Studying the Doctor-Patient Relationship: Consumer Evaluations of Care

Ron D. Hays, Ph.D.

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www.gim.med.ucla.edu/FacultyPages/Hays/

HS265

- Esrailian, Eric
- Gardner, Keri
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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

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

Range of CAHPS®

- 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
- ESRD
- American Indian
- Chiropractic, dental care, people with mobility impairments

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

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

Would you put your trust in this doctor?

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Patient Reports and Ratings of Individual Physicians: An Evaluation of the DoctorGuide and Consumer Assessment of Health Plans Study Provider–Level Surveys

Ron D. Hays, PhD, Kelly Chong, MHA, Julie Brown, BA, Karen L. Spritzer, BS, and Kevin Horne, BS

The objective of this study was to compare physician-level survey instruments and estimate the number of patients needed per physician to provide reliable estimates of health care. The setting consisted of 3 health plans and 1 large physician group in the greater Cincinnati metro area. Surveys were mailed to patients of 100 primary care physicians. Patients were mailed either the Consumer Assessment of Health Plans Study® (CAHPS) or DoctorGuide survey instrument. A total of 4245 CAHPS surveys and 5519 DoctorGuide surveys were returned. Internal consistency reliability estimates for the multi-item scales (access to care, communication, and preventive care) for both surveys were adequate. The number of patient responses needed to obtain a reliability of 0.70 at the physician level for the access to care, communication, and preventive care scales were 32, 43, and 38, respectively, for the CAHPS survey and 26, 25, and 47, respectively, for the DoctorGuide survey. These results indicate similar and parallel psychometric performance for the DoctorGuide and CAHPS survey instruments.

Key words: Consumer Assessment of Health Plans Study, pa-

from the perspective of consumers. The CAHPS 2.0 core survey is now widely used to assess consumers' experiences with ambulatory care (1). CAHPS is used to assess Medicare enrollees (2, 3), state Medicaid programs (4, 5), and plans accredited by the National Committee on Quality Assurance (6). Another widely used measure is the Healthcare MarketGuide Survey administered by the National Research Corporation (NRC) (7, 8). Each year, a panel of patients selected to match US Census demographics complete this survey. Questions are included to elicit consumers' assessments of their health plans as well as of local hospitals and health systems.

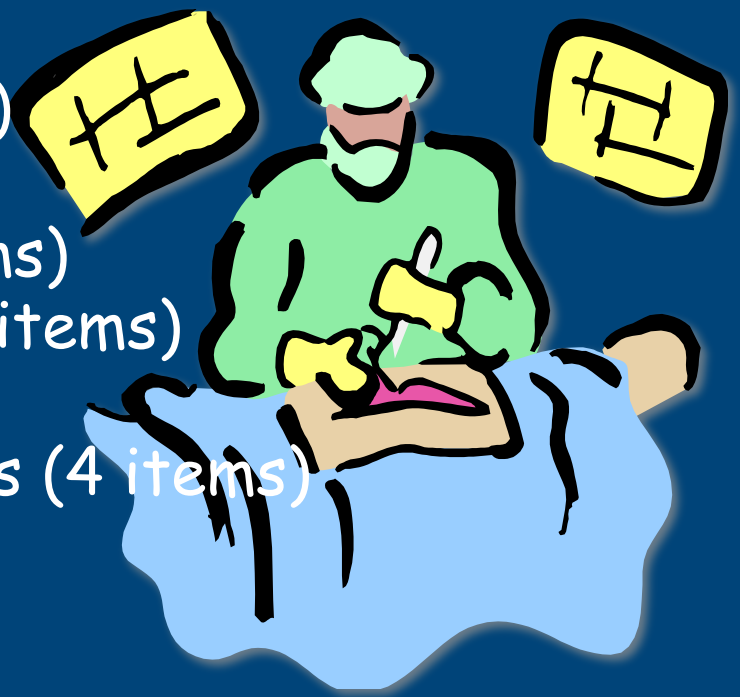
Because consumers place a high value on choice of their doctors (9), there is increasing interest in assessing health care delivered at the individual physician level. Although NRC's MarketGuide Survey includes some items assessing individual physicians, the sam-

