Medicare Advantage Performance on CAHPS Measures

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Stacey Plizga: I am happy to introduce our next speakers, who will provide information about the variation in MA and PDP CAHPS scores across contracts and states. They will also describe tools available to contracts to help improve the experience of enrollees in health and drug plans.

From the Division of Consumer Assessment and Plan Performance, please help me welcome Liz Goldstein and Sarah Gaillot.

Sarah Gaillot: Good afternoon. My name is Sarah Gaillot, and I will start off this presentation on Medicare Advantage and Prescription Drug Plan performance on CAHPS measures. For those of you that don't know, CAHPS is the Consumer Assessment of Healthcare Providers and Systems survey.

In this presentation, first I'll give some background on CAHPS, describe the Medicare Advantage and Prescription Drug Plan CAHPS surveys, go over the plan reports that CMS provides to all contracts, and show some state and national data from last year's survey. Liz Goldstein will then give some quality improvement resources focused on CAHPS and talk a little bit more about CMS's stratified reporting initiative.

We'll leave you with some resources where you can learn more. And we'll also take questions at the end.

Can I have the next slide, please? Thanks.

Okay. CAHPS surveys focus on how patients experience or perceive key aspects of their care. This is different from patient satisfaction which focuses on how satisfied patients are with their care. Patient experience surveys focus on asking patients whether or how often they experience critical aspects of healthcare, including communication with their doctors, understanding their medication instructions, and the coordination of their healthcare needs.

CAHPS items and surveys are known for their rigorous and scientific development and evaluation processes. These include receiving input from patients, providers, and other industry stakeholders. The surveys and administration methodologies undergo extensive testing before they receive the CAHPS trademark.

The CAHPS surveys use a core set of questions administered to all respondents in a reliable manner. The data collection protocols are standardized to ensure the information can be compared across healthcare settings. And the results convey information that is important and meaningful to patients.

Over the past 15 years, the CAHPS consortium has established a set of principles to guide the development of CAHPS surveys and related tools. Some of the principles include focusing on aspects of care for which patients are the best and/or only source of information. The surveys also focus on matters that patients themselves say are important to them.

Another principle is that these surveys ask patients about their experiences with, and ratings of, their healthcare providers and plans. These reports of actual experiences are more objective than general ratings, and they are also more useful for quality improvement, and that's what we'll talk about in the later part of today's presentation.

CAHPS surveys are an integral part of CMS's efforts to improve healthcare. Some of the CAHPS surveys are used in pay-for-performance initiatives to ensure that CMS is paying for high-quality healthcare services.

Some of the CAHPS surveys currently implemented by CMS include the Hospital CAHPS, Home Health, Fee for Service, MA and PDP, In-Center Hemodialysis, Medicaid, Hospice, Accountable Care Organizations, Outpatient Ambulatory Surgery, Physician Quality Reporting System, and the Merit-Based Incentive Payment System.

But the focus, as we said, of today's presentation is on the MA and PDP CAHPS. CMS collects information about Medicare beneficiaries' experiences with and ratings of MAs and PDPs using these surveys. They are administered annually using a mixed-mode data collection protocol. And it includes two survey mailings and telephone follow up of non-respondents.

The questions on MA and PDP CAHPS include ease of getting needed care and seeing specialists, getting appointments and care quickly, doctors who communicate well, coordination of members' healthcare services, health and drug plan providing information or help when members need it, ease of getting prescriptions filled, rating of health or drug plan, rating of healthcare quality, annual flu vaccine and pneumonia vaccine.

We publicly report these results for each contract in the Medicare and You handbook that is published each fall, as well as on the Medicare Plan Finder website that you'll find at Medicare.gov. Those survey results are used by beneficiaries to assist in their selection of a contract, of an MA or PDP contract, and the results are also used by the public to assess the Medicare program. And of course contracts can use these results to identify areas for quality improvement.

Since 2012, several measures from MA and PDP CAHPS have also been included in the Star Ratings for MA Quality Bonus Payments.

So each year CMS provides to each contract, to each MA and PDP contract, a CAHPS preview report that's used for Star Ratings purposes. So we try to get those out as quickly as possible so you can preview the results. But then later we provide a detailed plan report, and that can be used by plans to identify areas for quality improvement.

So I've included a few slides with sample kind of screenshots of plan reports. This is sample data, a sample contract. It's real national data. Here you'll see the national average as well as contract-specific average for each health plan composite measure. Getting needed care. Getting needed appointments and care quickly. Doctors who communicate well. Customer service and care coordination. And the last column of this table indicates whether this particular sample contract scored significantly better or worse than the national average, so that's the up and down arrow that you see.

So, for example, this sample contract, scored significantly better than the national average for the Customer Service composite, and it scored significantly worse than the national average for getting appointments and care quickly. The composites that you don't see an arrow for, that indicates that there was no significant difference from the national average.

So the plan report for each contract summarizes the strengths and the opportunities for improvement using text as well. And this sample page for a sample contract indicates that this contract performed well on the Customer Service composite and there are opportunities for improvement on getting appointments and care quickly as well as on the overall rating of health and drug plan measures.

