

A Parsimonious Patient-Reported Measure of Care Coordination

Ron D. Hays, Ph.D.
UCLA Department of Medicine

September 27, 2013

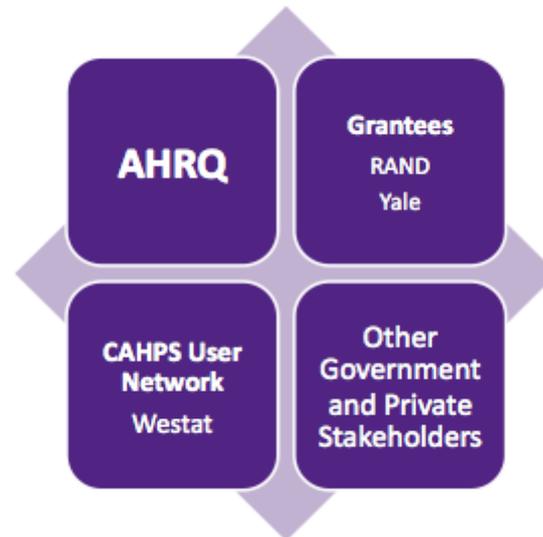
Los Angeles, CA 90024
2nd Floor Broxton Conference Room

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Project



U18 HS016980

Consortium



Collaborators

- RAND
 - Steven Martino, Julie A. Brown, Mike Cui, Marc Elliott
- Yale
 - Paul Cleary
- Center for Medicare & Medicaid Services (CMS)
 - Sarah Gaillot
- Supported by
 - CMS contract HHSM-500-2005-000281

We Measure Quality of Care to Improve It



Providers

Find out how well they are doing



**Government/
Private Insurers**

Identify best/worst healthcare providers



Patients

Choose best health care for themselves

How Do We Measure Quality of Care?



- Focus has been on expert consensus
- Variant of RAND Delphi Method

How Do We Measure Quality of Care?



- Focus has been on expert consensus
- Variant of RAND Delphi Method

- But how patients perceive their care also important
- CAHPS project was tasked with measuring patient experiences.





HEALTH

- About
 - Our Staff
 - Health Organization
 - Employment & Fellowships
 - Conflict of Interest Policy
 - Contact Us

- Research
 - Latest Studies by Topic
 - Centers & Projects
 - Special Features

Patient Satisfaction Questionnaire from RAND Health

The Patient Satisfaction Questionnaire (PSQ), consisting of 80 items, was originally developed by Ware and his colleagues (Ware, Snyder, and Wright, 1976 a, b; see [Related Reading](#) below). A more recent version of the questionnaire is the PSQ-III, available below. The PSQ-III is a 50-item survey that taps global satisfaction with medical care as well as satisfaction with six aspects of care: technical quality, interpersonal manner, communication, financial aspects of care, time spent with doctor, and accessibility of care. A memo on scoring the PSQ-III is also available below. It provides background information, results of psychometric analyses, and scoring rules for measures constructed from the periodic satisfaction surveys.

The PSQ-18 is a short form version that retains many characteristics of its full-length counterpart. The PSQ sub-scales show acceptable internal consistency reliability. Furthermore, corresponding PSQ-18 and PSQ-III subscales are substantially correlate with one another. The PSQ-18 may be appropriate for use in situations where the need for brevity precludes administration of the full-

My RAND

- Saved Items
- Please **Log In** to Items.
- Not registered yet
 - ▶ **Create a My** saving items.
 - ▶ **Why Register**
- [View My Profile](#)

Permissions

- All of the survey Health are public available without
- Translations**
 - Many of the sur

CAHPS Approach



Complements information from clinical process measures

Correlates positively with clinical measures, but important in own right

- Focus on what patients want to know about AND can accurately report about
 - Communication with health care provider
 - Access to care
 - Office staff courtesy and respect
 - Customer service

Rather than Assessing Patient Satisfaction, CAHPS Relies on Reports About Care

19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

CAHPS Medicare Survey Composites

- Communication (4 items)
- Getting needed care (2 items)
- Getting care quickly (3 items)
- Customer Service (3 items)

CAHPS Has Evolved Over Time

1995

2013



CAHPS I (1995–
2001)

CAHPS II
(2002–2007)

CAHPS III
(2007–2012)

CAHPS IV
(2012–2017)

- Develop surveys
- Enhance reporting guidelines and advance science of reporting
- Evaluating quality Improvement efforts



CAHPS I–IV represent \$26 million in total funding

CAHPS Now Has a Family of Surveys

Ambulatory Care



- Health Plan Survey
- Clinician & Group Survey
- Home Health Care Survey
- Surgical Care Survey
- ECHO® Survey
- Dental Plan Survey
- American Indian Survey

CAHPS Now Has a Family of Surveys

Ambulatory Care



Health Plan Survey
Clinician & Group Survey
Home Health Care Survey
Surgical Care Survey
ECHO® Survey
Dental Plan Survey
American Indian Survey

Facility



Hospital Survey
In-Center Hemodialysis Survey
Nursing Home Survey

CAHPS Now Has a Family of Surveys

Ambulatory Care



Health Plan Survey
Clinician & Group Survey
Home Health Care Survey
Surgical Care Survey
ECHO® Survey
Dental Plan Survey
American Indian Survey

Facility



Hospital Survey
In-Center Hemodialysis Survey
Nursing Home Surveys

 ***CAHPS undisputed leader in measuring patient experience***

Care Coordination Measures

- McDonald, K. M., et al. Care coordination measures atlas version 3. AHRQ, 2010.



