
Oregon CAHPS® 2014 (Measurement Year 2013)

Webinar 2
Interpreting Your CAHPS Data
09/03/2014

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right edge of the "Authority" text.

Oregon
Health
Authority

Today

- Recap on the Banner Books
- Are you ready?
- Why Improve Patient Experience?
- How to Analyze CAHPS Data (Banner Book and Data File)?
 - Identify organizational strengths and weaknesses
 - Identify driving forces behind CAHPS scores

At the End of Today's Webinar

- Understand the readiness of your organization
- Understand your CAHPS data
- How to align CAHPS findings with your organizational priorities
- How organizational priorities will guide actionable steps towards improvement

Where are the composites located?

Composite	Underlying Measures	Question #		Page # in Banner Book	
		Adult	Child	Adult	Child
Getting Needed Care	• Got care, tests, treatment you thought you needed	14	14	110	104
	• Getting appointment with specialist	25	28		
Getting Care Quickly (Access to Care Incentive Measure)	• Got care for illness/injury/condition as soon as you thought you/child needed	4	6	111	105
	• Got an appt. for routine care as soon as you/child needed	4	6		
How Well Doctors Communicate	Personal doctor			112	106
	• Explained things in a way that was easy to understand	17	17		
	• Listened carefully to you	18	18		
	• Showed respect for what you had to say	29	19		
	• Spent enough time with you	20	22		
Customer Service (Satisfaction with Care Incentive Measure)	Health Plan's customer service			113	107
	• Gave needed information or help	31	32		
	• Treated with courtesy and respect	32	33		

Where are the composites located?

Composite	Underlying Measures	Question #		Page # in Banner Book	
		Adult	Child	Adult	Child
Shared Decision Making	Doctor talked about				
	• Reasons you/child might want to take a medicine	10	10		
	• Reasons you/child might not want to take a medicine	11	11		
	• What you thought was best for you/child when discussing medication	12	12	114	108
Access to Specialize Services	• Getting special medical equipment or device child needs		20		
	• Getting special therapy child needs		23		109
	• Getting treatment or counseling for child		26		
Family Centered Care: Personal Doctor who Knows Child	Child's personal doctor				
	• Talked about how child is feeling, growing, behaving		38		
	• Understands how child's health conditions affects child's day-to-day life		43		110
	• Understands how child's health conditions affect family's day-to-day life		44		
Coordination of Care for CCC	• Got help contacting school and daycare from someone at health plan or doctor's office		18		
	• Got help coordinating among providers from someone at health plan or doctor's office		29		111

Where are the Overall Ratings Located?

Overall Rating	Question #		Page # in Banner Book	
	Adult	Child	Adult	Child
Rating of all Health Care	13	13	12	13
Rating of Personal Doctor	23	26	22	42
Rating of Specialist Doctor	27	30	26	49
Rating of Health Plan	42	36	34	55

Methodology

15 CCOs

- Eligible adults: Age 18 or older, enrolled in OHP for at least 6 months as of Dec. 31st, 2013
- Eligible children: Age 17 or younger, enrolled in OHP for at least 6 months as of Dec. 31st, 2013
- Survey population did not include expansion population

900 adults
+ 900
children

- Final sample included 15,300 adults and 15,300 children
- Oversampling for minority race and ethnicity

Survey
fielding

- 10 weeks (February-May, 2014)
- Adult Response Rate: 38.3%
- Child Response Rate: 40.4%

Banner
Books
generated

- Available for individual CCO
- Comparative data between CCO and state
- Data broken down by race, ethnicity, gender, and children with chronic conditions

2014 Oregon CAHPS Health Plan Survey(MY 2013)

Measures	2011(MY 2010)	2014(MY 2013)
Getting Needed Care	✓	✓
Getting Care Quickly	✓	✓
How Well Doctors Communicate	✓	✓
Customer Service	✓	✓
Rating Questions	✓	✓
Shared Decision Making	✓	✓
Access to Specialized services	Child Only	✓
Access to Prescription Medicine	Child Only	Child Only
Experience with Personal Doctor	✓	✓
Coordination of Child's Care	✓	✓
Children with Chronic Conditions (CCC)	✓	✓
Cultural Competency		✓
Health Literacy		✓
Assistance with Smoking Cessation	✓	✓

