



Consumer Assessments of Health Care

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

Why are Patient Reports and Ratings of Care Important?

- Market share
- Accountability
- Identifying disparities
- Consumer choice



The Hertz Corporation
Customer Relations
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February 17, 2004

Mr. Ronald Hays
1954 Normandie Ave
Cerritos, CA 90703

Re: FILE #DO1221-7118
RR# 152557311
rhays@ix.netcom.com

Dear Mr. Hays:

Thank you for your comment card regarding your February 3, 2004 rental in Lakewood. We appreciate the opportunity to review your concerns.

All Hertz vehicles should be properly serviced and in good mechanical condition before being released for rental. The condition of the vehicle you received is a concern to us and we apologize for the inconvenience you experienced. We always want to provide quality vehicles to our customers and certainly appreciate your letting us know of your experience. This matter will be reviewed with our maintenance personnel.

We apologize for any inconvenience you experienced for your February 3, 2004 rental. As a goodwill gesture, a \$30.00 Hertz Customer Service Certificate is being sent to you under separate cover to the address listed in your e-mail. This is valid for two years and may be used at any of our worldwide rent-a-car locations.

Thank you for bringing this matter to our attention. We do value your business.

Sincerely,

Janet Nicolle
Customer Relations Administrator

In
cc: Robert A. McGee, H.E. Orange, CA, 7118-CA
Bryan J. Kellison, Area Operations, 1198
Myles Knopf, Manager, South Pacific Zone, 1198

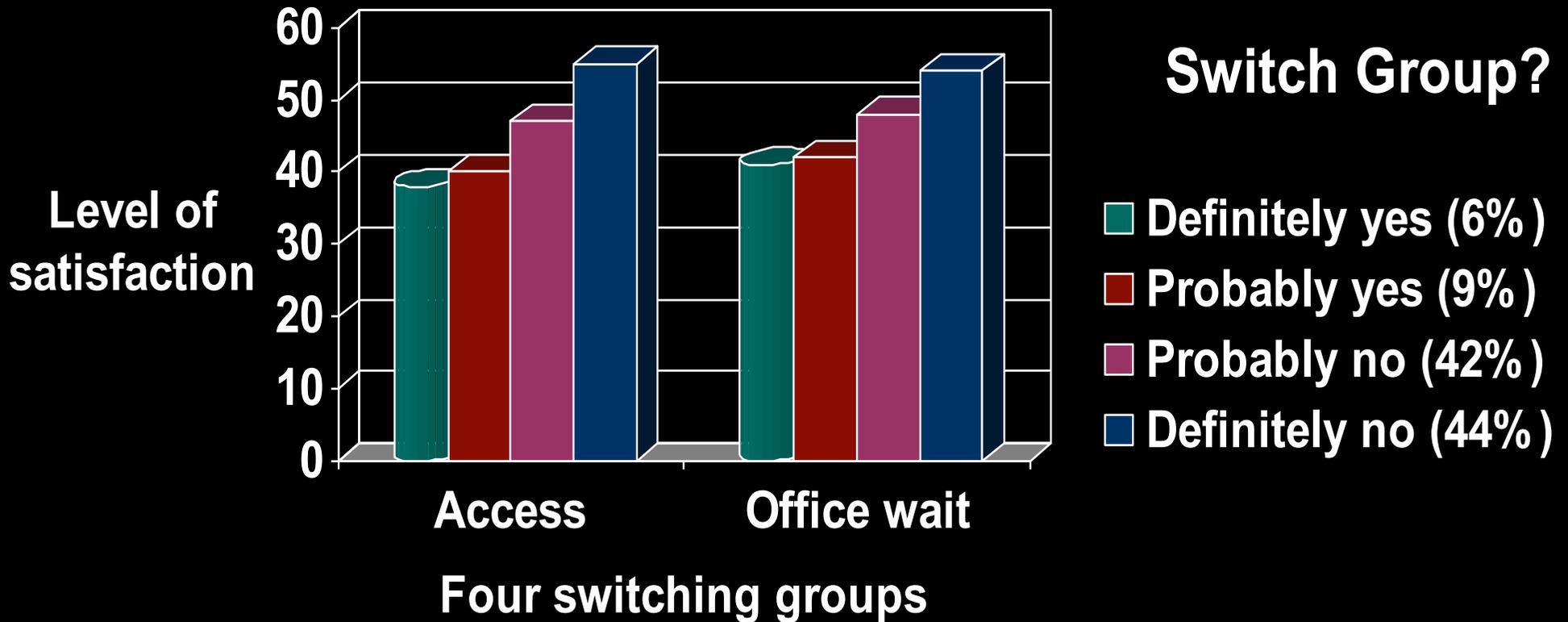
Patients Who Wanted to See a Specialist, But Did Not, were Twice as Inclined to Leave the Plan
(Kerr et al., JGIM 1999; 14: 287-296)

