

# Differences in CAHPS Reports and Ratings of Health Care Provided to Adults and Children

Ron D. Hays, Ph.D.    Alex Y. Chen, M.D.  
UCLA                      Children's Hospital LA

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# Background

- Health plans and health care organizations may have different infrastructure and personnel for adult than for pediatric care
- Parents may have different expectations about care for their children than for themselves. For example,
  - Adult care: greater importance on timeliness of care and office wait times
  - Child care: greater importance on courtesy and helpfulness of office staff

# Background

- Information on health care experience ratings of both adults and children can
  - help purchasers identify plans and providers that meet their needs
  - help plans and providers focus on improvement efforts.
- Information on adult-child differences on specific domains can also be useful.
- If there are no adult-child differences, data collection is simplified.

# CAHPS®

Consumer Assessment of Healthcare  
Providers and Systems (CAHPS®)

Program Funded by:

- Agency for Healthcare Research and Quality (AHRQ)
- Center for Medicare & Medicaid Services (CMS)

# CAHPS Design Principles

- Emphasis on patients
  - What patients want to know
  - Patients are the best or only source of information
  - Extensive testing with patients
- Reporting about actual experiences
- English and Spanish
- Adult and Child care experiences
- Standardization
  - Surveys, data collection, analysis, reporting, benchmarking

# CAHPS Family of Surveys

- Ambulatory Care Surveys
  - CAHPS Health Plan Survey 5.0
  - CAHPS Clinician & Group (C-G) Survey 2.0
  - CAHPS Home Health Care Survey
  - ECHO® Survey 3.0
  - CAHPS Dental Plan Survey
  - CAHPS American Indian Survey
- Facility Surveys
  - CAHPS Hospital Survey (HCAHPS)
  - CAHPS In-Center Hemodialysis Survey (ICH)
  - CAHPS Nursing Home Surveys

# Methods

- Data collected in 2008-2009 from patients using CAHPS Clinician/Group 12-month survey
- Two sites:
  - Large west coast integrated health system
  - Large health plan in the mid-west
- Patient sample
  - At least one visit to the target provider
  - Try for 45 completes per clinician
  - Try for 40% response rate

# West Coast Site Participants

- Surveys completed for 499 physicians
- Adults: n = 15,051 adults
  - 37% response rate
  - 61% female, 10% Hispanic
- Children: n = 2,323 parents/caregivers
  - 25% response rate
  - 85% female, 25% Hispanic



# Mid-west Site Participants

- Surveys completed for 256 primary care physicians
- Adults: n: 7,823 adults
  - 46% response rate
  - 60% female, 3% Hispanic
- Children: n = 668 parents/caregivers
  - 32% response rate
  - 86% female, 8% Hispanic

# CAHPS C-G Survey Domains

- Access to care (5 items)
- Provider communication (5 items)
- Coordination of care (3 items)
- Shared decision making (1 item)
- Office staff (2 items)
- Global items
  - Global rating of doctor item
  - Recommend doctor to family and friends

# Survey Administration

- Cover letter in English and Spanish
  - Option of calling toll-free to request Spanish survey
- Mailed English language survey
- Follow-up mailing with survey sent to non-respondents 4 weeks after first mailing

# Case-mix Adjusted Means (SD) in West Coast Site

CAHPS Measure	Adult Care	Pediatric Care
Access to Care	71 (27)	71 (30)
Provider communication	91 (18)	92 (20)
Coordination of care*	83 (24)	86 (26)
Shared decision making*	95 (21)	97 (22)
Office staff	86 (20)	84 (22)
Global rating of doctor*	90 (17)	92 (19)
Would recommend doctor*	91 (23)	93 (26)

CAHPS measures scored on 0-100 possible range, where 100 is best possible. Means are case-mix adjusted for respondent age, gender, education and self-rated health, and adult/child race/ethnicity.

\* Adult and pediatric care means differ significantly ( $p < .05$ )

# Case-mix Adjusted Means (SD) in Mid-west Site

CAHPS Measure	Adult Care	Pediatric Care
Access to Care	77 (20)	89 (22)
Provider communication	90 (16)	95 (17)
Coordination of care	83 (22)	93 (24)
Shared decision making	94 (22)	99 (24)
Office staff	87 (19)	95 (21)
Global rating of doctor	88 (16)	93 (17)
Would recommend doctor	90 (22)	96 (24)

CAHPS measures scored on 0-100 possible range, where 100 is best possible. Means are case-mix adjusted for respondent age, gender and education, and adult/child race/ethnicity.