Incentive Measures

Measures	Incentive Measure	
Getting Needed Care	Access to Care Composite <ul style="list-style-type: none"> • Usually/Always got urgent care as soon as needed • Usually/Always got routine care as soon as needed 	
Getting Care Quickly		
How Well Doctors Communicate		
Customer Service		
Rating Questions	Satisfaction with Care Composite <ul style="list-style-type: none"> • Usually/Always customer service provided needed information • Usually/Always customer service treated with courtesy and respect 	
Shared Decision Making		
Access to Specialized services		
Access to Prescription Medicine		
Experience with Personal Doctor		
Coordination of Child's Care	✓	✓
Children with Chronic Conditions (CCC)	✓	✓
Cultural Competency		✓
Health Literacy		✓
Assistance with Smoking Cessation	✓	✓

Performance Measure

Measures	2011(MY 2010)	2014(MY 2013)
Getting Needed Care	✓	✓
Getting Care Quickly	✓	✓
How Well Doctors Communicate	✓	✓
Customer Service	✓	✓
Rating Questions	✓	✓
Shared Decision Making	✓	✓
Access to Specialized services		
Access to Prescription Medicine		
Experience with Personal Doctor		
Coordination of Child's Care		
Children with Chronic Conditions (CCC)		
Cultural Competency		
Health Literacy		✓
Assistance with Tobacco Cessation	✓	✓

Performance Measure

- Usually/Always doctor/provider advised to quit tobacco
- Usually/Always doctor/provider recommended medication to assist quitting
- Usually/Always doctor/provider offered other strategies to assist quitting

Are you ready?

Starting

- Do you have Leadership & Organizational commitment to use results?
- Do you know your organization's goals and priorities and how these results show progress toward them?
- Are you prepared to identify complimentary information relying on many sources?

Implement

- Do you have cross-functional teams take action steps that can
 - Surface concerns and seek solutions
 - Follow project and QI management principle
 - Know roles, responsibilities

Patient Engagement

- Do you understand and know the importance of patient engagement?
 - More that a disease - a patient, an individual, family, and community
 - Consider your advisory groups, if they exist.

Learning Organization

- Is your group willing to review systems & overcome 'defensive routines'?

CAHPS: Past and Present

- Was about what was wanted. Is about what is needed
- Was negatively skewed (how much of a problem...) now more neutral
- Not a satisfaction survey not RateMDs.com, Yelp, or Angie's List
- Oregon is working at a national and local level to improve CAHPS surveys

Why Improve Patient Experience of Care?

The Clinical Case for Improving Patient Experience

Better patient care experiences are associated with better performance on

- Following recommended prevention services and treatment follow-up
- Better clinical outcomes
- Patient Safety
- Health care utilization

The Business Case for improving Patient Experience

- Good patient experience is associated with lower medical malpractice risk.
- Improved patient experience also result in greater employee satisfaction, reducing turnover
- Patient interaction is the greatest source of professional satisfaction among providers
- Patients keep or change providers based upon experience

How to Analyze CAHPS Data?

Analysis of CAHPS Results

- How to interpret what CAHPS data tell you about your organization's strengths and weaknesses
- How to conduct further analysis to confirm issues you wish to focus on

Analyze CAHPS Data to understand Performance

- Look for CAHPS measures that are significantly different from the total OHP rate for the same measure
- Understand differences in your CAHPS scores for different population: Example. CCC vs. non-CCC, Male vs. Female, Various age groups,
- Compare your CAHPS scores to Benchmarks (benchmarking database report will be provided to them)
- Understand key drivers behind CAHPS scores

How does a measure look in the Banner Book?