Percentage wanting to leave plan



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

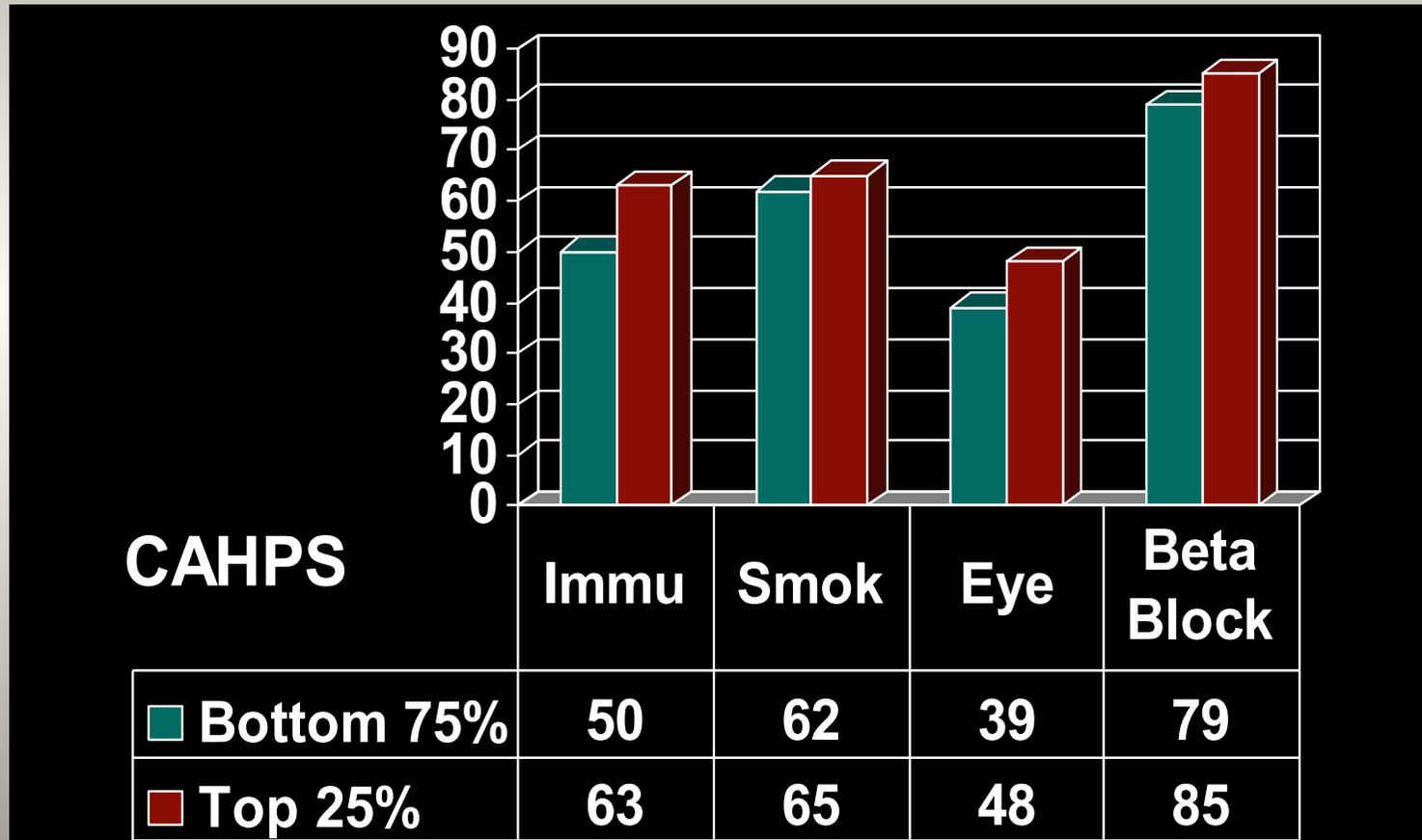
(Hays et al., Archives of Int Med 1998; 158: 785-790)