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

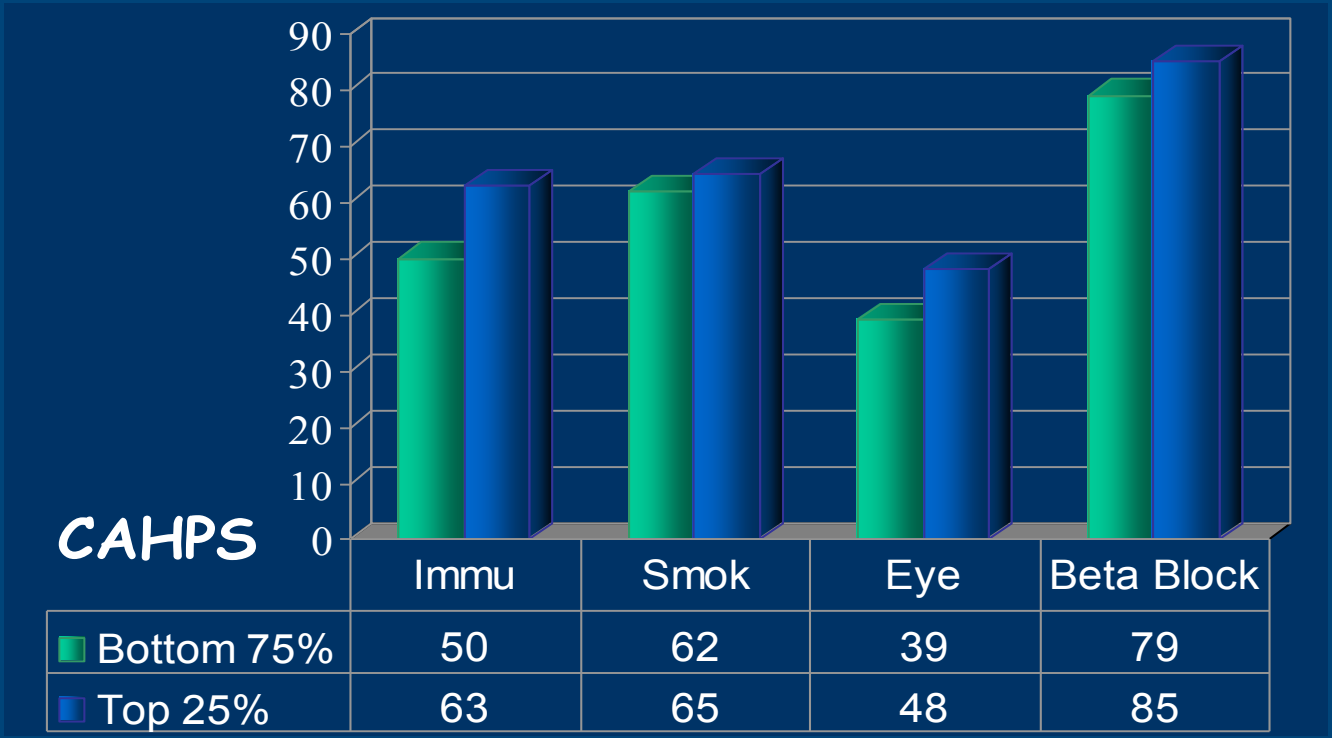
Hospital CAHPS®

- Communication with nurse (3 items; 1-3)
- Communication with doctors (3 items; 5-7)
- Communication about medication (2 items; 16, 17)
- Nursing services (2 items; 4, 11)
- Discharge information (2 items; 19, 20)
- Pain control (2 items; 13, 14)
- Physical environment (2 items; 8-9)
- Global rating of hospital (21)
- Recommend hospital to family and friends (22)

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



CAHPS

	Immu	Smok	Eye	Beta Block
Bottom 75%	50	62	39	79
Top 25%	63	65	48	85

National Healthcare Quality Report
National Healthcare Disparities Report

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

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

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

Spanish language Hispanics have negative experiences with care

- More negative perceptions of provider communication than reported by Latino/ English or non-Hispanic white respondents among 6,911 adults (Morales et al., 1999)
- More negative perceptions of adult and children's care than non-Hispanic whites
  - 9,540 children for CAHPS® 1.0 (Weech-Maldonado et al., 2001)
  - 49,327 adults in Medicaid for CAHPS® 2.0 (Weech-Maldonado et al., 2003)
    - National CAHPS® Benchmarking Database

