



Consumer Assessments of Health Care

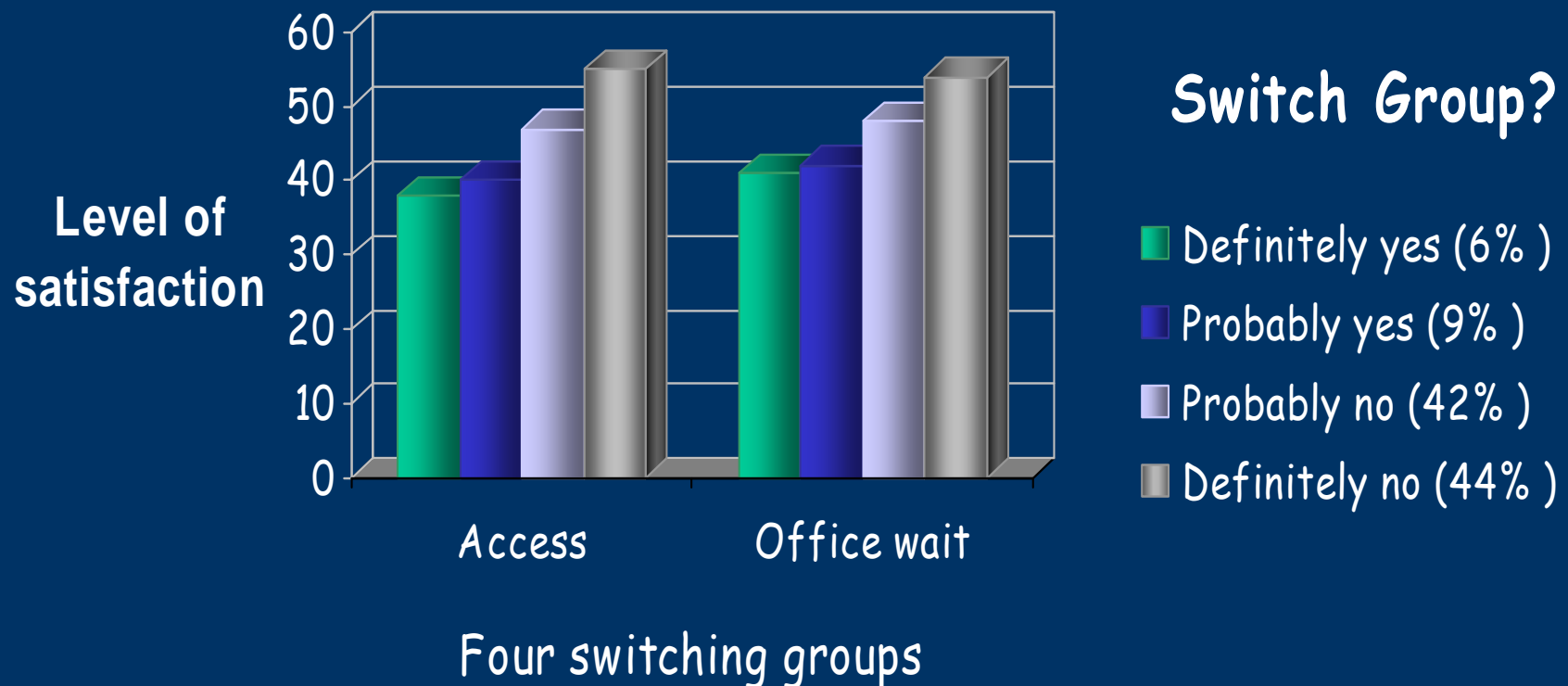
Ron D. Hays, Ph.D.

February 14, 2007

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

Negative Perceptions of Access to Care and Office Wait Are Associated With Wanting to Leave Group