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



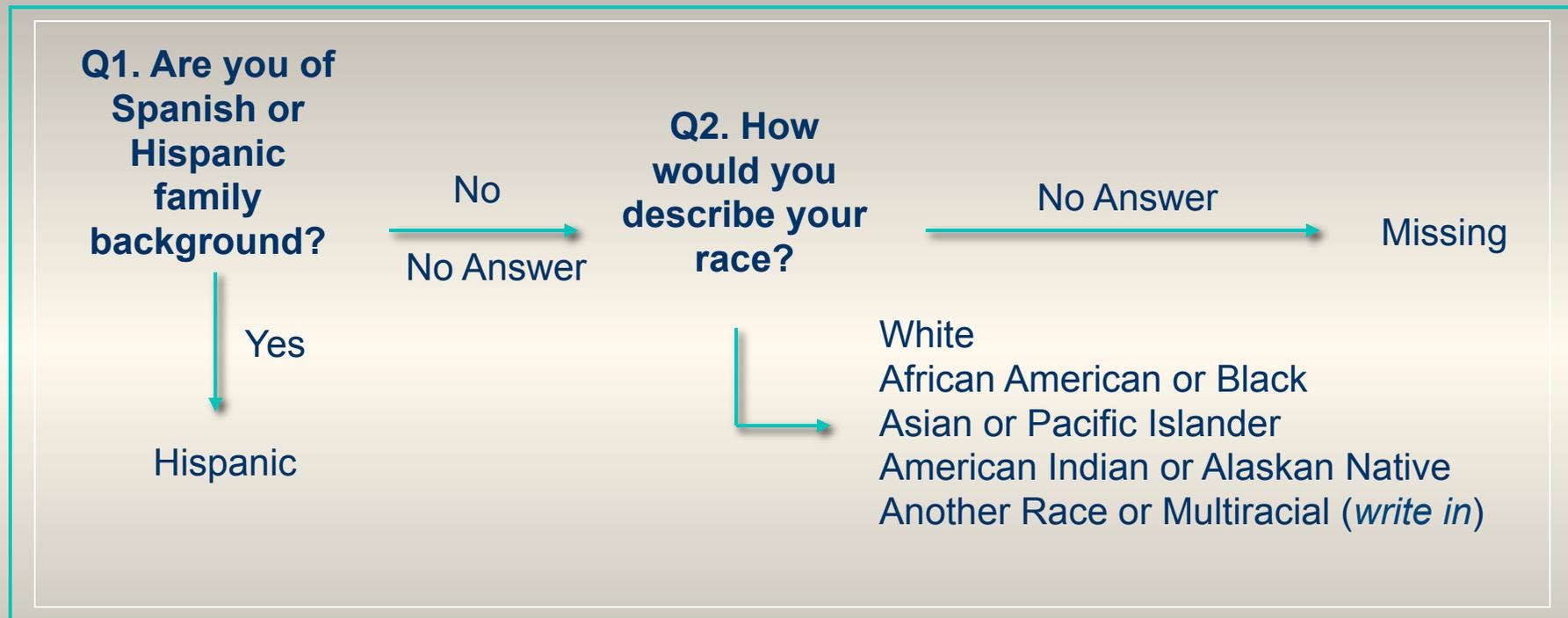
Disparities in Health Care Experiences

- Mixed findings regarding African Americans.
- No published information regarding American Indians/Alaskan Natives or Multiracial individuals.
- Hispanics and Asian/Pacific Islanders less satisfied than whites.