- David Meyers, AHRQ
- CAHPS PCMH survey (Scholle et al., 2012)
 - Availability of test results and records during appointments
 - Information about prescription medicines
 - Communication among providers

CAHPS Medicare Survey 2012

Care Coordination Items

Personal doctor:

1. has medical records or other information about your care during visits
2. talks about all medicines you are taking
3. informed and up-to-date about care from specialists
4. helps manage care from providers and services
5. follows up on test results

Data Collection

- Random sample of 2012 Medicare beneficiaries
 - Data collected from February 21 to May 29, 2012
 - 46% response rate
- 266,466 in analytic sample
 - 98,014 fee-for service beneficiaries
 - 168,452 Medicare Advantage plan members

Analyses

- Categorical confirmatory factor analysis (Mplus)
 - Patient-level and multi-level (patient and MA plan)
 - Comparative Fit Index (CFI) > 0.95
 - Root Mean Square Error of Approximation (RMSEA) < 0.06
- Reliability ≥ 0.70
 - Internal consistency (coefficient alpha)
 - Plan-level reliability

CAHPS Medicare Survey Composites

Communication (4 items)

Getting care quickly (3 items)

Getting needed care (2 items)

Customer Service (3 items)

Regress Global Rating on Composites

Using any number from 0 to 10, where 0 is the worst personal doctor possible, and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

Confirmatory Factor Analyses

- Good fit for patient-level CFA
 - CFI = 0.996
 - RMSEA = 0.020
- Good fit for multi-level CFA
 - CFI = 0.997
 - RMSEA = 0.014



Standardized Factor Loadings

	Within-Level	Between-Level
Has medical records	0.72 (0.71)	0.86
Talks about medicines	0.65 (0.64)	0.58
Informed and up-to-date	0.70 (0.69)	0.49
Helps manage care	0.71 (0.77)	0.97
Follow-up on test results	0.71 (0.70)	0.72

Loadings from patient-level CFA shown within parentheses. Multi-level CFA loadings are the other numbers.

Reliability

- Internal consistency (alpha) = 0.70
- Plan-level
 - ICC = 0.022 at plan level
 - Number of patients needed to obtain
 - 0.70 reliability = 102
 - 0.80 reliability = 170

Regression of Global Rating of Personal Doctor on CAHPS Composites

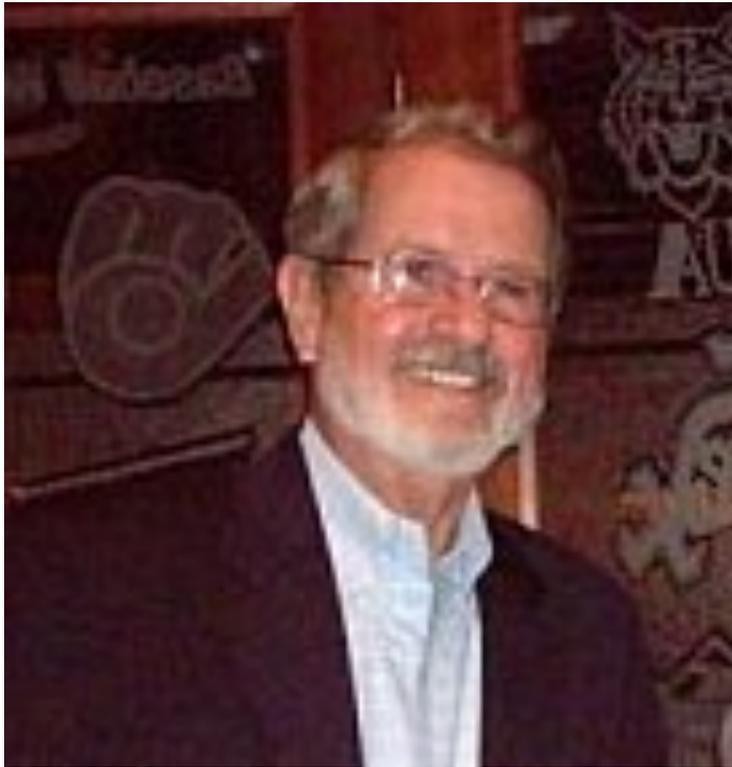
Composite	Standardized Beta
Communication	0.62
Care Coordination	<u>0.17</u>
Getting Care Quickly	0.04
Getting Needed Care	0.01
Customer Service	-.002 (ns)

($R^2 = 0.56$)

Conclusions

- Care coordination composite
 - Unidimensional
 - Has satisfactory reliability
 - Uniquely associated with global rating of personal doctor
- Implications for CMS
 - Report to patients
 - Report to plans
 - Use in Quality Bonus Payments to Managed Care Plans
 - <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>
 - Outcomes (55%), CAHPS (27%), Process (18%)
- Future
 - Examine how it is related to other ways of assessing care coordination such as work flow, scheduling and documentation rated by external observers.

Thank you.



Medical Care Research & Review, in press

drhays@ucla.edu

Chuck Darby, Emeritus CAHPS Project Officer