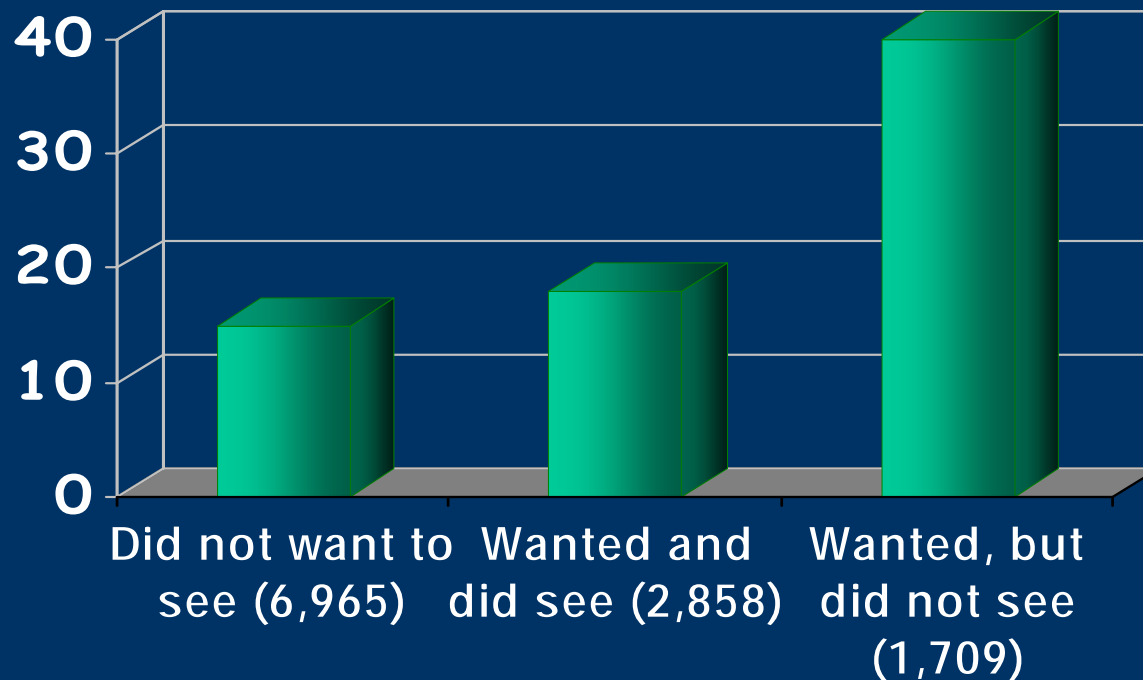
(Hays et al., [Archives of Internal Medicine](#), 158, 785-790, 1998)



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)

Percentage wanting to leave plan



CAHPS®

- 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

Darby, C. et al. (2006). Consumer Assessment of Health Providers and Systems (CAHPS): evolving to meet stakeholder needs. *Am J Med Qual.* 21(2),144-147

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.

https://www.cahps.ahrq.gov/CAHPSkit/files/1108_HP40_ReportingMeasures.pdf

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

How Well Doctors Communicate (4 items)

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

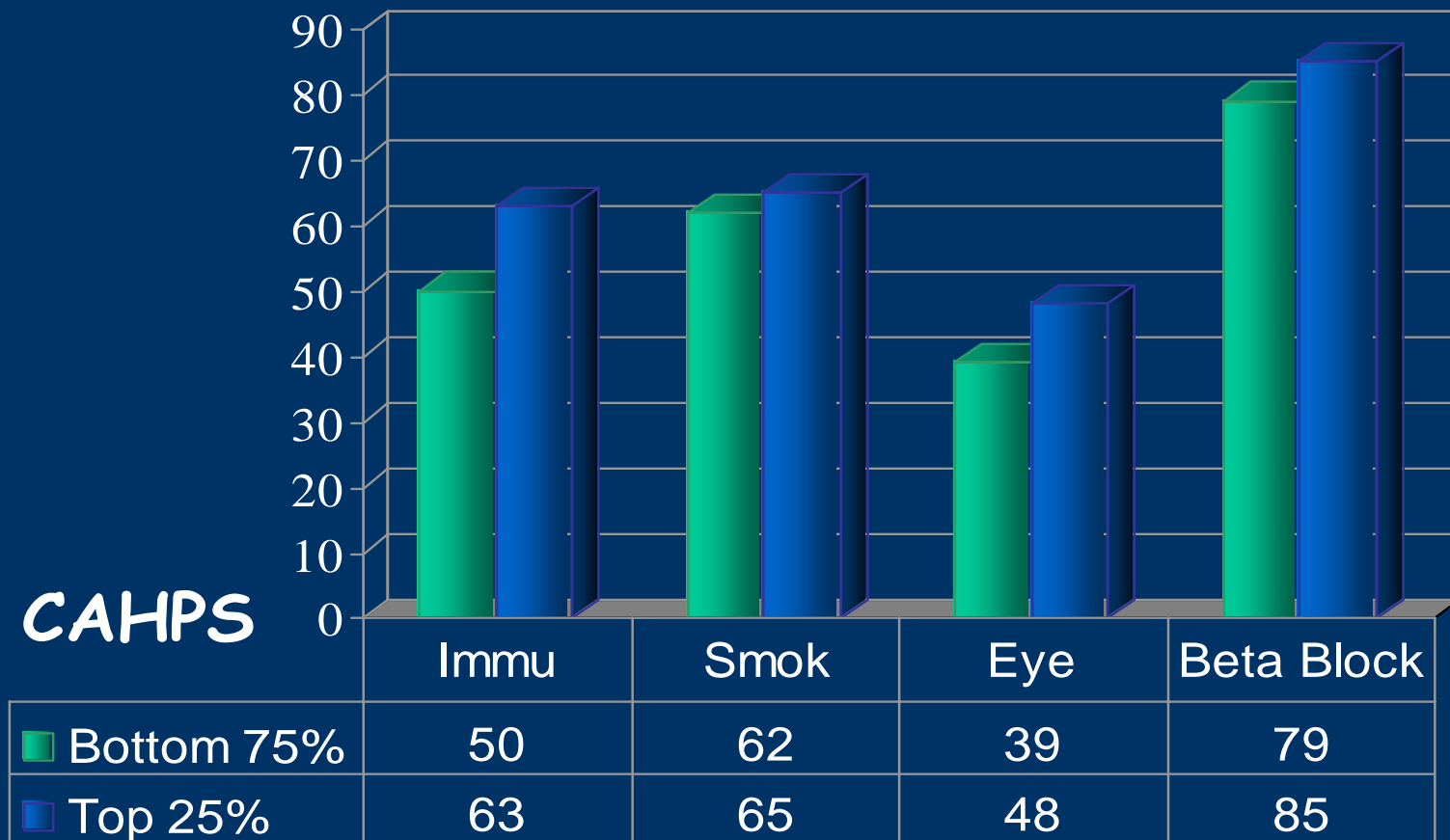
<http://www.hcahpsonline.org/>
- Special populations
 - Home health, ICH,
 - AI, PWMI, Chiropractic, Dental
 - Behavioral health care

