

# Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

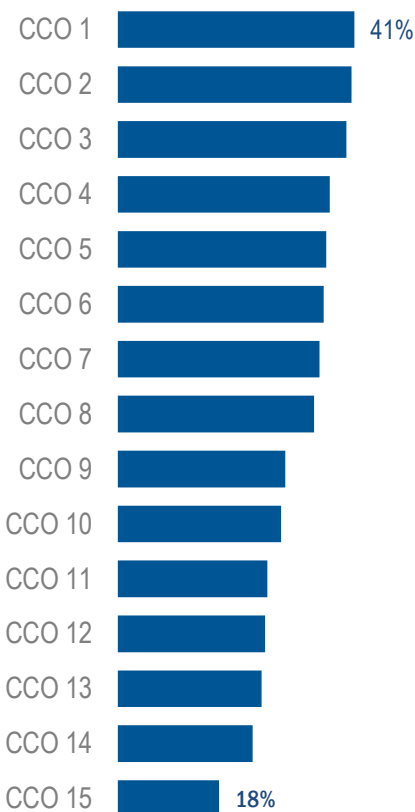
## HPA Data Profile

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey of people in Oregon who have their main source of insurance coverage through Medicaid. It covers topics that are important to consumers and focuses on aspects of health care quality that consumers are best qualified to assess—such as the communication skills of providers and how easy it is to access services. The survey results help policymakers and researchers understand how Oregon’s Medicaid system is (or isn’t) working for people and evaluate the impacts of new policies to see if they are effective.

### A few examples of the things CAHPS data can tell us include:

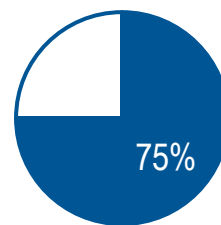
#### Access to dental care varied across CCOs in 2021.

Percentage of adult members who said they had a regular dentist and would go for checkups or when they had tooth pain.

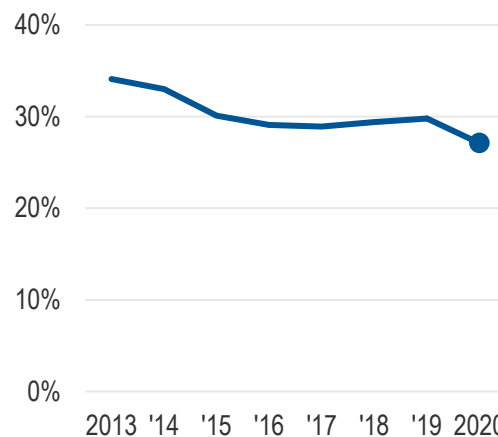


#### 3 in 4 Medicaid members in Oregon reported getting an appointment with a specialist as soon as they needed.

Percentage reporting ‘always’ or ‘usually’ in 2021.



#### The percentage of Medicaid members who report using tobacco continues to decrease.



...and in 2020, 1 in 4 members who smoke said their doctor advised strategies to quit.

#### Did you know?

Standardized CAHPS surveys have been in use since the mid-1990s and are part of a national program overseen by the [Agency for Healthcare Research and Quality \(AHRQ\)](#).

## Regular reporting

**Banner Books provide detailed results and analysis at the CCO level**

CAHPS survey results are published every summer on OHA's [CAHPS webpage](#) in a set of reports, called "Banner Books." Separate reports are published for each coordinated care organization<sup>1</sup> (CCO) and for fee-for-service (FFS), as well as combined statewide results. Statewide and CCO-level results are further stratified and published separately for adults and children.

CAHPS reports show summary results for many of the survey questions as well as composite measures (learn more about composite measures on the next page). Results also show:

- Trends over the last three years
- When a change from the prior year is statistically significant<sup>2</sup>
- Comparison to the statewide average and the highest- and lowest-performing CCOs

In addition to the survey results, the reports include helpful information like:

- *Key driver analyses* which recommend specific opportunities for improvement for each CCO (or FFS) based on their individual CAHPS results; and
- Detailed methodology and the survey questionnaire.

