

A Parsimonious Patient-Reported Measure of Care Coordination

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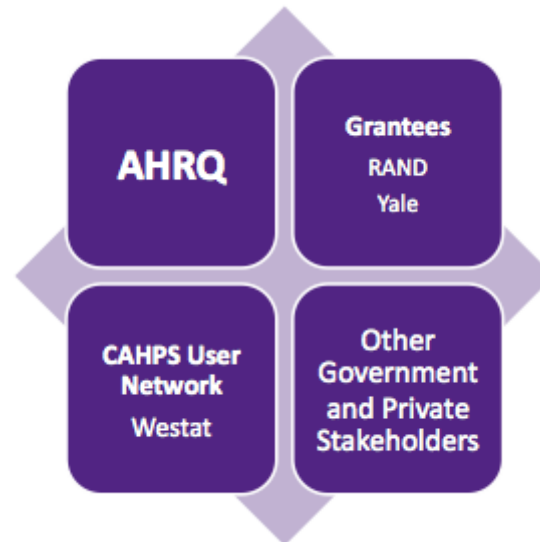
2nd Floor Broxton Conference Room

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.



 Save to My RAND

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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-

Saved Items

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Permissions

All of the survey
Health are publi
available without

Translations

Many of the cur

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

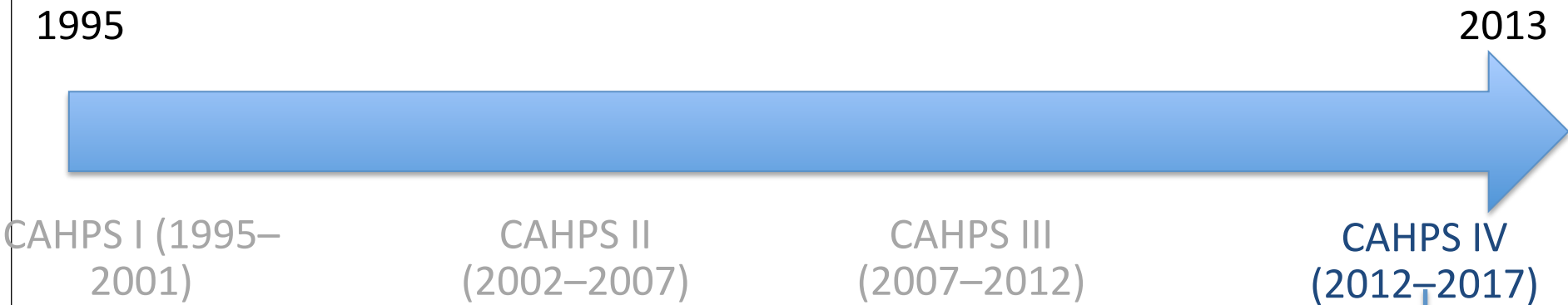
19. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

- 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



- 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

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Facility



Hospital Survey
In-Center Hemodialysis Survey
Nursing Home Survey

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- 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.



Surveys and Tools
To Advance Patient-Centered Care

Medical Care Research & Review, in press

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