

2014 Oregon CAHPS® Health Plan Survey: Measurement Year (MY) 2013

Background

Oregon Health Authority (OHA) completed fielding the 2014 (Measurement Year 2013) Health Plan version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey in spring 2014 and has state and coordinated care organization (CCO) level reports ready for distribution. OHA has conducted the CAHPS survey regularly since its inception in 1997. This summary provides basic information about the survey and many of the key findings for the state and CCOs.

Introduction to the CAHPS 2014 (MY 2013) Health Plan Survey

CAHPS is a key component of health care quality measurement. CAHPS surveys reflect members' experience with their health plan and providers. The results obtained from the survey will allow the Oregon Health Authority and the individual CCOs to determine how well they are meeting their member's expectations, provide feedback to improve quality of care, encourage CCO accountability, and help develop an action plan to improve members' quality of care.

CAHPS surveys can be fielded at the health plan or physician and group levels. OHA fielded the 2014 (MY 2013) CAHPS Health Plan surveys to monitor Medicaid member experience under the new coordinated care model. There are separate versions of the CAHPS Health Plan survey for adults, children, and children with chronic conditions. Conducting multiple versions of the survey helps OHA meet multiple requirements, for example:

- Two CCO incentive measures (Access to Care and Satisfaction with Care) and one state performance measure (Medical Assistance with Tobacco Cessation) are drawn from CAHPS. CAHPS survey results are a required element for the 1115 demonstration waiver evaluation.
- The CAHPS survey for children with chronic conditions is a core measure to be reported under the Children's Health Improvement Program (CHIP) Reauthorization Act Grant: Tri-State Children's Health Improvement Consortium.

The 2014 CAHPS (MY 2013) Health Plan survey included a random sample of 900 eligible members per CCO in each age group (e.g., 900 adults, 900 children). A sample was drawn for each of the 15 CCOs. The final survey sample included 15,300 adult Medicaid enrollees and 15,300 child Medicaid enrollees. Adults were defined as members aged 18 years or older and children as 17 years old or younger, both as of December 31, 2013.

To be eligible for inclusion in the CAHPS 2014 (MY 2013) survey, members had to have been enrolled in Oregon Health Plan (OHP) for at least six months as of December 31, 2013. Appropriate representation

of minority populations was achieved through oversampling of minority race and ethnicity populations. Since the measurement year for the survey is 2013, it did not capture the expansion population.

The 2014 CAHPS Health Plan survey was administered over a 10-week period between late February 2014 and early May 2014 using a mixed-mode five-wave protocol. This protocol consisted of a pre-notification letter, an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents. Phone follow-up was conducted for members who had not responded to the mailings. Respondents were surveyed in English and Spanish.

The CAHPS Health Plan survey produces the following composite measures of patient experience:

- Getting Care Quickly
- How Well Doctors Communicate
- Customer Care Service
- members’ Overall Ratings for their Health Care, Personal Doctors, Specialists, and Health Plan

Each composite measure is derived by combining survey results of similar questions.

Key Findings

Getting Care Quickly

Improving access to timely care and information helps increase the quality of care and reduce costs. Measuring access to care is also an important part of identifying disparities in health care and barriers to quality care, including a shortage of providers, lack of transportation, or long waits to get an appointment.

This composite measure addresses whether the health plan provided urgent and routine care when the patient needed it.

- Four CCOs met the statewide benchmark on this incentive measure.
- Hispanic adults had a much lower rate of access to routine care (60 percent) when compared to non-Hispanic adults (80 percent).
- Children who have fair/poor health status accessed urgent care at a much lower rate, 69 percent, when compared to the OHP rate of 89 percent for children.

Table I. Getting Care Quickly: 2014 (MY 2013) Rates for OHP members
(See Fig.1 and Fig. 2 in Appendix)

	Composite	Routine Care	Urgent Care	CCO Range for Composite	National Benchmark for Composite: MY 2012 (90 th Percentile)
Adult	80.1%	79%	82%	76%-91%	63%
Child	87.1%	86%	89%	85%-96%	79%

How Well Doctors Communicate

Open and clear communication between providers and patients receiving services is an important element of health care. This composite measures how often patients' personal doctors explain things, listen to them, show respect to what they have to say, and spend enough time with them.

- Eighty-nine percent of adults reported that their doctors communicate well with them.
- Ninety two percent of parents/guardians of children reported that their children's doctors communicate well with them.

Table II. How Well Doctors Communicate: 2014 (MY 2013) Rates for OHP members
(See Fig.1 and Fig. 2 in Appendix)

	Composite	Doctor explained things	Doctor listened to them	Doctor showed respect	Doctor spent enough time	CCO Range for Composite	National Benchmark for composite: MY 2012 (90 th Percentile)
Adult	89%	92%	89%	91%	86%	85%-92%	77%
Child	92%	93%	93%	95%	86%	89%-95%	80%

Customer Care Service

Access to health plan information from the customer service department is essential to members' ability to understand their health care correctly, coordinate health care personally, and make more cost effective choices for care. Customer service is one of the primary points of contact between members and health plans, which is why it is critical that members receive appropriate information promptly from their health plan's customer care service.