**The CCO Metrics Dashboard allows users to view some summary measures across all CCOs at-a-glance**

Summary results for eleven CAHPS measures (seven of which are reported separately for adults and children) are also published in Oregon's [CCO Performance Metrics Dashboard](#). Through the dashboard, users can quickly compare trends over time across all of the state's CCOs. Two of the measures (*Access to care* and *Satisfaction with care*) were also previously part of Oregon's [Quality Incentive Program](#), which rewards CCOs for improving their performance on a set of measures selected by a public committee.

### **Coming down the pike**

OHA is working to develop an additional dashboard that will present CAHPS results disaggregated by race, ethnicity, language, and disability (REALD).

## About the data

This section provides an overview of CAHPS survey data and how they are collected. Detailed methodology and definitions can be found in the Banner Book reports on the [CAHPS webpage](#).

### Overview of data elements

The CAHPS survey includes dozens of questions designed to measure topics that consumers are best qualified to assess. Some examples<sup>3</sup> of the types of questions in the standardized CAHPS survey include:

"In the last 6 months, how often..."

- *did you get an appointment for routine care as soon as you needed?*
- *did your doctor explain things in a way that was easy to understand?*

<sup>1</sup> Coordinated care organizations (CCOs) are networks of all types of health care providers who work together in their local communities to serve people who receive health care coverage through the Oregon Health Plan (Medicaid)

<sup>2</sup> CAHPS survey results indicate when any change was statistically significant at the 95 percent confidence level. That means that we are very confident the difference was not due to chance.

<sup>3</sup> The complete questionnaire for each year can be found in the CAHPS reports [online](#).

- *did your doctor show respect for what you had to say?*
- *did you get an appointment with a specialist as soon as you needed?*
- *did your health plan's customer service give you the information or help you needed?*
- *was it easy to get the medical equipment you needed through your health plan?*

In addition to the individual questions, standardized **composite** measures are also calculated. CAHPS composite measures combine results from multiple related survey questions into a single measure. For example, the *How well doctors communicate* composite measure summarizes responses to four questions: How often doctors explained things, listened carefully, showed respect, and spent enough time with the member. CAHPS has four composite measures: *Getting needed care*, *Getting care quickly*, *How well doctors communicate*, and *Customer service*.<sup>4</sup>

Finally, OHA sometimes adds additional questions beyond the standardized CAHPS survey questions to help inform Oregon's specific health policy priorities. For example, the 2022 survey included extra questions related to delayed dental care and the COVID-19 pandemic.

## How the data are collected

OHA has a contractor that collects survey responses. The survey sample is drawn from people who live in Oregon and whose main source of insurance coverage is Medicaid. To be included, people must also be currently enrolled in Medicaid at the time of the survey, and continuously enrolled for 6 months prior to the sample being drawn. Usually only one member per household is selected to receive the survey.<sup>5</sup> There are two versions of the survey: one for adults, and one for children under 18. (The CAHPS survey administered to children asks *legal guardians* to report *on behalf of* the child being surveyed.)

### To identify the survey sample

OHA uses Medicaid administrative data from the Medicaid Management Information System (MMIS) database.

[Read the MMIS data profile.](#)

People who are selected for the survey have the option to participate online, by mail, or by phone. Members receive the survey in either English or Spanish, depending on their preferred language.

Statewide, between 45,000 and 48,000 people have historically been contacted for the CAHPS survey each year. **Beginning in 2023, the annual sample size will double to about 92,000.** This will improve the reliability of CAHPS results, especially at the CCO level and for smaller demographic groups. Sample sizes are evenly distributed among health plans (that is, among each CCO or FFS). The overall response rate for CAHPS surveys is typically 15-25 percent.

### About survey response rates

The response rates for CAHPS are comparable to other survey research projects, which in recent years have experienced an overall decline in response rates. Response rates are impacted by many factors, such as changing methods of communication (social media, in-app messages, and cell phone-only households), potential survey fatigue for some groups, and lower engagement overall. OHA is working to increase response rates by using larger sample sizes, refining survey invitations and other communication materials, and using more efficient collection methods. Along with increasing the number of responses, OHA is prioritizing representation. A lower response rate with more diverse and representative respondents is more valuable statistically than a very high response rate with more homogenous or alike respondents.

<sup>4</sup> Note: In CCO metrics reporting (such as the metrics dashboard) Getting care quickly is referred to as "Access to care" and Customer service is referred to as "Satisfaction with care."