Asians tend to have most negative perceptions of care

- Especially Asians that speak a language other than English
  - 6,911 Unified Medical Group Association patients
    - 72% of Asians vs. 55% whites believed improvement needed in obtaining treatment (Snyder et al., 2000)
  - National CAHPS® Benchmarking Database
    - 28,354 adults and 9,540 children for CAHPS® 1.0
    - 49,327 adults in Medicaid for CAHPS® 2.0
  - 120,855 Healthcare Market Guide respondents (Haviland et al., 2003)

Differences in Reports Greater than for Ratings

- Asian adults reported worse experiences with care but similar global ratings compared to whites in commercial and Medicaid plans (Morales et al., 2001)
- Worse reports of care but similar global ratings for Asian children compared to whites in Medicaid managed care (Weech-Maldonado et al., 2001)

Within Plan Differences Account for Majority of Race/Ethnic Differences

- African Americans, Hispanic-Spanish speakers, American Indians/whites and whites speaking a non-English language more likely than white-English language speakers to be clustered in worse plans.

- But within plan differences in race exceeded between plan differences.

Weech-Maldonado et al. (2004)

Medicare Managed Care

- 2002 CAHPS Medicare Managed Care survey
- Respondents
  - Response rate (unadjusted): 82%
  - 125,369 adults enrolled in 181 Medicare managed care plans across the US
    - 8,463 Hispanics (7%)
      - 7,110 English speakers
      - 1,353 Spanish speakers
    - 13,264 Other racial/ethnic minorities (11%)

Independent Variables

- Race/ethnicity
  - White
  - Hispanic or Latino
  - Black or African American
  - Asian
  - Pacific Islanders
  - American Indian/ Alaskan Native
  - American Indian/White
  - Black/White
  - Other
  - Missing
- Hispanic language subgroups based on survey language
  - Hispanic English
  - Hispanic Spanish
- Case Mix Variables
  - Age
  - Health status
  - Education
  - Gender
- Medicaid/Medicare dually eligible

Data Analysis

- Ordinary least squares regression
  - Reports = f (race/ethnicity, Hispanic language, case mix)
- Standard errors adjusted for the clustered nature of the data (using the Huber/White correction)

Summary Table

	Composites							
	Timeliness	Provider Comm.	Staff Helpful	Plan Service	Access MDs	Home Health	Medicines	Awareness
Hispanic English	-6.0		-2.0	-2.6	-5.5	-9.8	-3.9	-0.8
Hispanic Spanish	-6.8	-2.8	-3.4		3.6		-4.5	-2.3

Comparison group- Whites. Beta coefficients shown if p< 0.05 level.

Ethnicity Results

- Hispanic English reported worse experiences with care than whites for all dimensions except provider communication
- Hispanic Spanish reported worse experiences with care than whites for 5 dimensions of care (timeliness, communication, staff helpfulness, prescriptions, and awareness), but better perceptions of getting needed care

Language Results

- Spanish speakers had worse reports about provider communication than English speakers
- Spanish speakers had more positive reports than English speakers for getting needed care

Variation by State

- Spanish speakers in NY/NJ, CA, and other states had worse reports about doctor communication and staff helpfulness than English speakers, but English and Spanish Hispanics in FL did not differ.
- Spanish speakers in Florida had more positive reports of communication and staff helpfulness than Spanish speakers in other states.

