

Patient Reports and Ratings of Health Care

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



*Would you put your trust in
this doctor?*



Consumer Assessments of Health Plans Survey (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:

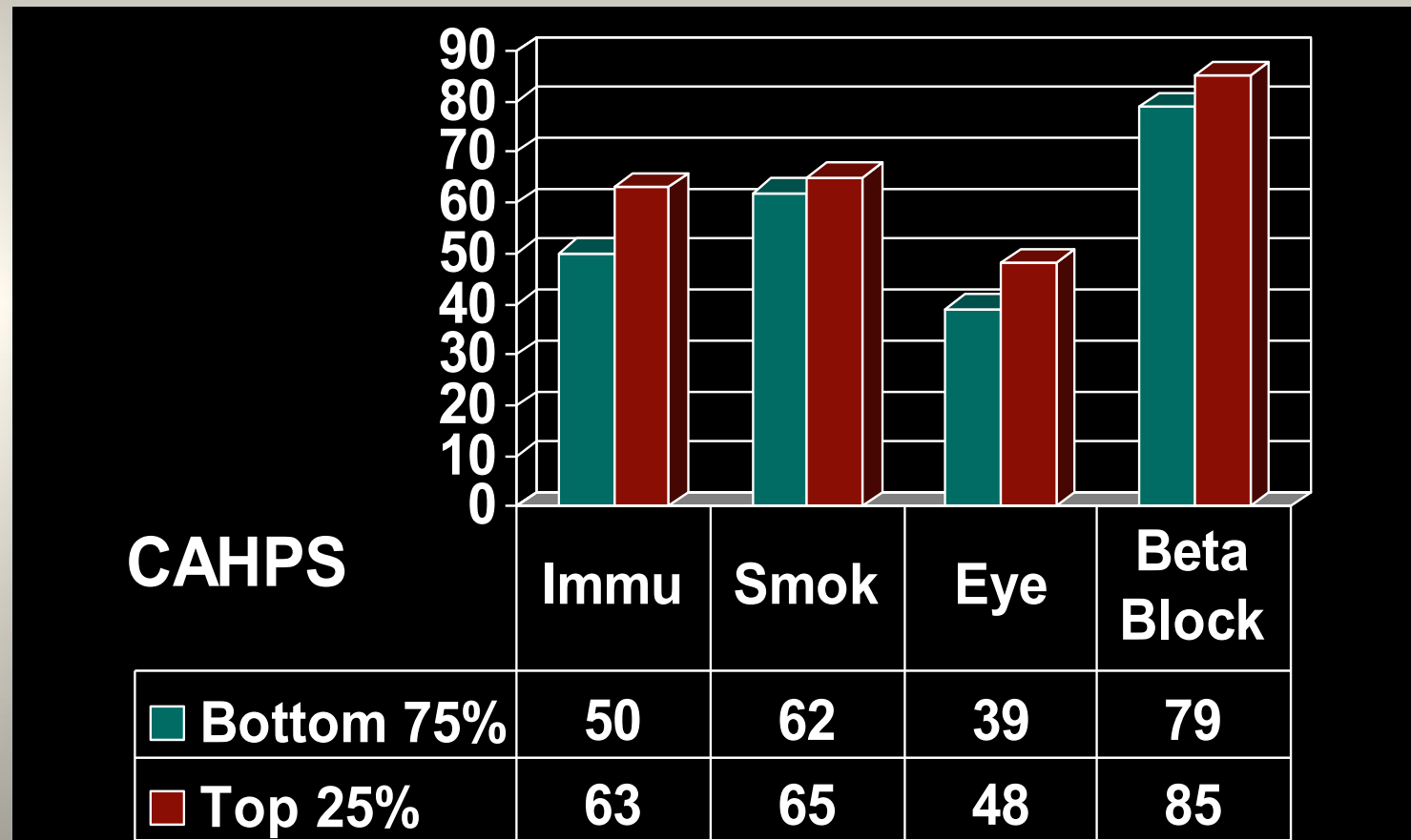
- Finding or understanding information in the written materials?
- Getting the help you needed when you called your plan's customer service?
- Paperwork for your health plan?

Big Problem, Small Problem, No Problem

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.

