

# Consumer Assessments of Health Care

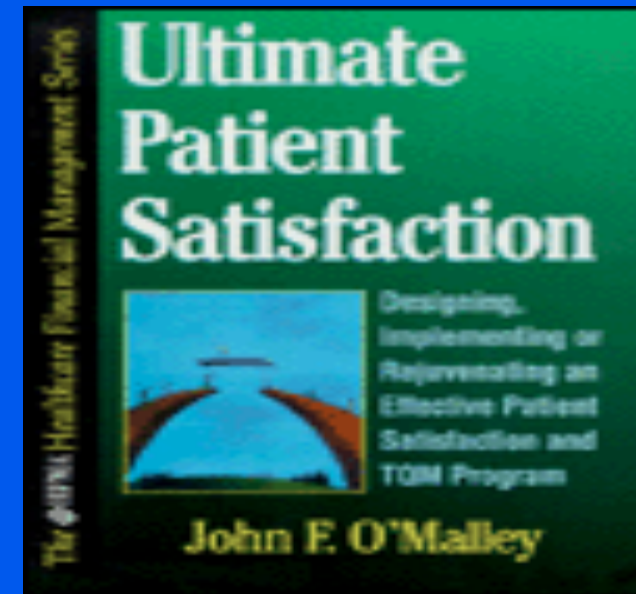
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**Ron D. Hays, Ph.D.**  
*(hays@rand.org)*

**February 6, 2002**  
**Room 4760; RAND**  
**3-6pm**

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

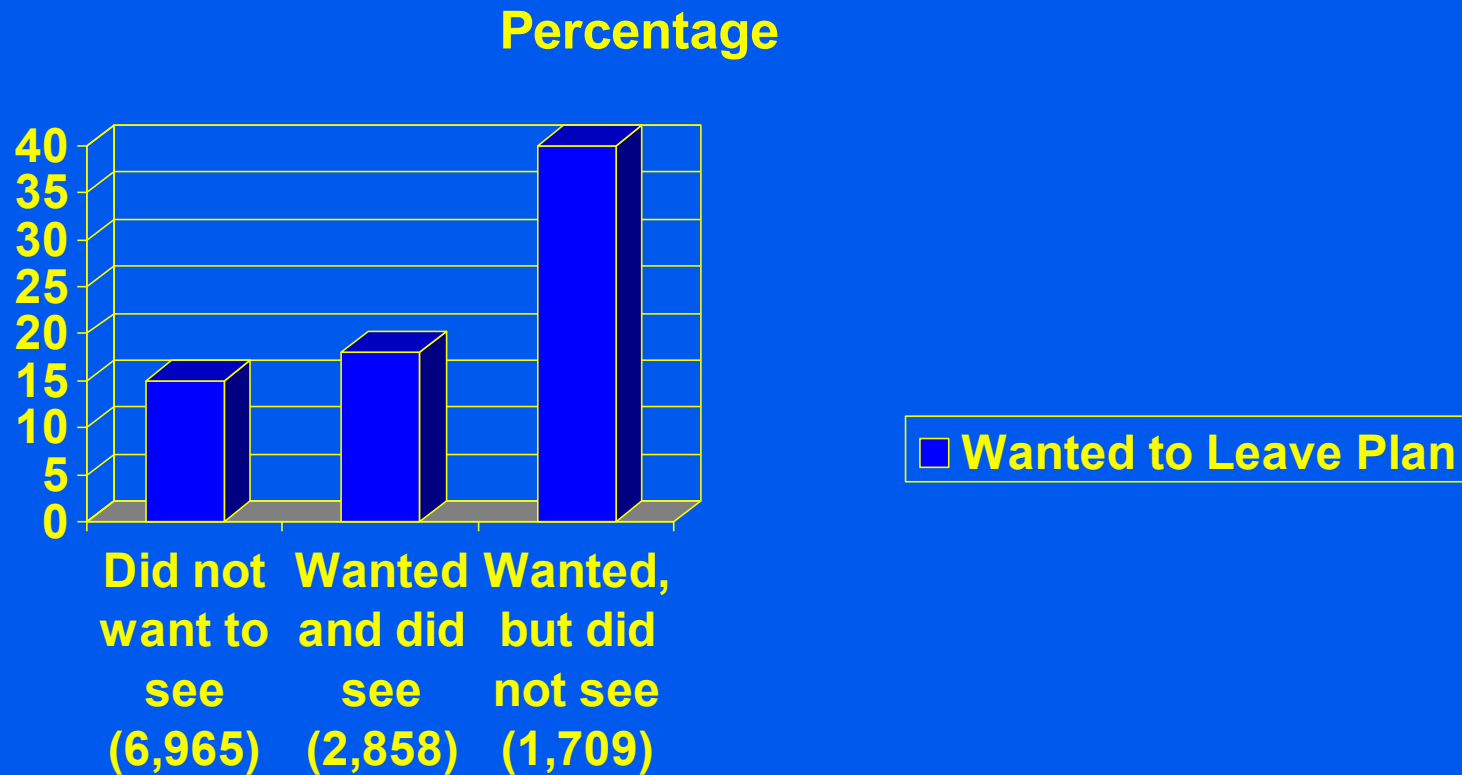
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# Dissatisfied Patients Want to Leave the Plan

