Should We Care about What Patients Say About Coordination of Care?

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http://gim.med.ucla.edu/FacultyPages/Hays/

"Development of a Care Coordination Measure for the CAHPS Medicare Survey"

- Steven Martino, Julie A. Brown, Mike Cui, Paul Cleary, Sarah Gaillot, and Marc Elliott

- 2012 CAHPS Medicare Survey

- Supported by
  - CMS contract HHSM-500-2005-000281
  - Agency for Healthcare Research and Quality cooperative agreement (U18 HS016980)

Patient-Reported Measures are Important (not the only) Indicators of Quality of Care

Despite the Well Known Fact that "Correlation is not Causality"

One Might Be Tempted to Conclude that Patients Can Be "Satisfied" to Death

- Fenton et al. 2012 Archives of Internal Medicine (MEPS)
  - 4 items from CAHPS communication composite
  - 0-10 global rating of health care
- More positive assessment of care associated with:
  - Less emergency department use
  - Higher inpatient use and drug expenditures
  - Higher mortality

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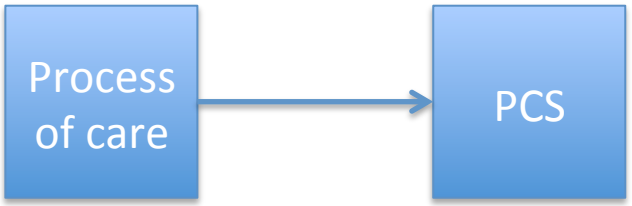
And Good Technical Quality of Care Is Bad for Health

- Change in SF-12 PCS regressed on process of care aggregate



Hypothesized positive effect, but the unstandardized regression coefficient was NOT SIGNIFICANT

beta = -1.41, p =.188

Kahn et al. (2007), Health Services Research, Article of the Year

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- What patients want to know and know best
- Reports about actual experiences
  - Communication
  - Access
  - Customer Service
- Supplemented by global rating items

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
  - 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
  - Multi-level (patient and MA plan)
  - CFI > 0.95; RMSEA < 0.06
- Reliability
  - Internal consistency (coefficient alpha)
  - Plan-level reliability
- Regression of global rating of personal doctor on:
  - CAHPS core composites
  - Care coordination composite

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

CAHPS Composite	Standardized Beta
Communication	0.62
Care Coordination	**0.17**
Getting Care Quickly	0.04
Getting Needed Care	0.01
Customer Service	-.002 (ns)

($R^2 = 0.56$)

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Summary/Conclusions

Care Coordination Composite

- Satisfactory reliability
- Uniquely associated with global rating of personal doctor
- Future:
  - Continue to administer it to Medicare beneficiaries
  - Examine how it is related to other ways of assessing care coordination
    - e. g., Work flow, scheduling and documentation rated by external observers
- I care.

Thank you.

Chuck Darby, Emeritus CAHPS Project Officer

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