Consumer Assessments of Health Care

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http://www.gim.med.ucla.edu/FacultyPages/Hays/
Negative Perceptions of Access to Care and Office Wait Are Associated With Wanting to Leave Group

(Hays et al., Archives of Internal Medicine, 158, 785-790, 1998)

Switch Group?
- Definitely yes (6%)
- Probably yes (9%)
- Probably no (42%)
- Definitely no (44%)

Four switching groups
Patients Who Wanted to See a Specialist, But Did Not, were Twice as Inclined to Leave the Plan

(Kerr et al., *Journal of General Internal Medicine*, 14, 287-296, 1999)
• Consumer Assessment of Healthcare Providers and Systems

• https://www.cahps.ahrq.gov/
CAHPS® Goals

- Develop public domain consumer surveys and reports focused on the quality of health care
- Evaluate surveys and reports
- Disseminate products and support use
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
Extensive Stakeholder Input

- Ongoing patient involvement in development and testing
- Advisory Committee
- NCQA
- ABMS Boards
- Public comment
- Stakeholder meetings
- User Group meetings
National Standard

- NCQA uses CAHPS for accreditation
- CMS uses Medicare version nationally
- Many other organizations use CAHPS
- 130 million Americans enrolled in health plans that collect CAHPS data
- Over one-half million Americans complete CAHPS surveys each year

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.

CAHPS® 4.0 Health Plan Survey
Global Rating Items

• Health care
• Personal doctor
• Specialist
• Health plan
Example of Global Rating Item

Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- 0 WORST HEALTH CARE POSSIBLE
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 BEST HEALTH CARE POSSIBLE
Reports about Care (11 items)

- Getting needed care (2)
- Getting care quickly (2)
- How well doctors communicate (4)
- Health plan customer service, information, and paperwork (3)
Getting Needed Care (2 items)

In the last 12 months, how often was it easy to get appointments with specialists?

In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

Never, Sometimes, Usually, Always
Getting Care Quickly (2 items)

In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor’s office or clinic as soon as you thought you needed?

Never, Sometimes, Usually, Always
In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

In the last 12 months, how often did your personal doctor listen carefully to you?

In the last 12 months, how often did your personal doctor show respect for what you had to say?

In the last 12 months, how often did your personal doctor spend enough time with you?

Never, Sometimes, Usually, Always
Health Plan Customer Service, Information and Paperwork (3 items)

In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?

In the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

In the last 12 months, how often were the forms from your health plan easy to fill out?

Never, Sometimes, Usually, Always
Spheres

• Ambulatory
  - Health plan
  - Group/individual provider

• Institutional
  - Hospital, nursing home, and assisted living
    http://www.hcahpsonline.org/

• Special populations
  - Home health, ICH,
  - AI, PWMI, Chiropractic, Dental
  - Behavioral health care
    http://www.hcp.med.harvard.edu/echo/home.html
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

<table>
<thead>
<tr>
<th>CAHPS</th>
<th>Immu</th>
<th>Smok</th>
<th>Eye</th>
<th>Beta Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom 75%</td>
<td>50</td>
<td>62</td>
<td>39</td>
<td>79</td>
</tr>
<tr>
<td>Top 25%</td>
<td>63</td>
<td>65</td>
<td>48</td>
<td>85</td>
</tr>
</tbody>
</table>
http://www.ahrq.gov/qual/nhqr06/nhqr06report.pdf

http://www.ahrq.gov/qual/nhdr06/nhdr06.htm
Chapter 1. Introduction and Methods

Table 1.4. Composite measures in the 2006 NHQR and NHDR (new measures) (continued)

<table>
<thead>
<tr>
<th>Composite measure</th>
<th>Individual measures forming composite</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with nurses in the hospital</td>
<td>• Nurses sometimes or never treated you with courtesy and respect</td>
<td>CAHPS®</td>
</tr>
<tr>
<td></td>
<td>• Nurses sometimes or never listened carefully to you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Nurses sometimes or never explained things in a way you could understand</td>
<td></td>
</tr>
<tr>
<td>Communication about medications in the hospital</td>
<td>• Hospital staff sometimes or never told you what a new medicine was for</td>
<td>CAHPS®</td>
</tr>
<tr>
<td></td>
<td>• Hospital staff sometimes of never described possible side effects of a new medicine in a way you could understand</td>
<td></td>
</tr>
<tr>
<td>Discharge information from the hospital</td>
<td>• Hospital staff talked with you about whether you would have the help you needed when you left the hospital</td>
<td>CAHPS®</td>
</tr>
<tr>
<td></td>
<td>• Hospital staff provided information in writing about what symptoms or health problems to look out for after you left the hospital</td>
<td></td>
</tr>
<tr>
<td>Postoperative complications</td>
<td>• Postoperative pneumonia</td>
<td>Additive</td>
</tr>
<tr>
<td></td>
<td>• Postoperative bladder infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Postoperative blood clot</td>
<td></td>
</tr>
<tr>
<td>Complications of central venous catheters</td>
<td>• Bloodstream infection due to central venous catheter</td>
<td>Additive</td>
</tr>
<tr>
<td></td>
<td>• Mechanical problem due to central venous catheter</td>
<td></td>
</tr>
</tbody>
</table>

3 This composite measure was modified between the 2004 and 2005 reports. Starting with the 2006 composite, two tests, flu vaccination and lipid profile, were omitted due to differences in the manner in which they were collected. The current composite measure on diabetes care focuses on the receipt of three processes for which the best data are available: HbA1c testing, retinal eye examination, and foot examination in the past year. Starting in 2006, the target age group for this measure changed from age 16 and older to age 40 and older.
Findings

Getting Care for Illness or Injury As Soon As Wanted

A patient’s primary care provider should be the point of first contact for most illnesses and injuries. The ability of patients to receive treatment for illness and injury in a timely fashion is a key element in a patient-focused health care system.