This composite measure addresses whether members get information as soon as they need it and are treated with respect by their health plan's customer service.

- Seven CCOs met the statewide benchmark of eighty four percent on this incentive measure

Table III. Customer Care Service: 2014 (MY 2013) Rates for OHP members
(See Fig.1 and Fig. 2 in Appendix)

	Composite	Customer service provided information	Customer service treated with respect	CCO range for composite	National Benchmark for Composite: MY 2012 (90 th Percentile)
Adult	82.1%	73%	91%	75.6%-90.2%	71%
Child	84.1%	80%	88%	79.4%-90.4%	73%

Overall Ratings

There are four Overall Ratings questions asked in the CAHPS Health Plan adult and child surveys. These ratings use a scale of zero to 10 where a “0” represents the worst possible rating and a “10” represents the best possible rating. These measures include how members rated their Health Care, Personal Doctor, Specialist Seen Most Often and Health Plan.

The rates for these questions represent the percentage of members who rated the question a nine or 10.

**Table IV. 2014 (MY 2013) Overall Ratings by OHP members
(See Fig. 3 in Appendix)**

	Rating of health care	Rating of personal doctor	Rating of specialist	Rating of health plan
Adult	45%	61%	60%	44%
Child	60%	70%	66%	60%
Adult: CCO Rates for Composites	37%-50%	55%-65%	54%-70%	29%-50%
Child: CCP Rates for Composite	53%-67%	61%-80%	56%-79%	42%-70%
Adult: National Benchmark MY 2012 (90th Percentile)	58%	72%	71%	65%
Child: National Benchmark MY 2012 (90th Percentile)	69%	78%	75%	72%

Children with Chronic Conditions

It is important to assess and track quality of care for this vulnerable population so that parents and health plans can evaluate how well the needs of children with chronic conditions are met, especially because the continual needs of these children far exceed those of their peers.

To better address the needs of children with chronic conditions, the CAHPS survey integrates a set of items that would allow a health plan to identify children who have chronic conditions, assess their experiences with the health care system, and compare their experience to children without chronic conditions in the same health plan.

Children with chronic conditions reported lower rates of access to needed therapy and rated their health plans lower than children without chronic conditions.

Table V. 2014 (MY 2013) Comparison of children with chronic conditions to children without chronic conditions for key measures

	Access to needed treatment or counseling	Access to needed special equipment	Access to needed therapy	Getting care quickly	Rating of health plan
Children with Chronic Conditions	68%	73%	62%	85%	50%
Children Without Chronic Conditions	68%	80%	80%	86%	63%
National Benchmark for Children with Chronic Conditions: MY 2012 (90 th Percentile)	63%	74%	65%	79%	72%

Supplemental Modules

The 2014 (MY 2013) CAHPS survey also included supplemental questions to address cultural competency, health literacy, and interpretive services. Members were asked about the cultural competency of their care providers, as well as how well information is communicated to them by their providers.

Information from the Cultural Competency and Health Literacy modules can help providers understand how these topics can affect their patients and help providers employ strategies that bridge barriers to communication that stem from racial, gender, and linguistic differences.

Some key findings from the supplemental modules include:

- *Cultural Competency* – Seventy-six percent of adults with fair or poor health status felt that their provider gave them all the information they needed about their health, compared to 81 percent of overall OHP adults.
- *Health Literacy* - More adult women reported being interrupted by their doctor than adult men: 76 percent of women reported their doctor never interrupted them, compared to 82 percent of men.
- *Interpreter Services* - The Interpretive Services Module was added to the 2014 CAHPS survey at the request of Office of Equity and Inclusion. The module did not provide us the information we were testing to measure mainly due to the placement of the module toward the end of the survey instrument. This led to too few responses to draw a meaningful conclusion.

Additional key findings from the 2014 (MY 2013) CAHPS Health Plan survey

Other important findings from the CAHPS Health Plan survey worth noting are:

- Seventy-two percent of adults and 69 percent of children's parents/guardians reported that their doctors talked to them about ways to prevent illness.
- Forty-seven percent of all OHP adults and 69 percent of adults age 65 and older received a flu shot during fall and early winter.
- Fifty-five percent of adults who use tobacco were advised by their doctor to quit.

Conclusion

The 2014 (MY 2013) CAHPS Health Plan survey will allow the OHA and the CCOs to understand some critical aspects of the quality of care provided to Medicaid members and where improvements can be made. Coordinated Care Organizations can:

- Identify key areas of concern through the composite measures and improve on the underlying measuring factors. For example, increasing routine care, which includes well-child visits, improves the composite rates of Access to Care and Getting Care Quickly. Improvement in medication reconciliation would reduce the demand for urgent care, thus increasing access and capacity for urgent care. This in turn improves on the composite rate of Getting Care Quickly.
- Identify the extent to which providers are communicating well with their patients and areas where contracted providers can improve. This would likely have a positive impact on the utilization of primary care.
- Compare their 2014 (MY 2013) CAHPS survey data to the national and state benchmarks to identify areas for improvement.
- Plan quality improvement projects to improve the experience of care for special populations like adults and children with chronic conditions, and minority populations.