<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



National Healthcare Quality Report
National Healthcare Disparities Report

<http://www.ahrq.gov/qual/nhqr06/nhqr06report.pdf>

<http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>

Address <http://www.ahrq.gov/qual/nhqr06/nhqr06report.pdf> Go Back Links

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Chapter 1. Introduction and Methods

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

Composite measure	Individual measures forming composite	Model
<i>Communication with nurses in the hospital</i>	<ul style="list-style-type: none"> Nurses sometimes or never treated you with courtesy and respect Nurses sometimes or never listened carefully to you Nurses sometimes or never explained things in a way you could understand 	CAHPS®
<i>Communication about medications in the hospital</i>	<ul style="list-style-type: none"> Hospital staff sometimes or never told you what a new medicine was for Hospital staff sometimes or never described possible side effects of a new medicine in a way you could understand 	CAHPS®
<i>Discharge information from the hospital</i>	<ul style="list-style-type: none"> Hospital staff talked with you about whether you would have the help you needed when you left the hospital Hospital staff provided information in writing about what symptoms or health problems to look out for after you left the hospital 	CAHPS®
<i>Postoperative complications</i>	<ul style="list-style-type: none"> Postoperative pneumonia Postoperative bladder infection Postoperative blood clot 	Additive
<i>Complications of central venous catheters</i>	<ul style="list-style-type: none"> Bloodstream infection due to central venous catheter Mechanical problem due to central venous catheter 	Additive

^a This composite measure was modified between the 2004 and 2005 reports. Starting with the 2005 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 18 and older to age 40 and older.

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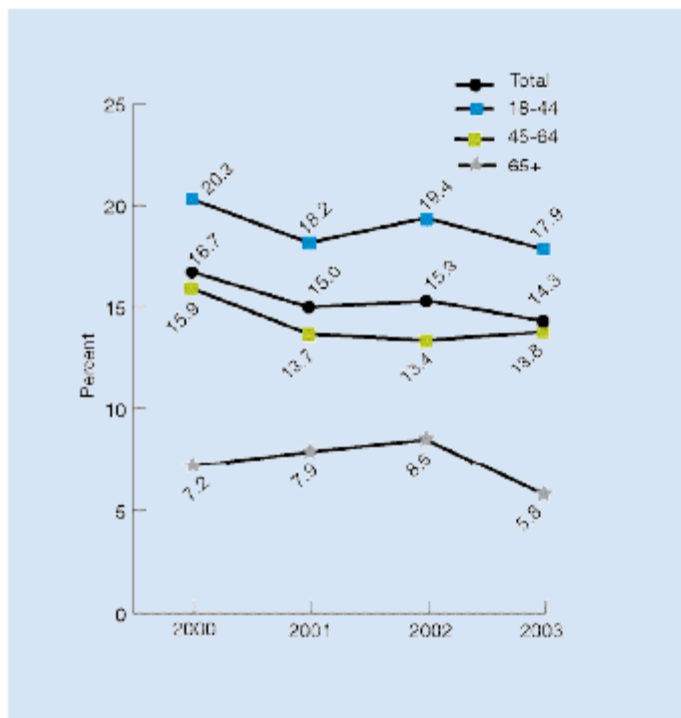