The CAHPS plan reports also include dozens of figures like the one you see here. This is for getting appointments and care quickly. This table shows the proportion of respondents that answered Never or Sometimes, Usually, or Always for this composite. It shows this nationally, across the state, in this case Alabama, in original Medicare or Fee for Service, for the CAHPS, for the sample contract this year as well as from last year so you can compare, and for other MA contracts in the same market area. And that methodology is described in the plan report. And the statistical significant differences from the national average are again noted on the right-hand side with up and down arrows.

The CAHPS Plan reports also show the frequency of responses for each item, and this is so that you can really drill down within the composite. This figure shows the frequency and percent of respondents in this contract who said that their personal doctor seemed informed about the care that they received from a specialist. In this case, eight percent of beneficiaries in the sample contract said Never. Twelve percent said Sometimes. Thirty-one percent said usually. And 49% of beneficiaries said that their personal doctor always seemed informed about care received from specialists.

People who said that they didn't see a specialist in the past six months were not asked this question, so that's reflected in the Missing category.

CMS also looks at the CAHPS data across all contracts in many different ways. This chart shows the national MA average for getting needed care as well as state-level averages of beneficiaries in MA plans. So the national average is the top bar, and we chose some random states here, Virginia, Ohio, Massachusetts, Illinois, and California as examples. And these, now, are actual data – actual 2016 CAHPS data – and these were used for 2017 Stars.

Getting new care is a composite measure made up of two items, one asking about how easy it was to get appointments with specialists and

how easy it was to get care, tests, and treatment you needed through your health plan. Here you can see that Illinois has the lowest percent of beneficiaries responding that they always received needed care. And California had the highest percent of beneficiaries who said that they sometimes or never received needed care.

I do want to point out, though, that CMS employs linear mean scoring, not top box scoring. Linear mean scoring is the official MA and PDP CAHPS scoring, which represents an average based on all of the survey respondents, so that is, we use all of the data in calculating the scores and not just the positive responses like I was pointing out.

Here's a similar chart for the Getting Appointments and Care Quickly measure. This is the CAHPS composite comprised of three survey items asking about getting urgent care as soon as needed, getting routine appointments in a timely manner, and seeing providers within 15 minutes of appointment times. You'll see that scores are somewhat lower on this composite than the previous composite. Virginia, Ohio, Massachusetts, Illinois, and California, the five states that I chose, are doing a tiny bit better than the national average of beneficiaries reporting that they Always got appointments and care quickly. Ohio, here, has the largest percent of beneficiaries saying that they Always got appointments and care quickly.

Customer service is three items asked about how often a health plan's customer service gave needed information or help, treated beneficiaries with courtesy and respect, and had forms that were easy to fill out. Most states are doing well on this composite, but you can see there are still opportunities for improvement on the right-hand side of the graph.

Massachusetts had the highest proportion of beneficiaries reporting that they always receive high quality customer service. And Virginia has the highest percent saying that they sometimes or never receive high customer service.

And moving to the Care Coordination composite. This composite is made up of six survey items asking beneficiaries whether their personal doctor has their medical records, seems informed about their care, whether there was timely follow up for test results, how often their personal doctor discussed prescription medications, whether the beneficiary got help needed from the personal doctor's office to manage care amongst their providers, whether the personal doctor seemed informed and up to date about care they received from specialists.

And here you can see that Ohio has the largest percent of beneficiaries reporting that they always received coordinated care.

In addition to the MA CAHPS survey, we also conduct a Fee for Service or original Medicare CAHPS survey. And the results from that survey are also reported on Medicare.gov, and the goal of that is so that beneficiaries can make informed comparisons between MA and Fee for Service.

This slide compares the 2016 results between MA and Fee for Service on three of the CAHPS health plan composites. I chose these three composites because they may be easier to target for quality improvement, which we'll talk about in just a moment.

On the Getting Needed Care composite, you can see that Fee for Service slightly outperformed MA. Sixty-four percent of Fee for Service beneficiaries compared to 63% of MA beneficiaries reported that they always got needed care.

MA outperforms Fee for Service on the getting appointments and care quickly composite with 53% of MA beneficiaries reporting that they always got needed care and 50 –almost 51% of Fee for Service beneficiaries reporting that they always got needed care.

And finally, for Care Coordination, the MA and Fee for Service scores are very similar for 2016.

So we wanted to include at least one measure for Part D in this presentation, and so here we have the Getting Needed Prescription Drugs composite, which includes items about how easy it was to use the prescription drug plan to fill prescriptions at a local pharmacy or by mail. And these are the 2016 results for prescription drug plans and for MA-PDs. The results are very similar in that about 80% of beneficiaries say that they always got needed drugs. Still, there are opportunities for improvement since some beneficiaries are saying that they sometimes or never were able to get needed prescription drugs.

I'm now going to turn the presentation over to Liz Goldstein who will discuss CAHPS quality improvement resources.

Liz Goldstein: Thank you.