Communication Plan

Each Coordinated Care Organization will be provided with its respective Banner Book and dataset. Dissemination of Banner Books will be followed by a three-part webinar series for the coordinated care organizations, which will describe how to use the Banner Book, how to identify areas of concerns and positive performance from the Banner Book data and the dataset, and steps that can be taken by a health plan to improve on the CAHPS measures.

- Brief presentations and Q&A sessions will be conducted with the Innovator Agents, the Quality Council, and the Quality and Health Outcomes Committee.
- Assistance on as-needed basis will be provided to help CCOs understand and utilize the CAHPS Health Plan Survey data to implement quality improvement plans.
- Consultation will be provided to the Communications Department to assist in appropriate and accurate publication of CAHPS data for media release.

For More Information

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Appendix

Figure 1. CCO Range for Composites Rates (Adult)

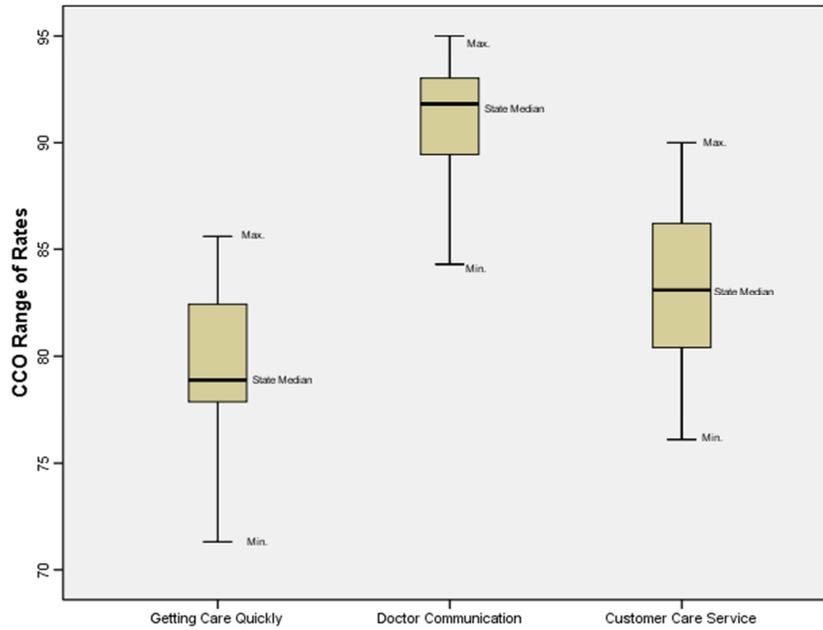


Figure 2. CCO Range for Composite Rates (Child)

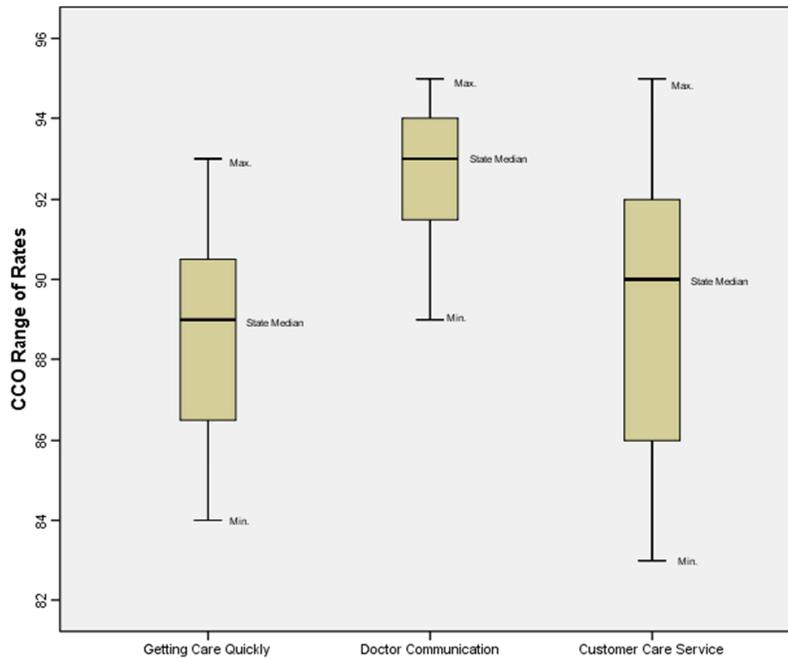


Figure 3. CCO Range for Rating of Health Plan (9/10 on a scale of 1-10): Adult and Child