Findings

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



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2000-2003.

Reference population: U.S. civilian noninstitutionalized population age 18 and over.



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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,³⁴ 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,³⁵ 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,³⁶ 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

CAHPS survey questions regarding access to physician services	Percentage of respondents who reported having major difficulties				
	2000	2001	2002	2003	2004
How much of a problem was it finding a personal doctor or nurse you were happy with since enrolling in Medicare?	7.1	5.6	6.0	5.8	5.3
In the last 6 months, how much of a problem was it seeing a specialist?	5.6	4.6	5.0	4.9	4.3
In the last 6 months, how often did you get an appointment promptly?	1.1	1.1	1.6	1.5	1.5

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.

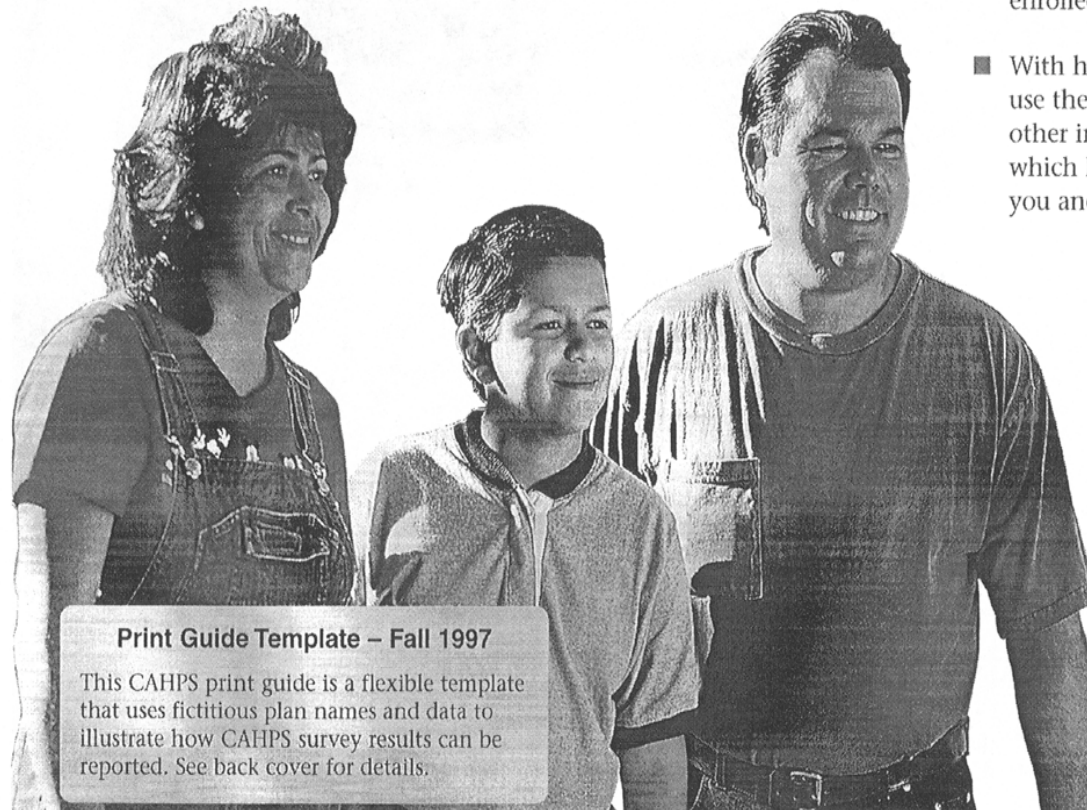
Compare Your Health Plan ChoicesTM

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.

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CAHPSTM
Health Care Quality Information
From the Consumer Perspective

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?

	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

- 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

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.

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Quality Improvement

- https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp?p=103&s=31
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Questions?



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