NCBD 1.0 Data

- Surveys fielded in 1997-1998 (n = 28,354)
- 31 Medicaid and 54 commercial health plans
- Response Rates
 - Mean=52% (Median=52%)
 - Range 17% to 83%

Assigning Racial/Ethnic Categories



Sample

	Hispanic	White	Black	Asian / Pacific Islander	Am Indian / Native Alaskan	Multiracial / Other	Missing
N	1,657	20,414	2,942	976	588	553	1,224
Age (%)							
18-34 Years	47	33	42	38	44	36	36
35-54 Years	45	54	46	51	48	54	54
55+ Years	8	13	12	11	8	10	10
Gender (% Female)	70	68	77	61	80	62	72
Education (%)							
<HS	20	8	18	10	19	6	7
HS	30	28	35	20	36	23	18
>HS	50	64	47	70	45	71	76
Health Status (% E, VG)	49	55	46	53	36	53	56
Insurance Type (%)							
Commercial	63	73	47	74	39	79	69
Medicaid	37	27	53	26	61	21	31

Racial/Ethnic Differences in CAHPS® 1.0 Measures

	Access	Prompt	Comm	Helpful	Service	MD	Spec	Care	Plan
Hispanic (reference = Whites)	↓	↓			↓				↑
African American			↑	↑				↑	↑
Asian/Pacific	↓	↓	↓	↓	↓				
American Indian / Alaskan Native						↓	↓		
Multiracial / Other	↓	↓	↓	↓		↓		↓	↓
Missing	↓	↓	↓	↓	↓			↓	↓

↑↓ Indicate significantly different from whites at p<0.05 level. Models control for age, gender, health status, education, and sector.

Implications

- Race and ethnicity are significantly associated with reports and ratings of care.
- Asians and Hispanics have worse experiences with care.
- African Americans report better experiences and give higher ratings than whites.
- More research is needed to understand who “Missing” and “Multiracial/Other” are.
- Quality improvement efforts are needed for most racial/ethnic minority groups.
- Comparisons of care based on global ratings need to be interpreted with caution.

National Healthcare Quality Report

National Healthcare Disparities Report

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

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

MEDICAL PLAN CHOOSER (i) About Plans

About You Costs Doctors **Quality Ratings** Plan Rules Services Results
(?) Help (i) LogOut

Quality Ratings

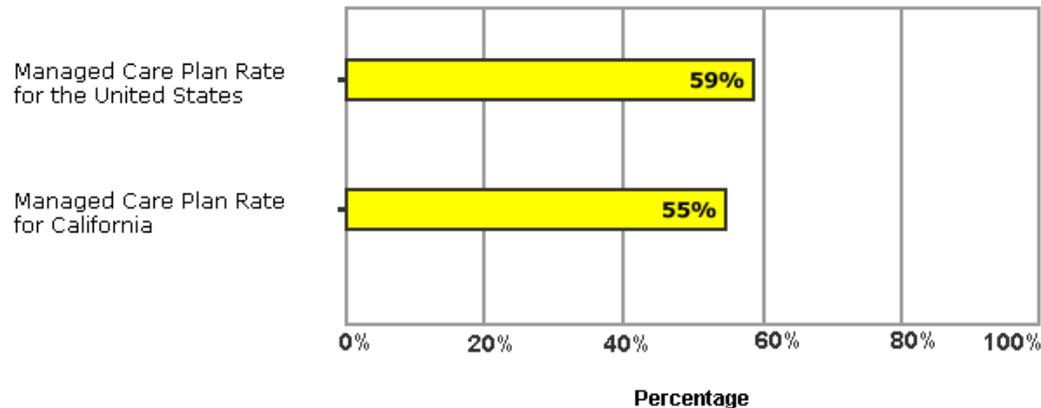
Some medical plans and their doctors get good grades for their care and service. Others don't. When you shop for a medical plan, look for quality that meets your needs. Use this page to see which plans' quality is rated highly in areas that matter to you. [Read more about Quality Ratings.](#)

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 "no info" is shown for a plan.