National Healthcare Quality Report

National Healthcare Disparities Report

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

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

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	Doctor Communications and Services	Plan Service
		★ ★ ★ Excellent	★ ★ Good	★ Fair	★ Poor	No Info
Kaiser Permanente CA HMO	Not Rated	★ ★	★ ★ ★	★ ★	★ ★	★ ★ ★
Health Net HMO	Not Rated	★	★ ★	★ ★	★ ★	★ ★
PacifiCare of California HMO	Not Rated	★ ★	★ ★	★ ★	★ ★	★ ★ ★
Core CA	Not Rated	No Info	No Info	No Info	No Info	No Info
Blue Cross Plus POS	Not Rated	★	★	★ ★	★ ★	★ ★
Blue Cross PPO	Not Rated	PPO Plans are not rated for these topics			★ ★	★ ★

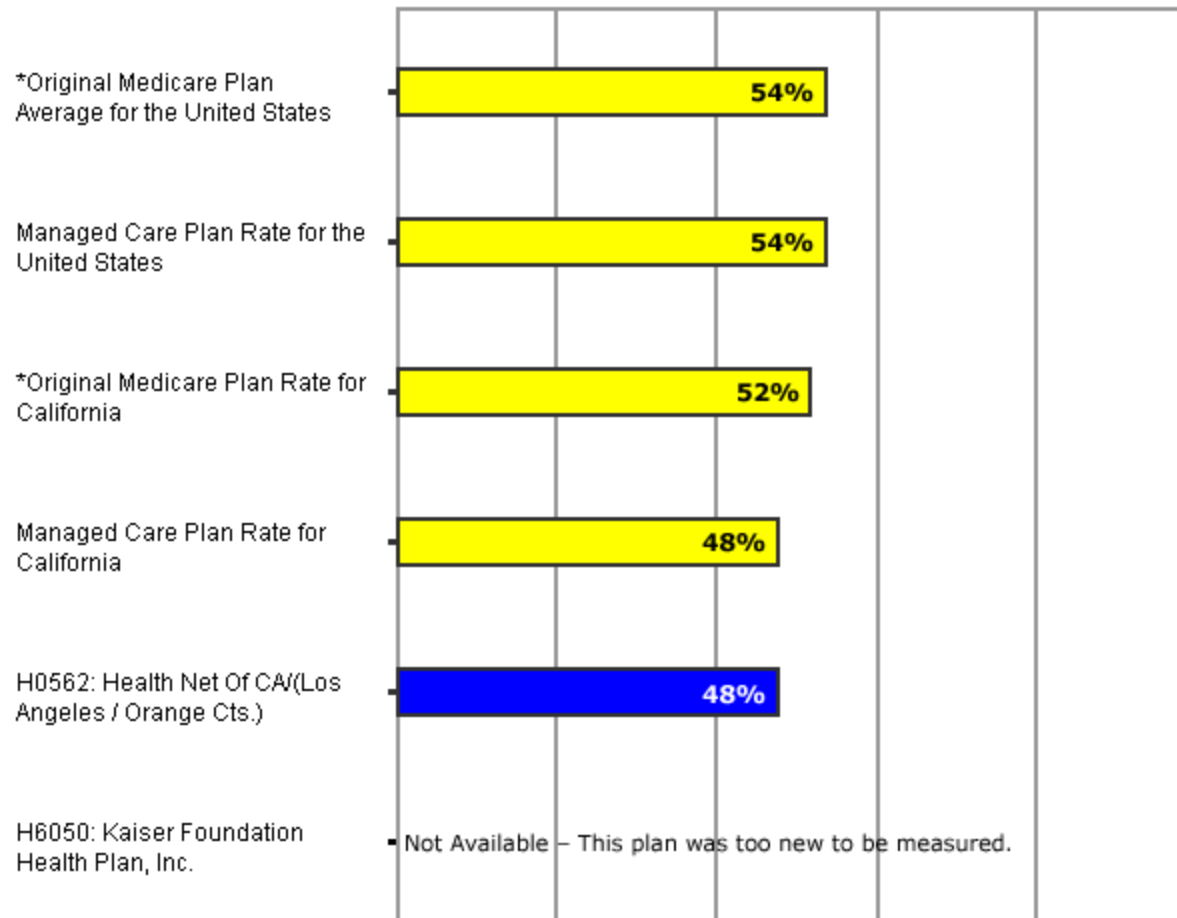
[Format for Printing](#)

Next or Finish

[Hide All](#)

Beneficiary Satisfaction

☐ [Plan Members Who Said They Always Got Care When They Needed it Without Long Waits](#)



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.