All adult and pediatric care means differ significantly ( $p < .05$ )

# Limitations

- Data analyzed not representative of all health plans
- Response rates were not high, but similar to typical CG-CAHPS rates
  - Nonresponse analyses tend to have minimal impact after casemix adjustment
- Reliance on proxy (parents/guardians) reports of pediatric care

# Discussion (1)

- Separate adult and child CAHPS surveys are administered due to differences in health care needs and utilization patterns.
- We found reports and ratings of children's care to be equal or more positive than reports and ratings of adult care.

# Discussion (2)

- Care provided by pediatric providers may differ from that provided by adult providers
- Magnitude of differences depend on site of care
  - Bigger differences favoring pediatric care experiences in mid-west site



Thank you. Enjoy the rest of your life.



Powerpoint file posted at:

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

Chen, A. Y., Elliott, M.N., Spritzer, K. L., Brown, J., Skootsky, S. A., Rowley, C., & Hays, R. D. (2012). Differences in CAHPS reports and ratings of health care provided to adults and children. Medical Care., 50, S35-39.

Ron D. Hays ([drhays@ucla.edu](mailto:drhays@ucla.edu))

Alex Y. Chen ([Achen@chla.usc.edu](mailto:Achen@chla.usc.edu))

# Appendix (1): CAHPS Survey Items

- Access to care
  - Got appointment for urgent care as soon as needed
  - Got appointment for routine care as soon as needed
  - Got answers to medical questions during office hours when phoned
  - Got answers to medical questions after office hours when phoned
  - Seen within 15 minute of appointment time
- Provider communication
  - Explained things in a way that's easy to understand
  - Listened carefully to you
  - Gave easy to understand instructions
  - Showed respect for what you had to say
  - Spent enough time with you

# Appendix (2): CAHPS Survey Items

- Coordination of care
  - Doctor knew important information about your medical history
  - Doctor informed on care you got from other doctors
  - Office followed up to give you test results
- Shared decision making
  - Talked about pros and cons of treatment or health care choice
- Office staff
  - Receptionists as helpful as you thought they should be
  - Receptionists treated you with courtesy and respect
- Global rating of the doctor
- Would recommend doctor to family and friends

## Descriptive Statistics and Reliability of CAHPS Domains in 499 Physicians (West Coast Site)

Domain	Mean	SD	Range	Reliability	N for 0.70	N for 0.80
Access	70	11	33-93	0.82	17	30
Communication	91	6	45-100	0.75	27	47
Coordination	83	8	41-97	0.72	30	52
SDM	95	7	45-100	0.36	85	146
Office Staff	86	6	62-99	0.68	38	65
Dr. rating	90	6	43-100	0.77	23	40
Recommend	90	8	30-100	0.70	33	58

Note: Average number of patients per physicians was 34 or 35 for all domains except SDM (shared decision making) where it was 21.

**Standardized Betas (Zero-order Correlations) for Regressions of Global Doctor Rating and Recommend Item on CAHPS Composites for 499 Physicians (West Coast Site)**

Composite	Global Rating of Doctor	Would Recommend Doctor
Access	-0.11 (0.45)	-0.07 (0.42)
Communication	0.62 (0.88)	0.76 (0.85)
Coordination	0.31 (0.81)	0.28 (0.78)
Shared Decision Making (SDM)	0.06 (0.46)	0.08 (0.45)
Office Staff	0.09 (0.45)	0.05* (0.40)
Adjusted R-squared	82%	76%

\*Not statistically significant

# Can satisfaction with care kill you?

- Fenton et al. 2012 Archives of Internal Medicine
  - higher “patient satisfaction” based on 5-item CAHPS rating on MEPS was associated with less emergency department use but higher inpatient use, and higher overall health care expenditures.
- Consumer assessment of care experience
  - Based on interactions with provider and staff (high utilizer → more established relationship)
  - Persons in need of care may rate differently than those that do not
  - Providers that tailor to patient's needs and/or preferences may receive high rating (e.g. antibiotic prescription)
- Fenton study is at patient-level but CAHPS is provider/group level