True differences or response "bias"

- 2 of 9 rating items displayed differential item functioning between Hispanics and non-Hispanic whites (Morales et al. 2000)
- Support for equivalence of CAHPS® 1.0 data for Hispanics and non-Hispanic whites (Marshall et al., 2001)
- Similar reliability and construct validity for English and Spanish language respondents to CAHPS® 2.0 survey (Morales et al., 2003)

Race/Ethnic Differences Literature

- Morales, L. S., Cunningham, W. E., Brown, J. A., Liu, H., & Hays, R. D. (1999). Are Latinos less satisfied with communication from health care providers? Journal of General Internal Medicine, 14, 409-417.
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Race/Ethnic Differences Literature

- Weech-Maldonado, R., Morales, L. S., Spritzer, K., Elliott, M., & Hays, R. D. (2001). Racial and ethnic differences in parents' assessments of pediatric care in Medicaid managed care. Health Services Research, 36, 575-594.
- Weech-Maldonado, R., Morales, L. S., Elliott, M., Spritzer, K. L., Marshall, G., & Hays, R. D. (2003). Race/ethnicity, language and patients' assessments of care in Medicaid managed care. Health Services Research., 38, 789-808.
- Morales, L. S., Weech-Maldonado, R., Elliott, M. N., Weidmer, B., & Hays, R. D. (2003). Psychometric properties of the Spanish Consumer Assessment of Health Plans Survey (CAHPS). Hispanic Journal of Behavioral Sciences., 25 (3), 386-409.
- Haviland, M. G., Morales, L. S., Reise, S. P., & Hays, R. D. (2003). Do health care ratings differ by race/ethnicity? The Joint Commission Journal on Quality and Safety, 29, 134-145.
- Weech-Maldonado, R., Elliott, M., Morales, L. S., Spritzer, K. L., Marshall, G., & Hays, R. D. (2004). Health plan effects on patient assessments of Medicaid managed care among racial/ethnic minorities. Journal of General Internal Medicine., 19, 136-145.

Online Information

- http://uc.chooser.pbgh.org/
- http://www.medicare.gov/

Quality Ratings

Learn what makes one medical plan stand out from another and how to get quality. Look for quality ratings in the following areas to decide what's most important to you and which medical plan can best meet your needs. 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 there is no information shown for a plan.

✔ ***Tips:*** *Most medical plan quality ratings are for HMO plans. Some PPOs have quality ratings for the member satisfaction topics. 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	Percentage of Satisfied UC Members
		★★★ Excellent ★★ Good ★ Fair ☆ Poor No Info			Higher numbers mean greater satisfaction
Kaiser Permanente CA HMO	Not Rated	★★	★★★	★★	**89%**
Health Net HMO	Not Rated	★	★★	★★	**81%**
PacifiCare of California HMO	Not Rated	★	★★	★★	**81%**
Blue Cross Plus POS	Not Rated	★	★★	★★	**74%**
Blue Cross PPO	Not Rated	PPO Plans are not rated for these topics			**80%**
Core CA	Not Rated	No Info	No Info	No Info	**No Info**

What do the stars mean?