Figure 4.1. Adults age 18 and over who reported sometimes or never getting care for illness or injury as soon as wanted in the past year, by age group, 2000-2003

Reference population: U.S. civilian noninstitutionalized population age 18 and over.
Best Health Plans 2006

This year's rankings of commercial, Medicare, and Medicaid HMOs and POS plans show useful information about most of America's larger plans as well as the majority of the nation's smaller ones.

Featured Articles

- Making a Decision
- Plans That Won't Report

A-Z Index
Explore our alphabetical listings of plans.

- Commercial Plans
- Medicare Plans
- Medicaid Plans

Honorable Roll
Which plans were chart-toppers in U.S. News's rankings this year? Find out now.

- Commercial Plans
- Medicare Plans
- Medicaid Plans

Rankings
Looking for lists of plans by type? Use these listings to learn more about each plan, see state-by-state rankings, and compare up to four plans.

- Commercial Plans
- Medicare Plans
- Medicaid Plans

More Information
See the glossary, methodology, and more.

- Glossary of Terms
- Rankings Methodology
- Badges for Ranked Health Plans
Proportions of Beneficiaries Reporting Major Access Difficulties Were Relatively Small and Stable

The percentage of beneficiaries who reported major difficulties accessing physician services did not vary substantially from 2000 through 2004. (See table 2.) For example, among those who needed to find a personal doctor or nurse, about 7 percent of beneficiaries reported a big problem in 2000, and about 5 percent reported a big problem in 2004. Similarly, among those who needed to see a specialist, the percentage of beneficiaries who reported having a big problem varied by less than 2 percentage points—from a high of 5.6 percent in 2000 to a low of 4.3 percent in 2004. Among beneficiaries who needed to schedule an appointment, the percentage who reported never being able to schedule an appointment promptly remained at less than 2 percent throughout the 5-year period.

### Table 2: Medicare Beneficiary Responses to Three CAHPS Survey Questions regarding Access to Physician Services, 2000-2004

<table>
<thead>
<tr>
<th>CAHPS survey questions regarding access to physician services</th>
<th>Percentage of respondents who reported having major difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much of a problem was it finding a personal doctor or nurse you were happy with since enrolling in Medicare?</td>
<td>7.1  5.8  6.0  5.8  5.3</td>
</tr>
<tr>
<td>In the last 6 months, how much of a problem was it seeing a specialist?</td>
<td>5.6  4.8  5.0  4.9  4.3</td>
</tr>
<tr>
<td>In the last 6 months, how often did you get an appointment promptly?</td>
<td>1.1  1.1  1.6  1.5  1.5</td>
</tr>
</tbody>
</table>

Source: GAO analysis of CMS’s Medicare CAHPS surveys.

Notes: We define major difficulties as reporting “a big problem” finding a personal doctor or nurse or seeing a specialist or as reporting “never” being able to promptly schedule a health care appointment. These questions were paraphrased for the purposes of this report. The total number of individuals responding to each question varied from year to year. We reported proportions only for those beneficiaries who needed to find a personal doctor or nurse, needed to see a specialist, or needed to schedule an appointment.
Compare Your Health Plan Choices

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.
Design

(Spranca et al., Health Services Research, 35 (5Pt 1) 933-947, 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
Variation in Plan Coverage and 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
### How Easy to Understand Information?

<table>
<thead>
<tr>
<th></th>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Very or somewhat hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Features Booklet</td>
<td>63%</td>
<td>32%</td>
<td>5%</td>
</tr>
<tr>
<td>CAHPS® Booklet</td>
<td>48%</td>
<td>41%</td>
<td>11%</td>
</tr>
<tr>
<td>CAHPS® Computer</td>
<td>42%</td>
<td>44%</td>
<td>14%</td>
</tr>
</tbody>
</table>
## Importance Ratings

<table>
<thead>
<tr>
<th></th>
<th>Print Guide</th>
<th>Computer Guide</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Package</td>
<td>9.7</td>
<td>9.5</td>
<td>9.6</td>
</tr>
<tr>
<td>Premiums</td>
<td>9.5</td>
<td>9.1</td>
<td>9.5</td>
</tr>
<tr>
<td>Out-of-Pocket Costs</td>
<td>9.4</td>
<td>8.9</td>
<td>9.2</td>
</tr>
<tr>
<td>Type of Plan</td>
<td>8.9</td>
<td>8.8</td>
<td>8.6</td>
</tr>
<tr>
<td>Own Doctor In Plan</td>
<td>8.9</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>Consumer Reports/Ratings</td>
<td>6.7</td>
<td>7.3</td>
<td>6.9</td>
</tr>
</tbody>
</table>

NOTE: Mean on a scale from 0 to 10.
Effects of CAHPS® Information on Choice of Plan

- Majority (86%) chose the more expensive plan that provided greater benefits (control group)

- 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 (versus 14% in control group)
Conclusions

• 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


• No overall effect on plan choice in New Jersey, but small effect on subgroup of “receptive” Medicaid beneficiaries.

Quality Improvement

- https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp?p=103&s=31
Questions?
CAHPS Articles (2007 and 2006)


CAHPS Articles (2005-2006)


CAHPS Articles (2005)

RAND Coauthored

RAND Coauthored (continued)


- Weidmer, B., Brown, J., & Garcia, L. (1999). Translating the CAHPS 1.0 survey instruments into Spanish. Medical Care, 37, MS89-96.


RAND Coauthored (continued)

RAND Coauthored (continued)


RAND Coauthored (continued)