulness of staff (2)
- Getting care that is needed (4)
- Getting care quickly (4)
- Customer service/information from plan (3)
- *Claims processing (3)*

How Well Doctors Communicate *(4 items)*

In the last 12 months, how often did doctors or other health providers:

- Listen carefully to you?
- Explain things in a way you could understand?
- Show respect for what you had to say?
- Spend enough time with you?

Never, Sometimes, Usually, Always

Getting Care Quickly (4 items)

In the last 12 months, how often:

- Did you get the help or advice you needed?
- Did you get care for an illness, injury or condition when you needed care right away?
- (Not counting times you needed care right away), did you get an appointment for health care as soon as you wanted?
- Were you taken to the exam room within 15 minutes of your appointment?

Never, Sometimes, Usually, Always

Courteous and Helpful Office Staff (2 items)

In the last 12 months, how often did/were
office staff:

- Treat you with courtesy and respect?
- As helpful as you thought they should be?

Never, Sometimes, Usually, Always

Claims Processing (3 items)

In the last 12 months, how often did your health plan:

- Make it clear how much you would have to pay before you went for care?
- Handle your claims in a reasonable time?
- Handle your claims correctly?

Never, Sometimes, Usually, Always

Note: This domain is only in CAHPS® HEDIS

Getting Needed Care (4 items)

In the last 12 months, how much of a problem, if any, was:

- Getting a personal doctor or nurse you are happy with?
- Getting to see a specialist you needed?
- Getting care, tests or treatment you or a doctor believed necessary?
- Delays in health care while waiting for approval?

Big Problem, Small Problem, No Problem

Customer Service (3 items)

In the last 12 months, how much of a problem, if any, was:

- Finding or understanding information [about how your health plan works in written material or on the Internet]?
- Getting the help you needed when you called your plan's customer service?
- Paperwork for your health plan?

Big Problem, Small Problem, No Problem

Provider Level



Growing interest in shifting focus of measurement down to provider level

- Consumers choose doctors first, then select plan affiliated with doctor
- Closer to unit of accountability and change
- More useful for quality improvement

Physician Value Check (PVC)

- Pacific Business Group on Health (PBGH)
 - Purchaser driven
 - Hold HMO provider groups accountable
 - Stimulate quality-based competition
- Help consumers and purchasers choose physician groups
- Results publicly reported
(www.healthscope.org)

1996/1998 PBGH Sampling

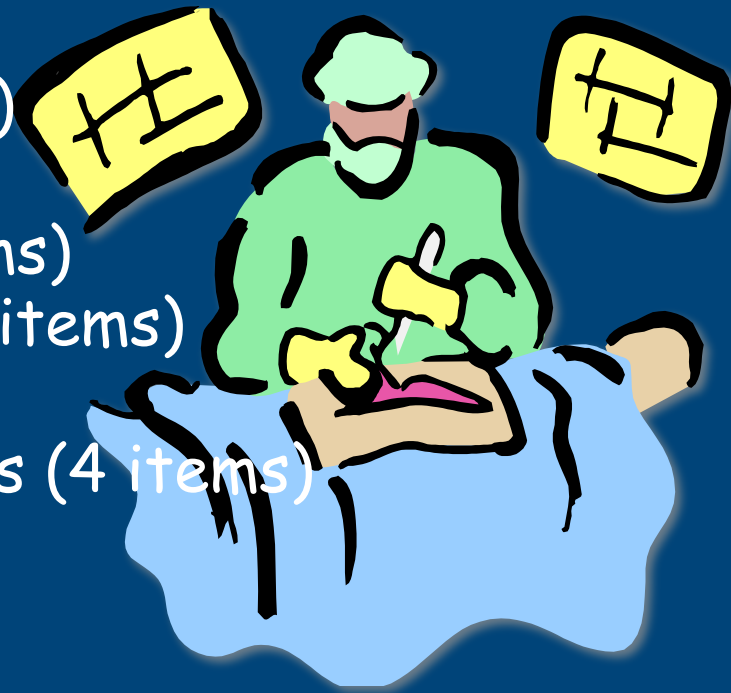
- 1,000 managed care patients drawn randomly from each of 58 groups
- 4,000 PPO patients
- Eligibility criteria:
 - medical encounter in prior year
 - ages 18-70
- Oversample 50-70 year-old patients
- Total sample: 62,000 patients

New CAHPS® Surveys *(Ambulatory CAHPS = A-CAHPS)*

- Will include surveys about individual physicians
- Some comparability across levels (e.g., physicians and health plans) to reduce redundancy
- Measure only the functions that are appropriate for each level/group
 - e.g., do not assess prevention by surgeons

Picker Survey (Medical, Surgical, Childbirth)

- Coordination of care (6 items)
- Continuity and transition (4 items)
- Emotional support (6 items)
- Information and education (5 items)
- Involvement of family/friends (3 items)
- Physical comfort (5 items)
- Respect for Patient's Preferences (4 items)
- Overall impression



<http://www.pickereurope.org/>

<http://www.nationalresearch.com/patsat.html>

Fremont AM. Patient-centered processes of care and long-term outcomes of myocardial infarction. JGIM, 16, 800-808, 2000.

Picker Mail Methodology

- Mailed to randomly selected discharged patients along with cover letter from hospital CEO
- 2 weeks later, postcard reminder
- 2 weeks later, 2nd questionnaire mailed with cover letter
- 8 week data collection field period