(Kerr et al., JGIM 1999; 14: 287-296)

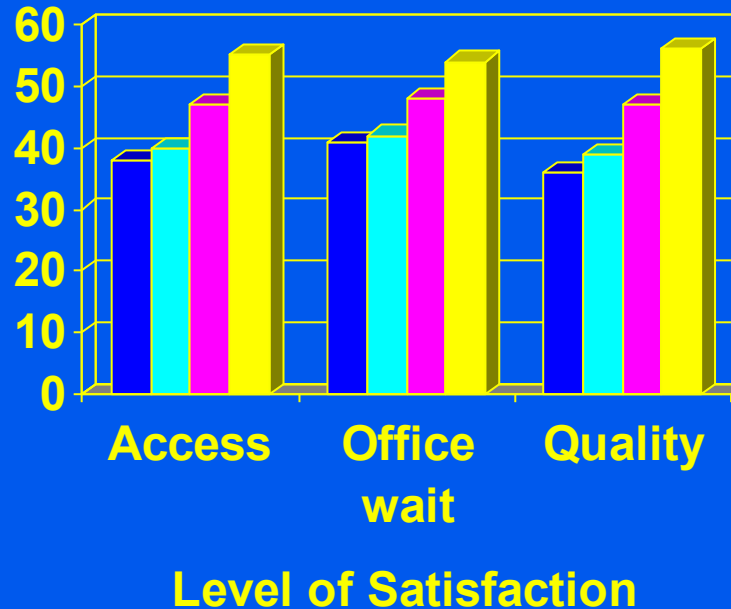
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# Dissatisfied Patients Want to Leave the Group

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

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**Switch Group?**

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

# Ways of Asking About Health Care Experiences

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## Satisfaction with care

- *Very satisfied to Very dissatisfied*

## Beliefs about care

- *Strongly agree to Strongly disagree*

## Ratings of care

- *Excellent to Poor*
- *0-10*

## Reports about care

- *Yes/No*
- *Never to Always*

## *Problems with care*

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# Satisfaction with Care

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How satisfied are you with your personal doctor or nurse?

- *Very Satisfied*
- *Satisfied*
- *Neither Satisfied nor Dissatisfied*
- *Dissatisfied*
- *Very Dissatisfied*

# Beliefs About Care

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**My personal doctor or nurse is competent and well-trained.**

- ***Strongly Agree***
- ***Agree***
- ***Uncertain***
- ***Disagree***
- ***Strongly Disagree***

# Ratings of Care (Excellent-Poor)

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How would you rate your personal doctor or nurse?

- *Excellent*
- *Very Good*
- *Good*
- *Fair*
- *Poor*



# Ratings of Care (0-10)

We want to know your rating of your personal doctor.

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☐ 0 WORST PERSONAL DOCTOR POSSIBLE

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10 BEST PERSONAL DOCTOR POSSIBLE



# Reports About Care

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**In the last 6 months, how often did doctors or other health professionals spend enough time with you?**

- Never**
- Sometimes**
- Usually**
- Always**
- *I had no visits in the last 6 months***

# Problem With Care Item

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**In the last 12 months, how much of a problem was it to get a referral to a specialist that you wanted to see?**

- A big problem**
- A small problem**
- Not a problem**
- *I didn't need to see a specialist in the last 12 months***

# Mode of Data Collection

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- Population
  - Medicare
  - Medicaid
- Sampling frame information

# Mail Survey Steps

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- Advance letter (bad addresses come back)
- Survey and cover letter (1 week later)
- Postcard reminder (7-10 days later)
- Second survey and letter (1 week later)
- Non-respondents followed (2 weeks later)

# Telephone Survey

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- Check for out-of-date area codes/bad numbers
- Send advance letter (forwarding and address correction)
- Multiple attempts to call and conduct interview
- Include toll-free number to call if moved
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# What Unit Are You Interested In?

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- Visit-specific or periodic?  
<http://www.rand.org/health/surveys/vsq9/>
- Hospital care or ambulatory care
- Doctor, medical group, or health plan



# Picker Hospital Survey (Medical, Surgical, Childbirth)

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- 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.