<sup>5</sup> An exception to this rule might occur if the surveyor is having a hard time meeting the desired sample size for an individual CCO; then more than one member per household might be selected.



Beginning with surveys fielded 2023, the CAHPS survey will include SOGI questions according to the current draft standards. Previous iterations of the survey have included some gender identity questions.

For some questions, particularly at the CCO level, small numbers of respondents mean the results aren't very reliable. OHA suppresses these results from public reporting. As described on [page 3](#), the overall sample size will almost double beginning with the 2023 survey fielding. Therefore, more results should become publishable when stratified by REALD and SOGI group levels.

## Things to remember when interpreting CAHPS data

### Oversampling by race and ethnicity

To make sure the survey results do a good job of representing all people in Oregon, OHA oversamples the statewide survey by race and ethnicity. Oversampling means reaching out to a larger proportion of people in certain groups than there are in the population. Oversampling helps make survey results more reliable for groups with smaller representation in Oregon. For example, suppose XX percent of people in Oregon are Native Hawaiian and Pacific Islander. The surveyors will contact enough people who are Native Hawaiian and Pacific Islander so that enough people among the XX percent so that valid conclusions can be drawn for the population from their responses.

Data for members in the “oversample” are only included in the aggregated statewide results (and not the individual CCO results).

### Changes over the years

There have been some important changes to the CAHPS survey—and the way the results are reported in the [CCO metrics dashboard](#)—in recent years:

#### Children with chronic conditions

To understand the experience of care for children with chronic conditions, OHA has always stratified CAHPS results for this population. However, the methodology used for surveying children with- and without chronic conditions changed in 2021, and **results for children from 2021<sup>7</sup> onward cannot be directly compared to earlier years.**

Prior to fielding the 2021 survey, OHA administered separate surveys to two mutually exclusive samples of children: Children **with-** and **without chronic conditions**. The children “with chronic conditions”<sup>8</sup> received an extra set of questions relevant to the specific needs of that population—such as access to specialized services and coordination of care. Children “without chronic conditions” received the CAHPS survey without these extra questions. Results from these two samples were **combined** in the CCO metrics dashboard for child-level CAHPS measures. In other words, children with chronic conditions were previously *overrepresented* in the child-level CAHPS results presented in the dashboard.

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<sup>7</sup> Remember results from the 2021 survey are labeled as “2020” in CCO metrics reporting. See the box on [page 4](#) for more information.

<sup>8</sup> Children who are likely to have chronic conditions are identified using Medicaid administrative data (for example through diagnosis and procedure codes).

Beginning in 2021, OHA continues to field the chronic questionnaire to a sample of children *with* chronic conditions in a comparable manner as before. However, instead of specifically surveying children *without* chronic conditions, a random sample of children—which may include some children with chronic conditions—receives the standard survey. That means the general children’s sample now includes some children with chronic conditions and is more representative of the overall population. It also means that results reported through the CCO metrics reporting program for “**children**” overall from 2021 onward should not be directly compared to earlier years.

#### Race and ethnicity oversample

As described in the previous section, OHA oversamples the CAHPS survey by race and ethnicity at the statewide level. Prior to 2022, OHA excluded the oversample from CAHPS results presented in the CCO metrics dashboard. Beginning in 2022, the oversample is included. **That means statewide results in the CCO metrics dashboard from 2022 onward should not be directly compared to earlier years.**

In the CAHPS Banner Book reports published on the CAHPS webpage, however, the oversample results have always been included in statewide results. As such, statewide results presented in the Banner Book will differ from results presented in the CCO metrics dashboard prior to 2021.

Finally, the oversample methodology changed with the survey fielded in 2022 to include oversampling of Native Hawaiian and Pacific Islanders.

#### Composite measures

As described on [page 3](#), CAHPS composite measures combine results from related survey questions into a single measure. **The calculation used by OHA to calculate composite measures has changed, so results from 2021 onward should not be directly compared to earlier years.** The methodology now used aligns with [National Committee on Quality Assurance](#).

#### Statistical significance

As described on [page 2](#), the reports on the CAHPS webpage use a \* symbol when the change was statistically significant at the 95 percent confidence level. That means that we are very confident the difference was not due to chance.

## Requesting data

Complete deidentified individual-level survey results can be requested by emailing [Metrics.Questions@oha.oregon.gov](mailto:Metrics.Questions@oha.oregon.gov) or submitting a general data request form (available on the [Health Analytics webpage](#)).