Adult: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

		AGE							RACE							ETHNICITY		HEALTH STATUS		GENDER	
Plan vs. OHP																					
Plan	OHP	18 TO	25 TO	35 TO	45 TO	55 TO	65 AND OVER	WHITE	BLK OR AFR-AMER	AS-IAN	NATV HAW/ILND	AMER IND/ALSK	MUL-OTHR	TI	HIS-PAN-IC	HIS-PAN-IC	EX & VERY GOOD & POOR	FAIR & POOR	FE-MALE	MALE	
Q6		Age groups within CCO							Race/Ethnicity within CCO												
NEVER	4 2%	83 2%	2 ~5%	2 ~4%	2 ~4%	2 ~4%	2 ~4%	3 2%								4 2%	1 0.9%	2 2%	2 3%	1 0.7%	
SOMETIMES	34 16%	655 19%	4 22%	9 24%	8 33%	6 13%	3 5%*	2 12%	25 15%				1 25%	5 25%	4 36%	27 15%	20 18%	12 13%	12 18%	20 15%	
USUALLY	56 27%	957 28%	4 22%	10 27%	7 29%	12 26%	16 29%	50 28%	1 1%			1 1%	3 3%	15 15%	2 18%	53 29%	28 25%	28 31%	16 25%	40 30%	
ALWAYS	114 55%	1742 51%	10 56%	16 43%	9 38%	26 57%	38 67%*	8 47%	91 54%	1 50%	1 100%			3 75%	12 60%	5 45%	99 54%	61 55%	48 53%	35 54%	73 54%
#ALWAYS + USUALLY (NET)	170 82%	2699 79%	14 78%	26 70%	16 67%	38 83%	44 95%	58 100%	2 100%	1 100%			1 100%	3 75%	15 75%	7 64%	152 83%	89 81%	76 84%	51 78%	113 84%
TOP BOX SCORE	114 55%	1742 51%	10 56%	16 43%	9 38%	26 57%	38 67%*	8 47%	91 54%	1 50%	1 100%			3 75%	12 60%	5 45%	99 54%	61 55%	48 53%	35 54%	73 54%
NOT ANSWERED	22	401	3	1	4	3	7	3	18					1	1	20	12	8	4	17	
VALID CASES	Denominators		18	37	24	46	57	17	169	2	1	1	1	4	20	11	183	110	90	65	134
NUMBER OF RESPONDENTS	230	3838	21	38	28	49	64	20	187	2	1	1	1	4	21	12	203	122	98	69	151
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

67%*

Statistically significant difference from OHP result

How does a measure look in the Banner Book?

Child: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

	Plan		AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
	TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ NATV	MUL- TI	HIS- PAN- IC	NOT HIS- PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC	
Q6 NEVER	3	57				1	2	2												
	1%	2%	~	~	~	2%	4%	2%	~	~	~	~	~	~						
SOMETIMES	25	442		3	5	10	7	13	1	1				2						
	12%	13%	~	6%	10%	19%	12%	11%	50%	100%	~	~	11%	~						
USUALLY	45	870		12	15	9	9	27	1				4	5	15	27	39	3	30	15
	21%	25%	~	24%	31%	17%	16%	22%	50%	~	~	22%	17%	22%	21%	21%	20%	21%	22%	
ALWAYS	138	2092	2	36	29	33	38	81				9	12	17	42	87	124	7	97	41
	65%	60%	100%	71%	59%	62%	68%	66%	~	~	~	100%	67%	59%	63%	66%	67%	47%	68%	60%
#ALWAYS + USUALLY (NET)	183	2961	2	48	44	42	47	108	1			9	16	22	57	114	163	10	127	56
	87%	86%	100%	94%*	90%	79%	84%	88%	50%	~	~	100%	89%	76%	85%	87%	89%	67%	89%	82%
TOP BOX SCORE	138	2092	2	36	29	33	38	81				9	12	17	42	87	124	7	97	41
	65%	60%	100%	71%	59%	62%	68%	66%	~	~	~	100%	67%	59%	63%	66%	67%	47%	68%	60%
NOT ANSWERED	15	259		3	4	4	4	9	2					3	4	10	13	1	10	5
VALID CASES	211	3460	2	51	49	53	56	123	2	1		9	18	29	67	131	184	15	143	68
NUMBER OF RESPONDENTS	226	3719	2	54	53	57	60	132	4	1		9	18	32	71	141	197	16	153	73
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Children with Chronic Conditions
VS.
Children Without Chronic Conditions

Look for CAHPS measures that are significantly different from the total OHP rate for the same measure

Q4 IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED?