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# Picker Mail Methodology

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- Mailed to randomly selected discharged patients along with cover letter from hospital CEO
- 2 weeks later, postcard reminder
- 2 weeks later, 2<sup>nd</sup> questionnaire mailed with cover letter
- 8 week data collection field period



# Physician Value Check (PVC)

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- **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](http://www.healthscope.org))**

# Physician Value Check Survey Content (23 items)

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- Access to primary and specialty care (7 items)
- Promptness of care (2 items)
- Interpersonal/communication of providers (6 items)
- *Technical quality of care (3 items)*
- Courtesy of office staff (1 item)
- Global ratings
  - Satisfaction with doctor (1 item)
  - Care overall (2 items)
  - Health plan (1 item)

# 1996/1998 PBGH Sampling

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- 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

# Value Check Survey Administration

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- Pre-alert postcard
- First mailing
- Reminder post card
- Second mailing
- Telephone follow-up
- 37.6% response rate

# Los Angeles Area

([www.healthscope.org](http://www.healthscope.org))

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- Adventist Health Southern California Medical Foundation
- Alliance Unified
- Bright Medical Associates
- Cedars Sinai Health Association
- Cedars Sinai Medical Group
- Facey Medical Group
- Greater Valley Medical Group
- Greater Valley Practice Association (70% on overall rating)
- Healthcare Partners Medical Group (83% on overall rating)
- Lakeside Medical Group
- Lakewood Health Plan Inc.
- Memorial Healthcare IPA
- Northridge Medical Group
- Physician Associates
- Primecare Medical Network
- Southern California Permanente Medical Group (LA)
- St. Joseph Heritage Medical Group
- The UCLA Medical Group
- Torrance Hospital IPA

# Consumer Assessment of Health Plans Study (CAHPS®)

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- **Funded by AHCPR (AHRQ) and HCFA**
- **Consortium: Harvard, RAND, Research Triangle Institute (and Westat)**
- **Products**
  - **Survey instruments (consumer reports about care)**
  - **Reporting formats**
  - **Implementation handbook**
- **<http://www.ahrq.gov/qual/cahpsix.htm>**

# CAHPS® Data Available to Over 100 million Americans Last Year

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- 9 million federal employees (Office of Personnel Management; [www.opm.gov](http://www.opm.gov))
- 70 million in plans reported to NCQA ([www.ncqa.org](http://www.ncqa.org))
- 39 million Medicare ([www.medicare.gov](http://www.medicare.gov))
- Other CAHPS® sponsors ([www.ahrq.gov](http://www.ahrq.gov))

# CAHPS® Design Principles

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- **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® 2.0 Surveys

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- **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.**

# Domains in CAHPS® Health Plan Survey

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- Getting Needed Care
- Getting Care Quickly
- Communication
- Office Staff
- Health Plan Customer Service
- *Claims Processing*
- Global rating of care
- Global rating of health plan

## Example of *Never—Always* Item

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In the last 12 months, how often did doctors or other health professionals spend enough time with you?

- Never
- Sometimes
- Usually
- Always
- I had no visits in the last 12 months

## Example of *Problem* Item

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**In the last 12 months, how much of a problem was it to get a referral to a specialist that you wanted to see?**

- A big problem**
- A small problem**
- Not a problem**
- I didn't need to see a specialist in the last 12 months**

# 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.

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- ☐ 0 WORST HEALTH CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH CARE POSSIBLE

# Reports about Care (20 items)

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- How well doctors communicate (4)
- Getting care quickly (4)
- Courtesy, respect, helpfulness of office staff (2)
- *Claims processing* (3)
- Getting care that is needed (4)
- Customer service and information from plan (3)

# How Well Doctors Communicate (4 items)

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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)

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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*

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## Courteous and Helpful Office Staff (2 items)

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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)

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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® 2.0H*

# Getting Needed Care (4 items)

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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)

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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*