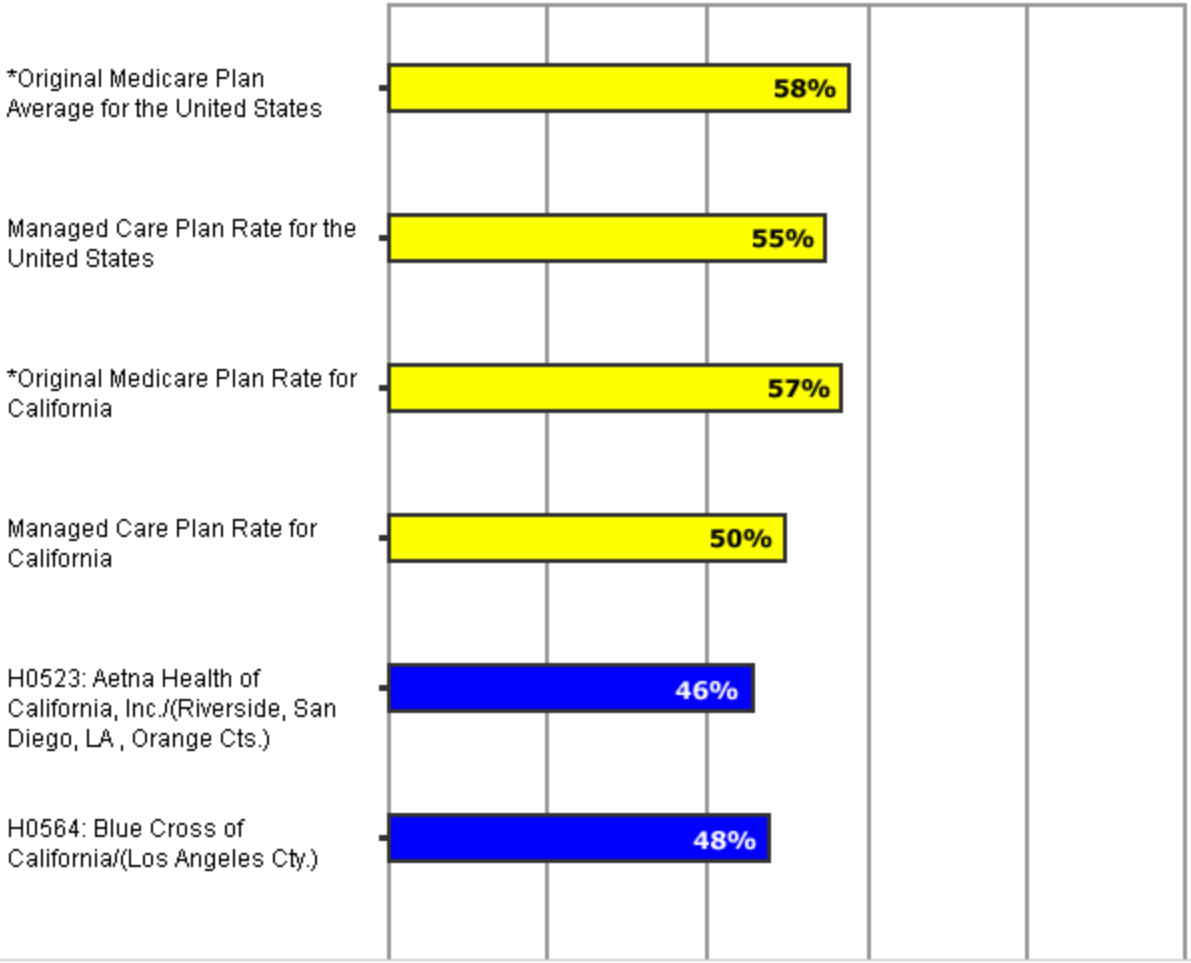
- Excellent
  - More than 80% of the medical plan members had a positive experience.
- Good
  - 3 of every 4 of the members had a positive experience.
- Fair
  - 2/3 of the members had a positive experience
- Poor
  - 60% of the members had a positive experience

visit Healthscope.org.

- The Member Rating of Health Plan summary topic is based on a single CAHPS® survey question that asks members to rate all of their experience with the health plan. The seven topics that are listed in the Member Rating of Health Plan section are not included in that topic's summary score. Member experiences in these seven areas influence their overall rating of the health plan.

Beneficiary Satisfaction

Plan Members Who Said They Always Got Care When They Needed it Without Long Waits