## CAHPS survey data in action

### Evaluating Oregon’s unique Medicaid program

CAHPS survey data were a key part of Oregon’s 2017-2022 Medicaid waiver evaluation. The evaluation focused on areas the waiver was designed to address, including the use of health-related services, or HRS. (Learn more about waivers and HRS in the side bar on the next page.)



Specifically, the evaluation included four CAHPS measures to help assess how people in Oregon experienced HRS, as well as the impact of HRS on quality and costs:

- **Member Rating of Health Status**  
Percentage of members who rated their overall health as good, very good, or excellent
- **Getting Care Quickly** (composite)  
Percentage of members who said they usually or always got 1) care for illness or injury as soon as needed, and 2) non-urgent/routine care appointments as soon as needed within the last six months
- **Getting Needed Care** (composite)  
Percentage of members who said it was usually or always easy to get 1) needed care, tests, or treatments, and 2) appointments with specialists as soon as needed within the last six months
- **Rating of All Health Care**  
Percentage of members who rated all of their health care in the last six months an 8, 9, or 10 (on a scale of 0 to 10)

The evaluators compared results *during* waiver implementation (2019) against a baseline (2016). Results were mixed: *Ratings of All Health Care*, *Getting Care Quickly* and *Getting Needed Care* increased, but **only the increase in *Ratings of All Health Care* was statistically significant**. Finally, *Member Rating of Health Status* decreased slightly, although this change was not statistically significant.

### **What's a waiver?**

Medicaid is a federal program that is administered by each state. The federal government helps pay for the program and sets standards for how it works. However, a state can ask for **flexibility** to experiment with different approaches to administering its Medicaid program by applying for an 1115 Medicaid demonstration waiver.

Oregon has had such a waiver for its Medicaid program (which is called the Oregon Health Plan) since 1994. Each waiver is typically approved for a period of five years and **must be formally evaluated to see if the state's methods are working**.

### **Health-Related Services (HRS)**

Through Oregon's Medicaid waiver, provider networks have the option to address patients' health needs outside of traditional health services. For example, HRS might support access to things like housing, transportation, or health food.

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- Found an error or something that needs to be updated in this document; or
- Would like this document in other languages, large print, braille, or a format you prefer.

# Quick Facts

<b>Name</b>	Consumer Assessment of Healthcare Providers and Systems Survey
<b>Acronym</b>	CAHPS Survey
<b>Summary</b>	A survey of people in Oregon who have their main source of insurance coverage through Medicaid. Covers topics that are important to consumers and that consumers are best qualified to assess.
<b>Data type</b>	Survey
<b>Populations</b>	Medicaid adults and children
<b>Frequency</b>	Annual
<b>Available since</b>	2013
<b>Required?</b>	Oregon is required to implement the child-level CAHPS survey to comply with federal reporting requirements. Although the adult-level survey is not required by any regulation, it is important for quality improvement efforts.
<b>Regular reporting</b>	Statewide and CCO-level (including FFS) results are published on the CAHPS webpage. Many results are also reported in the <a href="#">CCO Performance Metrics Dashboard</a> .
<b>Website</b>	<a href="https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CAHPS.aspx">https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CAHPS.aspx</a>
<b>Primary/Lead staff</b>	Jen Davis
<b>Data requests</b>	Email <a href="mailto:Metrics.Questions@dhsosha.state.or.us">Metrics.Questions@dhsosha.state.or.us</a> or submit a general data request form (available on the <a href="#">Health Analytics webpage</a> )
<b>Security level<sup>9</sup></b>	Deidentified data sets: Level 1 “Published” (low-sensitive information) Raw data files: Level 3 “Restricted” (sensitive information)
<b>Data dictionary?</b>	Yes – available within in the reports published on the CAHPS webpage
<b>REALD</b>	Fully implemented since 2021
<b>SOGI</b>	2022 results will include SOGI questions according to the current draft standards. Previous years included some gender identity questions.
<b>Suggested citation</b>	Oregon Health Authority, Oregon Consumer Assessment of Healthcare Providers and System (CAHPS) Survey [YEAR]

<sup>9</sup> Learn more: <https://www.oregon.gov/das/policies/107-004-050.pdf>