# CAHPS® Global Ratings (4 items)

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

# CAHPS® 2.0H HEDIS Protocol

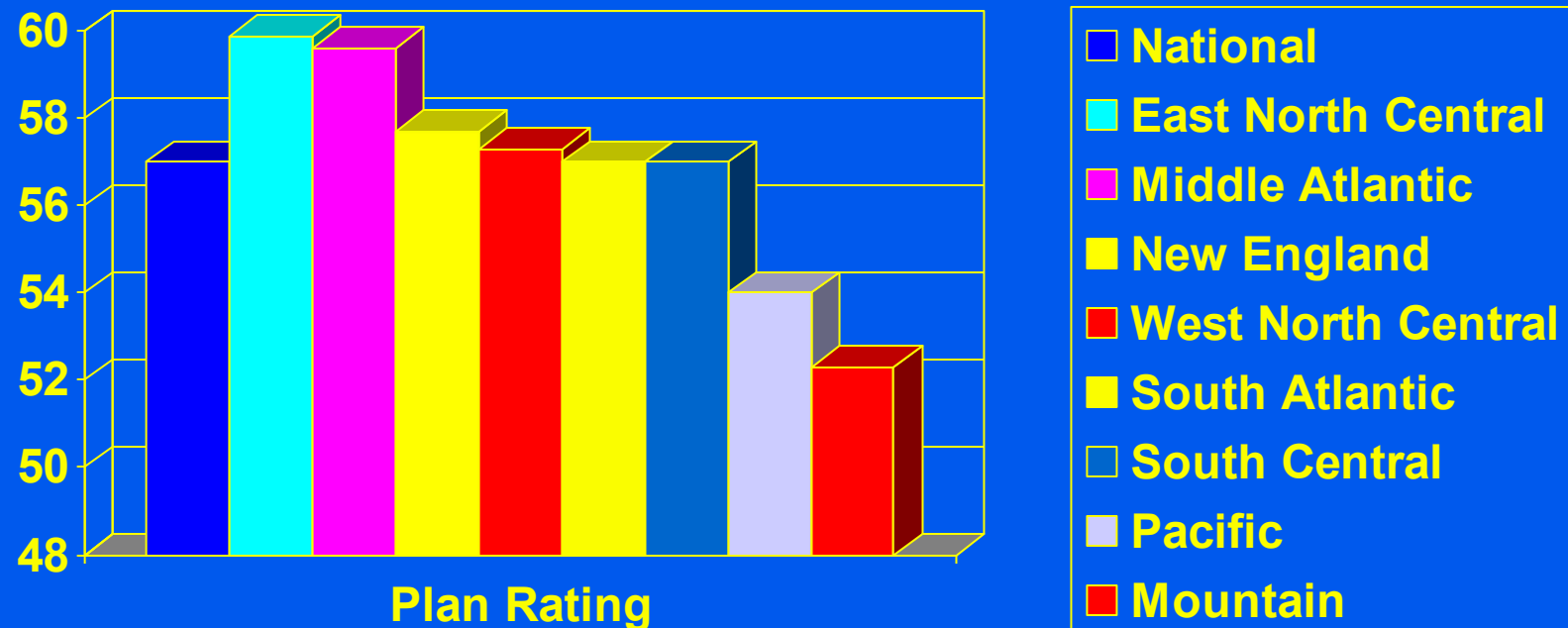
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- Continuous enrollment to be eligible
- Mail survey with telephone follow-up
- Target response rates of 60% for commercial and 50% for Medicaid
- Random sample of 1240 enrollees per plan
  - 744 commercial
  - 620 Medicaid