Laboratory Study

(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

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 less expensive plans were linked with higher CAHPS® ratings, many consumers (41%) chose the less expensive plan
- If more expensive plans were linked with higher CAHPS® ratings, no shift in preferences

CAHPS® Product Lines

- Health plan
- Behavioral health care
<http://www.hcp.med.harvard.edu/echo/home.html>
- Physician group
- Individual provider
- Hospital
http://www.cms.hhs.gov/quality/hospital/3State_Pilot_Analysis_Final.pdf
- ESRD
- Nursing home
- Chiropractic, dental care, people with mobility impairments, American Indian

Physician Group



- 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)

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

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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, patient reports, physician assessment, ratings of health care

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-

Appendix A

Physician-Level Reliability Estimates for CAHPS and DoctorGuide Survey^a

Item number	Item label	Reliab	ICC	N4rel.70	N4rel.80	N4rel.90
CAHPS						
5	Illness or injury care as soon as wanted	0.706	0.073	29.80	51.09	114.94
7	Got appointment as soon as wanted	0.613	0.056	39.10	67.02	150.80
9	Got help or advice	0.636	0.064	33.88	58.07	130.66
11	After hours care	0.534	0.170	11.40	19.55	43.91
13	Office wait	0.691	0.057	38.47	65.95	148.38
14	Listen carefully	0.708	0.061	35.66	61.13	137.55
15	Explain things	0.651	0.049	45.67	78.29	176.16
17	Explain results of tests	0.536	0.041	54.68	93.74	210.90
19	Explain purpose of new prescriptions	0.459	0.030	76.75	131.58	296.04
20	Show respect	0.667	0.051	42.98	73.68	165.77
21	Spend enough time	0.760	0.079	27.17	46.58	104.80
23	Involve you in decisions	0.503	0.040	58.89	97.18	218.63
24	Saw PCP for regular or routine care	0.799	0.112	18.52	31.75	71.44
25	Talked about health concerns	0.505	0.031	72.70	124.63	280.40
26	Talked about food you eat	0.570	0.035	64.51	110.58	248.80
27	Talked about exercise	0.728	0.068	31.91	54.71	123.10
28	Talked about stress	0.535	0.031	73.69	126.32	284.21
29	Trust PCP's judgments	0.579	0.054	40.72	69.80	157.05
30	Rating of health care	0.713	0.063	34.80	59.32	133.47
31	Do you intend to switch	0.700	0.060	36.55	62.65	140.96
comm8	communication	0.672	0.052	42.78	73.34	165.02
prevent2	preventive care	0.691	0.057	38.34	65.73	147.88
access4	access to care	0.725	0.067	32.49	55.69	125.30
DoctorGuide						
2a	Attention to what you say	0.805	0.080	26.84	46.01	103.53
2b	Ease of talking to PCP	0.819	0.088	24.10	41.31	92.94
2c	Involvement in medical decisions	0.784	0.071	30.31	51.96	116.91
2d	Explanations	0.782	0.070	30.83	52.85	118.90
2e	Answers your questions	0.785	0.072	29.97	51.38	115.60
3a	Familiar with medical history	0.809	0.082	26.01	44.59	100.32
3b	Skills in recognizing your problems	0.740	0.057	38.42	65.85	148.17
3c	Thoroughness of exams or treatments	0.771	0.067	32.54	55.78	125.51
3d	Advice about ways to avoid illness	0.767	0.066	33.26	57.02	128.30
3e	Overall quality of care and services	0.790	0.075	28.89	49.52	111.42
4a	Appointment wait	0.783	0.072	30.19	51.75	116.43
4b	Office wait	0.867	0.122	16.85	28.89	65.00
4c	Amount of time with PCP	0.806	0.082	26.11	44.77	100.72
4d	Advice by phone during regular hours	0.784	0.076	28.48	48.82	109.85
4e	Advice by phone after hours	0.728	0.069	31.56	54.10	121.73
5a	Talked about your health concerns	0.506	0.022	106.11	181.01	409.28
5b	Talked about food you eat	0.633	0.036	63.18	108.32	243.71
5c	Talked about exercise	0.683	0.044	50.53	86.62	194.88
6	Recommend to family or friends	0.754	0.061	35.97	61.66	138.72
7	Intend to switch	0.740	0.060	36.80	63.09	141.96
8	Overall satisfaction	0.603	0.031	72.46	124.22	279.49
comm9	communication	0.816	0.085	25.00	42.86	96.43
prevent2	preventive care	0.700	0.047	46.99	80.55	181.23
access4	access to care	0.812	0.084	25.60	43.89	98.76

^aReliab indicates observed reliability given the sample size; ICC, intraclass correlation; N4rel.70, sample size per doctor needed to obtain 0.70 reliability; N4rel.80, sample size per doctor needed to obtain 0.80 reliability; N4rel.90, sample size per doctor needed to obtain 0.90 reliability; PCP, primary care physician.

Hospital CAHPS®

- Communication with nurse (3 items; 1-3)
- Communication with doctors (3 items; 6-8)
- Communication about medication (2 items; 17, 19)
- Nursing services (2 items; 4, 12)
- Discharge information (2 items; 21, 22)
- Pain control (2 items; 15, 16)
- Physical environment (2 items; 10-11)
- Global ratings: nurses (5), doctors (9), and hospital (23)
- Recommend hospital to family and friends (24)

Appendices

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.

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)