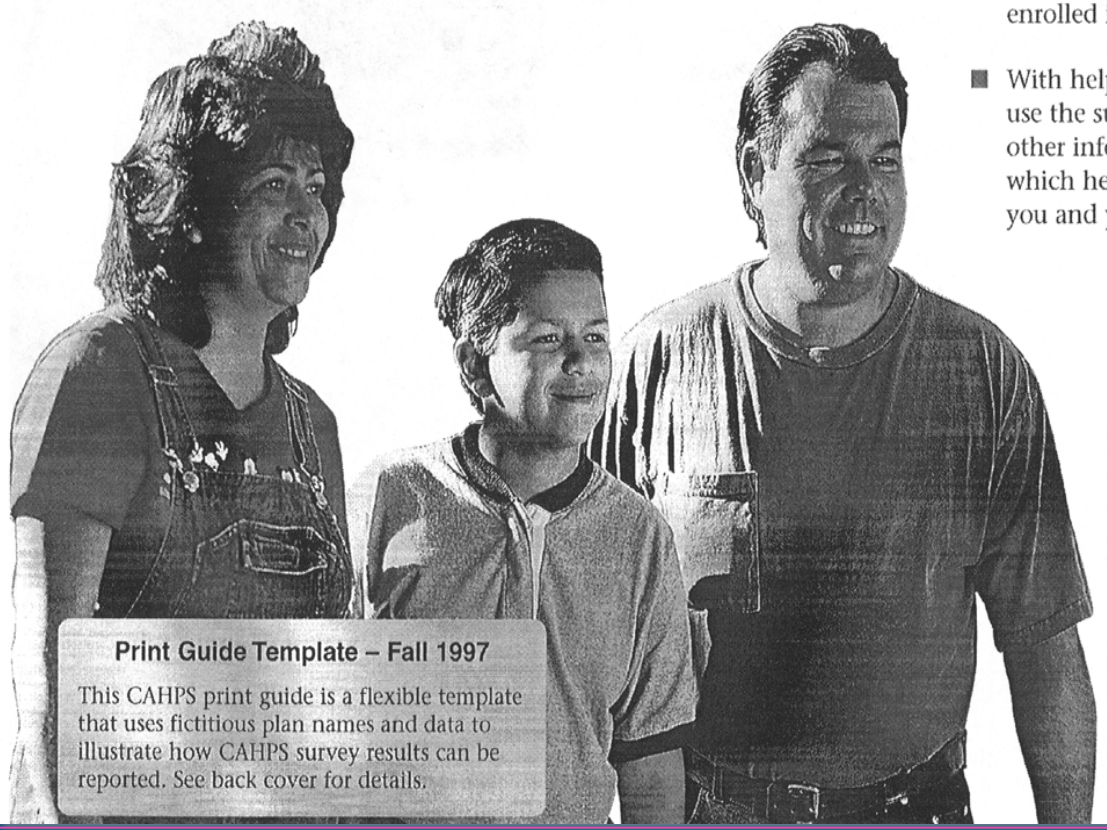
Compare Your Health Plan Choices™

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.



The Sponsor LOGO

CAHPS™
Health Care Quality Information From the Consumer Perspective

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.

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 is 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

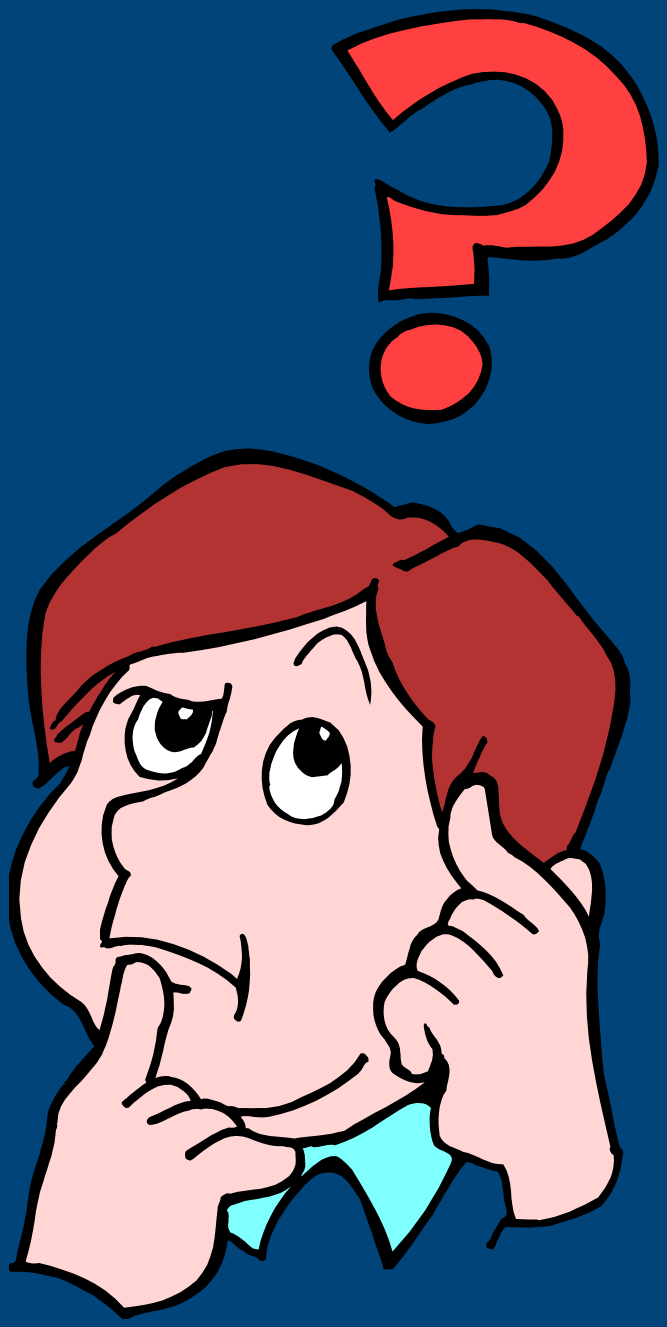
Demonstration Sites

- 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.