# Global Rating of Health Plan (Rating of 8, 9 or 10)

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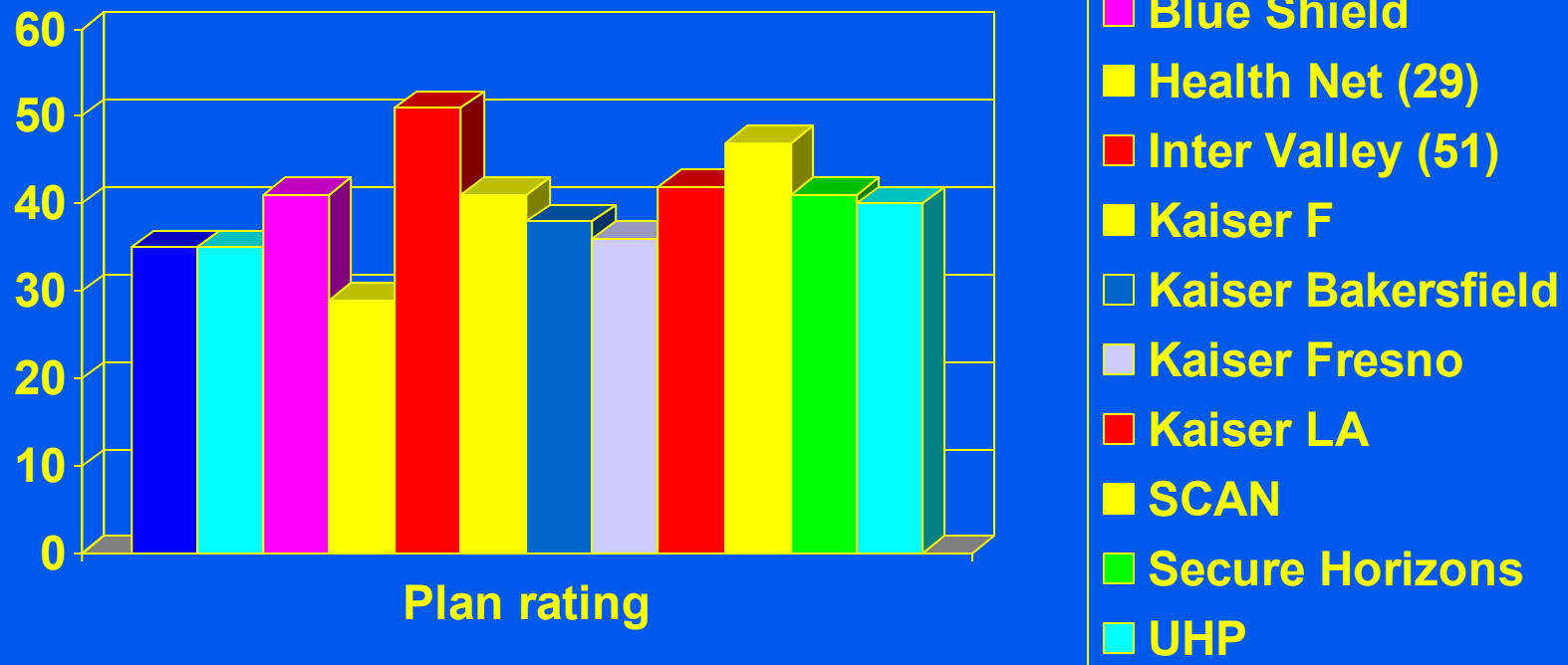
1998 HEDIS Data



# Global Rating of Medicare Managed Care Health Plan (Rating of 10)

[www.medicare.gov](http://www.medicare.gov)