Plan	TOT CHLD	OHP TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			<1	1-3	4-7	8-12	13 AND OVER	WHTE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & FAIR	GOOD & POOR	NO CCC	CCC	
Q4 NEVER	2	28			2			2							2	2		2		
	2%	2%	~	~	8%	~	~	3%	~	~	~	~	~	~	3%	2%	~	3%	~	
SOMETIMES	10	167		1	2	3	4	5					2	3	3	7	8	2	6	4
	11%	10%	~	5%	8%	14%	15%	8%	~	~	~	~	33%	17%	14%	10%	9%	25%	9%	13%
USUALLY	26	270		5	5	5	11	16		1			2	4	7	18	23	2	15	11
	27%	16%	~	26%	20%	23%	41%	26%	~	100%	~	~	33%	22%	33%	25%	27%	25%	23%	35%
ALWAYS	57	1252	2	13	16	14	12	38				3	2	11	11	44	52	4	41	16
	60%	73%	100%	68%	64%	64%	44%	62%	~	~	~	100%	33%	61%	52%	62%	61%	50%	64%	52%
#ALWAYS + USUALLY (NET)	83	1522	2	18	21	19	23	54		1		3	4	15	18	62	75	6	56	27
	87%	89%	100%	95%	84%	86%	85%	89%	~	100%	~	100%	67%	83%	86%	87%	88%	75%	88%	87%
TOP BOX SCORE = Always	57	1252	2	13	16	14	12	38				3	2	11	11	44	52	4	41	16
	60%	73%	100%	68%	64%	64%	44%	62%	~	~	~	100%	33%	61%	52%	62%	61%	50%	64%	52%
NOT ANSWERED	8	136		1	2	2	3	5	2					1	1	6	6	2	2	6
VALID CASES	95	1718	2	19	25	22	27	61		1		3	6	18	21	71	85	8	64	31
NUMBER OF RESPONDENTS	103	1854	2	20	27	24	30	66	2	1		3	6	19	22	77	91	10	66	37
	100%	100%	100%	100%	100%	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

Understand differences in your CAHPS scores for different population

Q4 IN THE LAST 6 MONTHS, WHEN YOUR CHILD NEEDED CARE RIGHT AWAY, HOW OFTEN DID YOUR CHILD GET CARE AS SOON AS HE OR SHE NEEDED?

			AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER				
	Plan --- TOT CHLD	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR- WHT	AS- IAN	NATV HAW/ PAC ILND	AMER IND/ ALSK NATV	MUL- TI	HIS- PAN- IC	NOT PAN- IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC			
																			2	28	~
Q4 NEVER	2	28	~	~	8%	~	~	~	~	~	~	~	~	2	2	~	2	~			
	2%	2%	~	~	8%	~	3%	~	~	~	~	~	3%	2%	~	3%	~				
SOMETIMES	10	167	~	5%	8%	14%	15%	8%	~	~	~	33%	17%	3	7	8	2	6	4		
	11%	10%	~	5%	8%	14%	15%	8%	~	~	~	33%	17%	3	7	8	2	6	4		
USUALLY	26	270	~	26%	20%	23%	41%	16	1	~	~	33%	22%	2	4	7	18	23	2	15	11
	27%	16%	~	26%	20%	23%	41%	26%	~100%	~	~	33%	22%	2	4	7	18	23	2	15	11
ALWAYS	57	1252	2	13	16	14	12	38	~	~	3	2	11	11	44	52	4	41	16		
	60%	73%	100%	68%	64%	64%	44%	62%	~	~	~100%	33%	61%	52%	62%	61%	50%	64%	52%		
#ALWAYS + USUALLY (NET)	83	1522	2	18	21	19	23	54	1	~	3	4	15	18	62	75	6	56	27		
	87%	89%	100%	95%	84%	86%	85%	89%	~100%	~	~100%	67%	83%	86%	87%	88%	75%	88%	87%		
TOP BOX SCORE = Always	57	1252	2	13	16	14	12	38	~	~	3	2	11	11	44	52	4	41	16		
	60%	73%	100%	68%	64%	64%	44%	62%	~	~	~100%	33%	61%	52%	62%	61%	50%	64%	52%		
NOT ANSWERED	8	136	~	1	2	2	3	5	2	~	~	~	~	1	1	6	6	2	2	6	
VALID CASES	95	1718	~	2	19	25	22	27	61	1	3	6	18	21	71	85	8	64	31		
NUMBER OF RESPONDENTS	103	1854	~	2	20	27	24	30	66	2	3	6	19	22	77	91	10	66	37		
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Understand differences in your CAHPS scores for different population

Q3 IN THE LAST 6 MONTHS, DID YOUR CHILD HAVE AN ILLNESS, INJURY, OR CONDITION THAT NEEDED CARE RIGHT AWAY IN A CLINIC, EMERGENCY ROOM OR DOCTOR'S OFFICE?

