CAHPS® Medicare Survey/ SEER Project

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Public domain surveys, reports, and QI tools

- 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.
- Core items applicable to everyone, supplemented by items targeted to specific groups

<u>https://www.cahps.ahrq.gov/</u>

National Standard

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

CAHPS® Surveys

- Focus is on reports about health care
- Includes a few global rating items
- English and Spanish language surveys
- Mail and phone data collection
- Cross-sectional design
- Medicare response rates
 - Managed care ~ 80%

CAHPS® Items

- Reports about care
 - How well doctors communication (4 items)
 - Access to care (4 items)
 - Plan customer service (3 items)
- Single-item ratings of care
 - Health care
 - Person doctor
 - Specialist care
 - Plan

Data Sources

- CAHPS®
 - Medicare managed care
 - Fee-for-service
- Medicare enrollment database (EDB)
- SEER
- Medicare claims data (SEER-Medicare)
- Medicare Part D?

CAHPS Medicare Samples

- Managed Care (1997-2008)
 - Non-institutionalized beneficiaries
 - Random sample of 600 beneficiaries per plan
- Fee-for-Service (2000-2008)

Sample defined by reporting units based on geographical boundaries.

CAHPS® Managed Care Respondents

Year	Total	SEER Region	Cancer
1998	90k	19k	3k
1999	123k	26k	5k
2000	166k	35k	6k
2001	179k	38k	7k
2002	153k	32k	6k
2003	145k	30k	5k
2004	132k	28k	5k
2005	128k	27k	5k
2006	98k	21k	4k
2007	118k	25k	4k
2008	216k	45k	8k

Note: Based on 21% of CAHPS respondents being in SEER region and 18% of Medicare beneficiaries having cancer.

Research Questions

- Do perceptions of care differ for patients with versus without cancer?
- What are the differences in patient experiences with care by racial and ethnic groups?
- To what extent are differences in patient reports of care due to differential response tendencies by race/ethnic subgroups?
- How are patient experiences with care associated with utilization of care for beneficiaries receiving care in Medicare fee-forservice?

Next Steps

- Obtain SEER approval
- Goal is to complete linkage in FY2009 and begin implementing research studies in FY2009/2010
- Explore potential collaborations with SEER
 Pls and their research teams