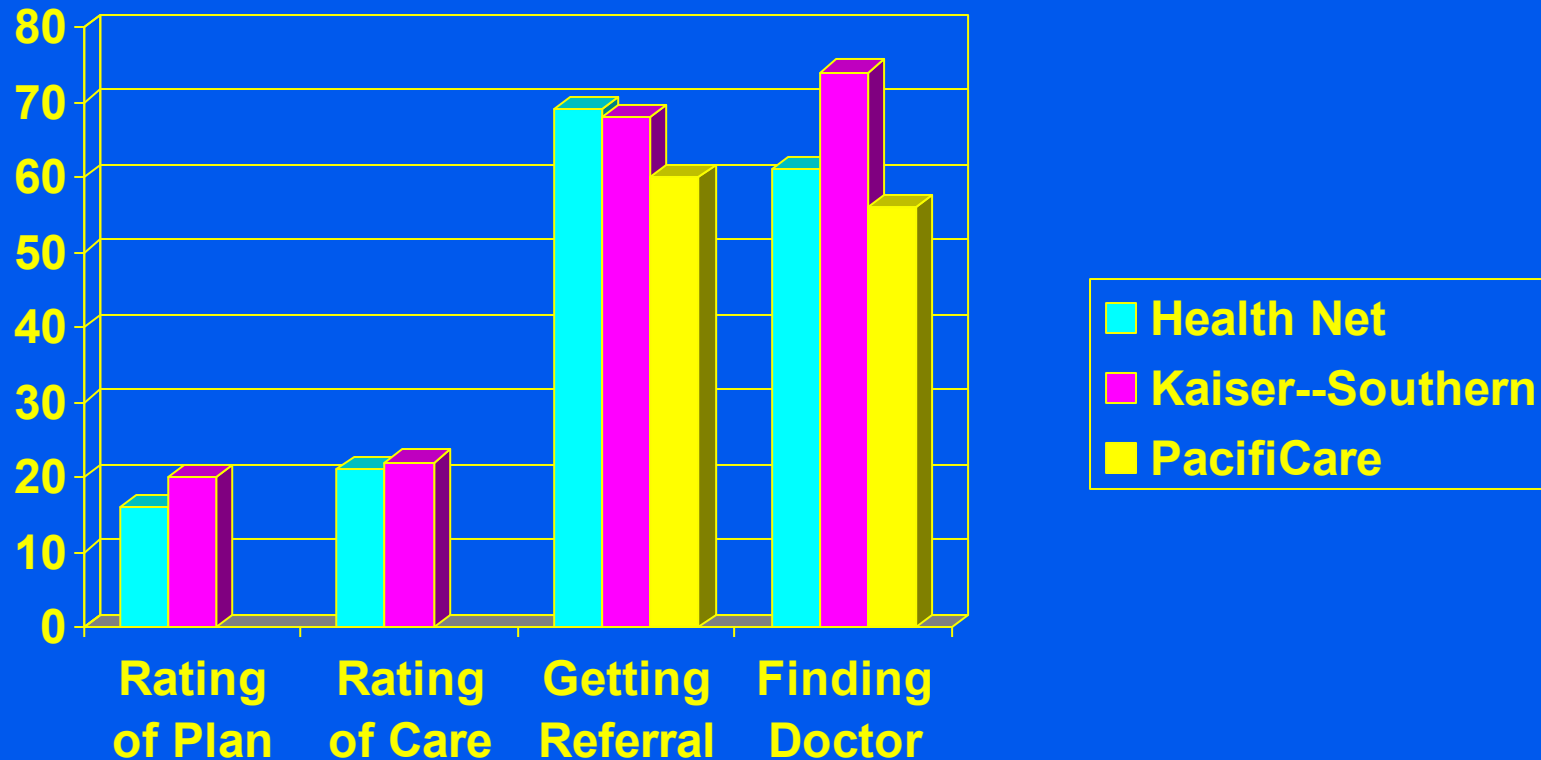
2002 Medicare data





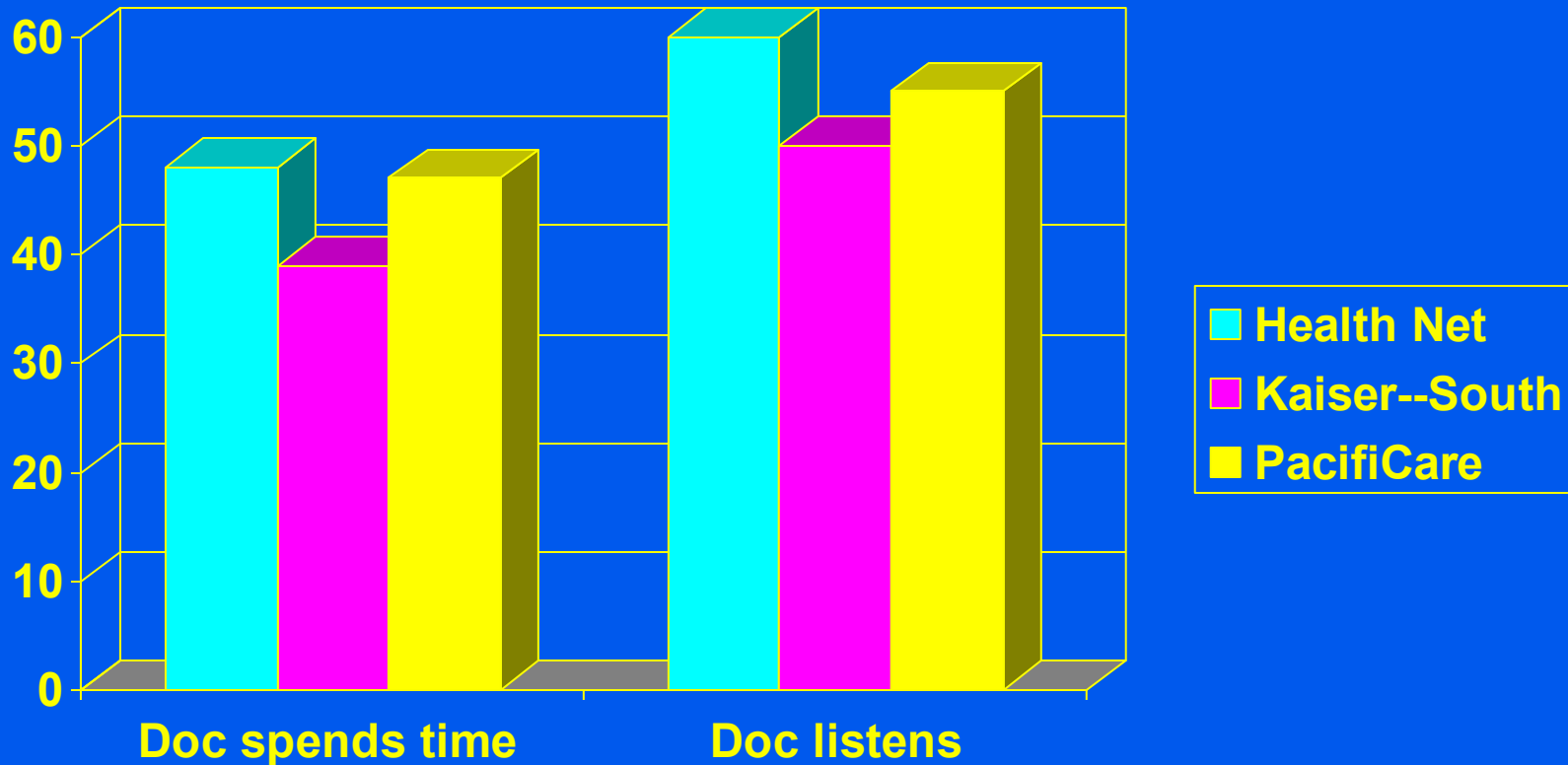
# CAHPS® Data on Healthscope (<http://www.ucop.edu/bencom/>)