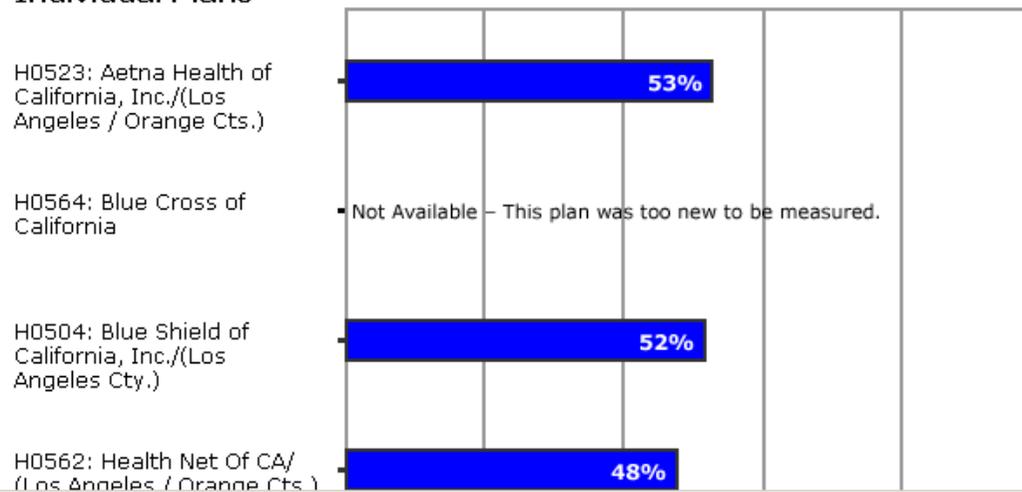
✓ **Tips:** Only HMOs (but not all) have their quality rated. To see detailed quality ratings, visit Healthscope.org.

Health Plan	Rate or Remove Plan	Care for Staying Healthy	Care for Living with Illness	Care for Getting Better	Doctor Communications and Services	Plan Service
		★★★★ Excellent	★★★ Good	★ Fair	★ Poor	No Info
Core CA	Not Rated	★★	★	★	★★	★★
Kaiser Permanente CA HMO	Not Rated	★★	★★	★	★★	★★
Health Net HMO	Not Rated	★	★	★	★★	★
PacifiCare of California HMO	Not Rated	★★	★★	★★	★★	★
Blue Cross Plus POS	Not Rated	No Info	No Info	No Info	No Info	No Info
Blue Cross PPO	Not Rated	No Info	No Info	No Info	No Info	No Info

The Percentage Who Said They Always Got Care When They Needed it Without Long Waits



Individual Plans



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.



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.

The
Sponsor
LOGO

CAHPS™
Health Care Quality Information
From the Consumer Perspective

Methods

(Spranca et al., Health Services Research, 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 it 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.

Imagine a student somewhere in the world sends you an email.

- I have read many of your outstanding articles on patient satisfaction with care?
- Can you recommend a good measure for my dissertation?



Some Possibilities

- 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>

- People with mobility impairments
- ESRD
- Chiropractic
- Dental care

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® 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/Products/Kit.asp>

Hargraves, J. L., Hays, R.D., & Cleary, P.D. (2003). Psychometric properties of the Consumer Assessment of Health Plans Study (CAHPS®) 2.0 adult core survey. Health Services Research, 38, 1509-1527

CAHPS® Global Ratings (4 items)

- Health plan
- Health care
- Personal doctor
- Specialist care

Example of Global Rating Item

We want to know your rating of all your health care in the last 12 months from all doctors and other health providers.

- 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)

How often did doctors:

- 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)

How often did you:

- Get an appointment for routine care as soon as you wanted?
- Get care for an urgent illness or injury as soon as you wanted?
- Wait more than 15 minutes past your appointment?
- Get help or advice you needed?

Never, Sometimes, Usually, Always

Courteous and Helpful Office Staff (2 items)

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)

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)

How much of a problem was:

- *Getting a personal doctor or nurse?*
- *Getting referral to a specialist you needed?*
- *Delays in health care while waiting for approval?*
- *Getting care you or a doctor believed necessary?*

Big Problem, Small Problem, No Problem

Customer Service (3 items)

How much of a problem, if any, was:

- Finding or understanding information in the written materials?
- Getting the help you needed when you called your plan's customer service?
- Paperwork for your health plan?

Big Problem, Small Problem, No Problem

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

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

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, A. M. (2001). Patient-centered processes of care and long-term outcomes of myocardial infarction. JGIM, 16, 800-808.



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