	Plan	TOT CHLD	AGE					RACE					ETHNICITY		HEALTH STATUS		CCC SCREENER			
			OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	WHITE	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	OTHR	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC
Q3 YES	103	1775	2	20	27	24	30	66	2	1		3	6	19	22	77	91	10	66	37
	30%	30%	100%	32%	35%	23%*	32%	32%	50%~	33%~		25%~	24%~	45%~	20%*	36%*	30%~	53%~	27%*	40%*
NO	235	4117		43	50	79	63	140	2	2		9	19	23	88	135	214	9	180	55
	70%	70%		~ 68%	65%	77%*	68%	68%	50%~	67%~		~ 75%~	76%~	55%~	80%*	64%*	70%~	47%~	73%*	60%*
NOT ANSWERED	4	126	1		1	1	1	2							3		2	1	3	1
VALID CASES	338	5892	2	63	77	103	93	206	4	3		12	25	42	110	212	305	19	246	92
NUMBER OF RESPONDENTS	342	6018	3	63	78	104	94	208	4	3		12	25	42	113	212	307	20	249	93
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%

In case of “small numbers” ask us about OHP aggregate rates

Q20 IN THE LAST 6 MONTHS, HOW OFTEN WAS IT EASY TO GET SPECIAL MEDICAL EQUIPMENT OR DEVICES FOR YOUR CHILD?

Banner I

	AGE					RACE						ETHNICITY		HEALTH STATUS		CCC SCREENER			
	OHP TOT CHLD	<1	1-3	4-7	8-12	13 AND OVER	BLCK OR AFR-AMER	AS-IAN	NATV HAW/ ILND	AMER IND/ ALSK NATV	MUL-TI	HIS-PAN-IC	NOT HIS-PAN-IC	EX & VERY GOOD & GOOD	FAIR & POOR	NO CCC	CCC		
Q20 NEVER	22 11%	2 ~ 5%	5 7%	8 16%	7 15%	13 9%	1 17%	~	~	~	1 13%	7 26%	3 5%	20 14%	19 11%	3 9%	7 8%	16 13%	
SOMETIMES	27 13%	2 100%	2 4%	9 14%	7 14%	7 15%	16 11%	~	~	~	1 14%	5 19%	5 9%	19 14%	17 10%	8 28%	9 11%	19 15%	
USUALLY	51 24%	11 ~ 22%	10 15%	14 28%	16 32%	36 25%	1 20%	~	~	~	2 24%	5 20%	15 25%	35 25%	41 24%	8 27%	13 16%	41 32%	
ALWAYS	109 52%	33 ~ 70%	41 63%	20 41%	18 38%	80 55%	2 62%	1 100%	1 100%	3 100%	4 50%	9 36%	37 61%	65 47%	92 54%	11 37%	54 65%	53 41%	
#ALWAYS + USUALLY (NET)	160 76%	44 ~ 92%	50 79%	34 70%	34 70%	117 80%	2 83%	1 100%	1 100%	3 100%	7 73%	15 55%	53 87%	100 72%	134 79%	19 64%	67 80%	93 73%	
TOP BOX SCORE = Always	109 52%	33 ~ 70%	41 63%	20 41%	18 38%	80 55%	2 62%	1 100%	1 100%	3 100%	4 50%	9 36%	37 61%	65 47%	92 54%	11 37%	54 65%	53 41%	
NOT ANSWERED	12	6		5					2		4	5	4	7	1	9	2		
VALID CASES	210	2	48	64	48	49	146	3	1	0	3	9	26	61	139	170	30	83	128
NUMBER OF RESPONDENTS	222	2	54	64	53	49	146	3	1	2	3	9	30	66	143	177	31	92	130
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Compare to NCBD Benchmarks

https://cahps.ahrq.gov/news-and-events/events/past-events/20140115_DB/webcast_01_15_14_cg.html

[Oregon's comparative information](#)

Understand key drivers behind CAHPS scores

Correlated measures and factors for low access to emergency care

- Low access to routine care
- Customer service not providing information in a timely manner
- Low access to needed therapy
- Low access to needed special medical equipment
- Low rates in coordination of care
- Physical access to emergency care

Next Steps and Timelines

- Webinars: A series of three webinars

Webinar 1

**Aug. 18th, 2014
(Monday)**

2PM-3PM

Content:

Background

- Context
- Value of effective communication
- Alignment with efforts
- Validity of survey

Understanding the Banner Book

- What is a banner book?
- What are the marks and symbols?
- What it can and cannot tell you?

Webinar 2

**Sep. 3rd, 2014
(Wednesday)**

2PM-3PM

Content:

Interpreting CAHPS

- Identifying priority areas
- Looking for patterns and causes

Webinar 3

**Sep. 11th, 2014
(Thursday)**

2PM-3PM

Content

Applying CAHPS

- Moving information into action
- Shared exploration: patients, physicians and their office, community
- HP and C&G priority matrix

Q & A

For more information contact

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