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# CAHPS® Data on Healthscope (<http://www.ucop.edu/bencom/>)

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# National Committee on Quality Assurance

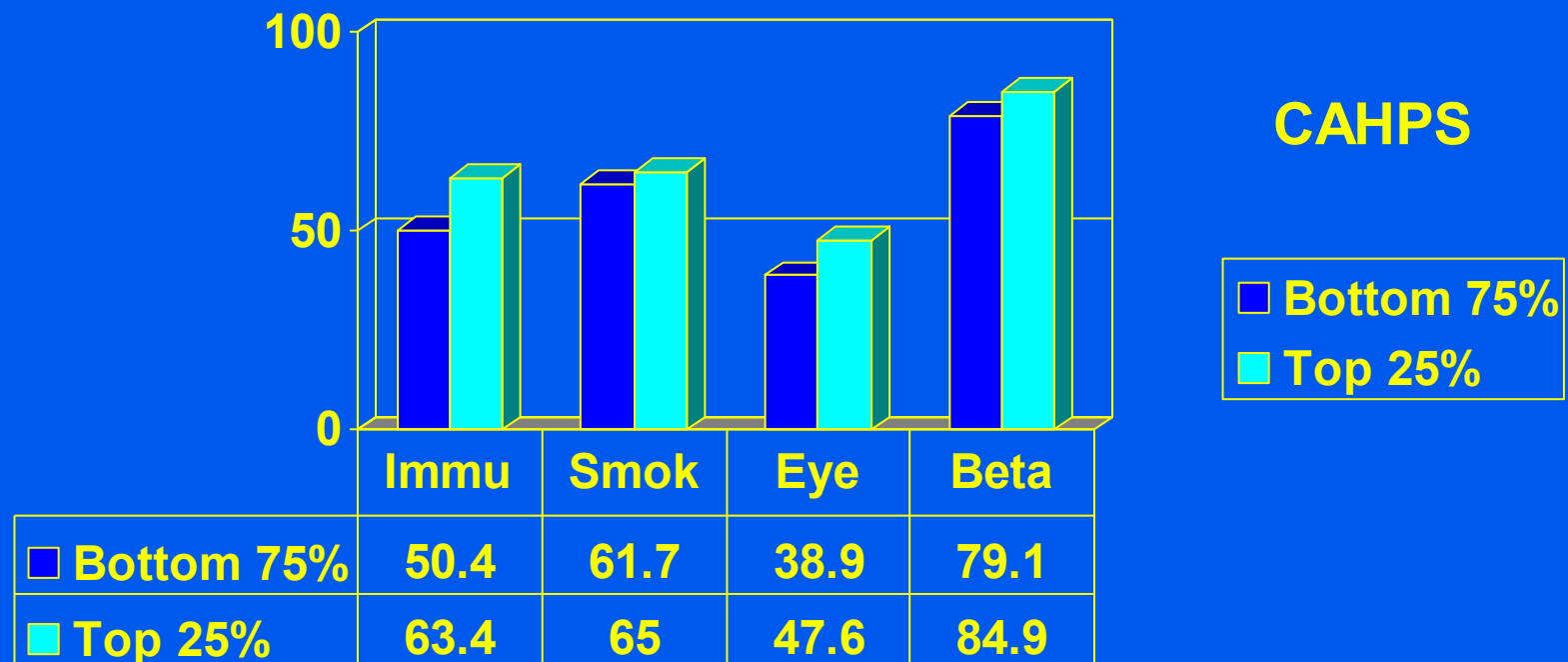
## 1999 State of Managed Care Quality

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- 247 managed health care organizations
  - plus 112 others
- 410 health plan products (HMO and POS plans)
  - were 650 HMOs in US (half NCQA accredited)
- 70 million Americans represented
- Members of plans in highest quartile on HEDIS effectiveness of care indicators had more positive reports and ratings of care

# Positive Reports and Ratings of Care Associated with Better Clinical Performance

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# Is Health Plan HEDIS Performance Associated with Withdrawal from Medicare Managed Care?