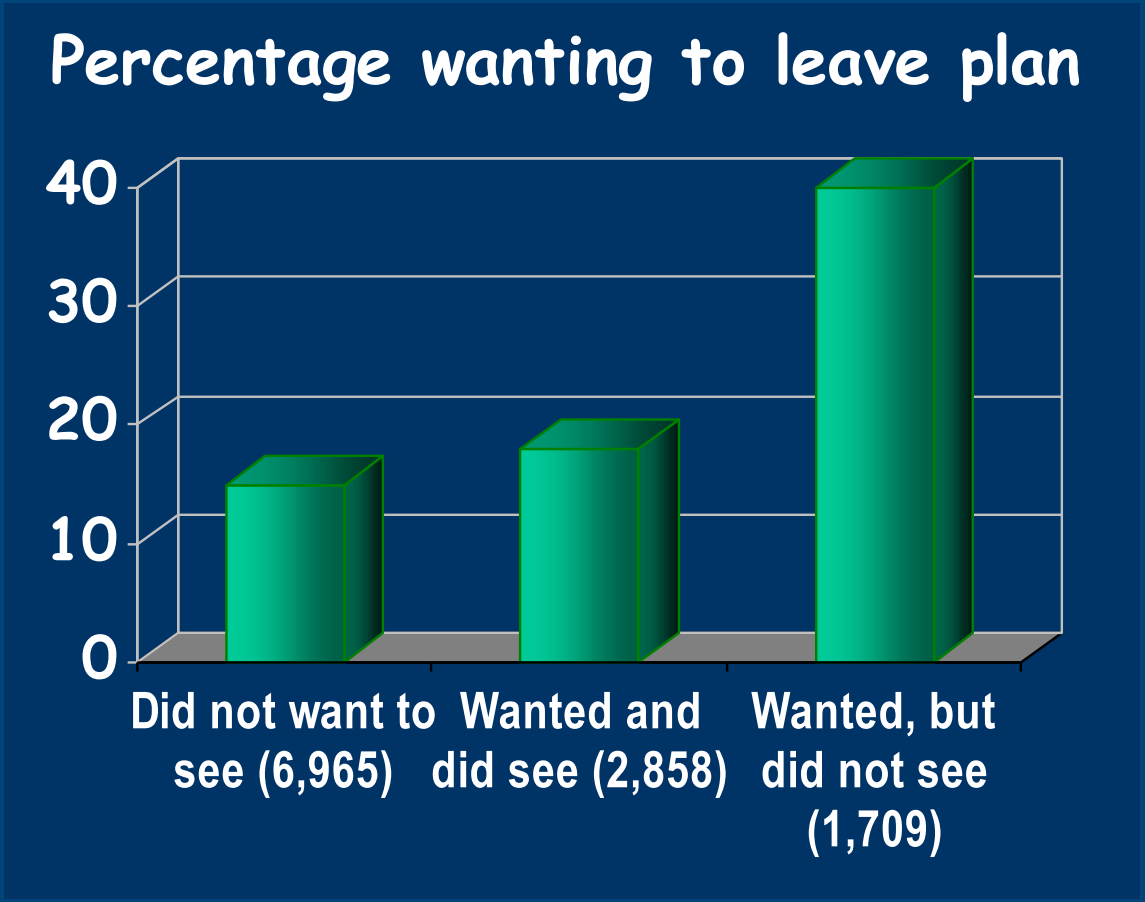
- No overall effect on plan choice in New Jersey, but small effect on subgroup of "receptive" Medicaid beneficiaries.

  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.



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)



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

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