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*Abstract:* Background: Withdrawals of health plans from Medicare have affected over 700,000 beneficiaries. Some plans claim that providing higher quality care raises costs, lowers profits, and spurs withdrawal because plans cannot sustain high quality care under current payment levels. We assessed whether higher performance by Medicare health plans on quality indicators was associated with withdrawal. Methods: We performed a national, retrospective cohort study. Taking each county where a contract was active as a unit of analysis, we studied Medicare managed care plans active in 2310 contract-county combinations in 1997 and followed for three years. Independent variables were scores on six indicators from the Health Plan Employer Data and Information Set (HEDIS®) for each contract, collapsed into two summary measures: clinical and ambulatory care access. We used separate Cox proportional hazards regressions for each indicator, and each summary measure, to assess the association of HEDIS® performance with our outcome measure, time-to-withdrawal from Medicare. We adjusted for multiple potential confounders. Results: Of 2310 managed care contract-county combinations, 877 (38%) withdrew. The proportion of contract-counties with high scores on the summary clinical quality measure that withdrew was one-fifth that for low scorers (4.2% versus 20.5%). For summary ambulatory care access performance, the corresponding ratio was two-fifths (12.8% versus 32.0%). Lower payments were associated with higher withdrawal risk, but higher clinical and ambulatory care access quality performance. In separate multivariable analyses controlling for confounders, both high clinical performance (HR 0.18, 95%CI 0.08-0.42), and high ambulatory care access performance (HR 0.53, 95%CI 0.27-1.07) were independently associated with lower withdrawal risk. Conclusions: Health plans continuing to provide care to Medicare beneficiaries have higher average performance on HEDIS® clinical and ambulatory care access measures than plans that withdrew.

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# Compare Your Health Plan Choices<sup>TM</sup>

# 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<sup>TM</sup>**  
Health Care Quality Information  
From the Consumer Perspective

# Methods

(Spranca et al., Health Services Research, 2000)

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- Research participants: 311 privately insured adults in Los Angeles County
- Asked to imagine they were choosing a health plan for themselves
- Presented with materials for four health plans
- Booklet on plan features
- Booklet or computerized guide with CAHPS ratings of health plans
- After choosing a plan, participants rated materials



# Results

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- **Consumers spent an average of:**
  - **10 minutes on plan features booklet**
  - **CAHPS® information**
    - **20 minutes on “Compare Your Health Plans” booklet**
    - **15 minutes on computerized guide (CAHPS)**
- **31% of consumers said it was very easy to decide which health plan to enroll in based on information; 84% said very or somewhat easy**
- **No differences by experimental conditions**



# 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.

# How Easy to Understand Information?

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	Very Easy	Somewhat Easy	Very or somewhat hard
Plan Features Booklet	63%	32%	5%
CAHPS® Booklet	48%	41%	11%
CAHPS® Computer	42%	44%	14%

# Perceived Usefulness of Information

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	Experimental Condition		
	Print Guide	Computer	Control
<b>Plan Booklet</b>	<b>9.1</b>	<b>8.6</b>	<b>8.4</b>
<b>CAHPS® Booklet</b>	<b>7.5</b>	<b>--</b>	<b>--</b>
<b>CAHPS® Computer</b>	<b>--</b>	<b>6.8</b>	<b>--</b>

**Note: Mean on a scale from 0 to 10**

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# Effects of CAHPS® Information on Choice of Plan

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- In the control group, most people (86%) chose the more expensive plan that provided greater benefits
- 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

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- **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® ratings affect plan choices in situations where CAHPS ratings reveal high-quality plans that cost less**

# Demonstration Sites

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- Positive association between self-report of use of report and perceived ability to judge plan quality, but ...
- New Jersey
  - No overall effect on plan choice and small effect on subgroup of Medicaid beneficiaries who used the report and didn't select the dominant health plan.
- Iowa
  - No overall effect on plan choice

# CAHPS® Provider Level

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- **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**

# Survey Development

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- **Generation of item pool**
  - **Review of existing surveys**
    - ✓ **CAHPS® plan-level survey**
    - ✓ **Physician Value Check Survey**
    - ✓ **AMGA patient satisfaction survey**
  - **Focus groups**
- **Cognitive testing**
  - **Focus on items not previously tested**
- **Field testing**



# The Future

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- **Individual Provider Surveys**
  - **NRC MarketGuide Survey**
  - **CAHPS® Individual Physician Survey**
- **Behavioral health care**  
<http://www.hcp.med.harvard.edu/echo/home.html>
- **Nursing home CAHPS**
- **People with disabilities**
- **Chiropractic, dental supplemental items**
- **Report improvements**

# Questions?

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