So the Agency for Healthcare Research Quality, or as is often referred to as AHRQ, has a number of resources available to help improve the patient experience. So if you haven't visited their website to date, we definitely encourage you to visit it to help identify ways to improve care. If you click on this link in this slide, you will see the content on the next slide.

So just as some background, the CAHPS program is funded and overseen by the Agency for Healthcare Research and Quality. And it works with a consortium of public and private organizations. So in addition to AHRQ and its grantees developing and maintaining the CAHPS surveys in the various settings, they also support the development of tools for quality improvement. So the CAHPS Quality Improvement Guide is one tool that they have developed, and this is a tool they have been regularly updating. So a link to this Guide is provided in the CMS plan reports. We used to provide hard copies every year to

plans of this Guide, but given its dynamic nature right now, we do provide this link.

So the Guide provides insights about how a health plan or drug plan can improve care and services using the CAHPS data. So I'm going to highlight a few features of this Guide and some of the information that is conveyed in the Guide.

So the CAHPS Quality Improvement Guide has several parts. It starts off by giving you some information. I think this is really helpful if you haven't done quality improvement efforts, you know, for CAHPS in the past, why is it even important to improve the patient experience. And I think, you know, staff at any provider needs to have buy in if they are going to implement quality improvement initiatives.

So this Guide really provides a compelling case for why, you know, any type of healthcare organization should focus on improving the patient experience of care. There clearly is a demand, I think we're all seeing it, a growing demand among patients for an enhanced service experience, as well there is a demand for greater participation in their healthcare. So this clearly has resulted in more pressure for all types of healthcare systems to find ways to be more patient centered. So it's not just true for health and drug plans, but we work on surveys in various settings, and it's true in all of those settings.

So in addition to being important to patients and families, we have seen that good patient experience also is associated with important clinical processes and outcomes. We have seen, for example, that patient experience is positively correlated with the processes for care for both prevention and disease management. We also see that good communication with providers is related to adherence to medication, adherence to medical advice.

We're also seeing that patients that have better care experiences, which includes communication, tend to have better health outcomes. And this has been seen in, you know, various settings.

So another thing to consider as you are embarking on quality improvement, are you ready to improve as an organization. So I think this Guide provides some insights into that as well as things to start thinking about. They do provide in this Guide, and I hadn't looked at it for a little while and was recently looking at it in more detail, so it provides some suggestions, behaviors to look for. And there are examples such as cultivating and supporting quality improvement leaders. And I think that's not only important for the CAHPS measures but for all of the quality measures.

Organizing teams responsible for improving patient experience. And we've heard this from some of the plans that regularly come in to speak to us that they have set up teams that are responsible for improving different aspects of care. It's important to train staff in the quality improvement concepts and techniques. Techniques paying attention to customer service. And you really, as these teams embark on these efforts, you want to really recognize and reward success and celebrate them as an organization.

Okay. The Guide also provides a walk-through of some of the basic steps for a quality improvement initiative. And I think some of the things really to think about is encouraging communication, engagement, you know, maybe to start, if you haven't done broad-based quality improvement initiatives related to patient experience, maybe start on small-scale projects to see how they work and how you can tweak your processes before starting on some huge effort.

I think also in terms of the CAHPS survey as well as other quality improvement efforts, to keep in mind that quality improvement will be an iterative process. So you're going to learn from what you do, and make

corrections, and keep measuring to see if you have achieved your goals. So in this Guide they do put a lot of emphasis on the Plan, Do, Study, and Act processes.

Also what is very important is to determine where to focus your efforts. And so we would encourage you to use the CMS Plan Report to help target where you do have opportunities to improve as well as to bring in other sources of information. Often we'll encourage plans to do some focus groups with beneficiaries to really understand where they do have some opportunities for improvement.

The Guide also provides a lot of information about some strategies for improving care. And I think here they list a lot of books and resources and tools to address the various issues related to patient experience. And I think it's helpful to see these, to, you know, just reviewing them may spark different things that your organization potentially could do.

There are multiple strategies listed in the Guide to improve access to care, communication between providers and patients, coordination of care, and customer service. And I think when you review your options and what you want to focus on, it's really important to think about the appropriateness for your organization, the resources and time available that you have, and how quickly you feel like you need to see results. So I know all organizations have constraints, so, you know, a different strategy may be better for your organization.

So as I said, the Guide provides you different resources for different measures. So on this slide I just pulled an example for what is available for customer service. So the CAHPS survey already includes a number of questions related to customer service. And these questions were developed with input from enrollees of health plans. So starting here, you can see from the CAHPS questions where you may have opportunities for improvement. And many, I think, health plans and kind of the recommendation from AHRQ is to develop standards for your

organization. So it may be, I'm just pulling some examples from the Guide, but there are lots of other ones that, for example, 90% of patients who call for an appointment receive it the same day or within a certain number of days, or you're seen within a certain number of minutes when you get to a doctor's office. Or another example are test results are communicated in writing to the patient after a visit. So there are different aspects and different targets, and each organization is going to clearly need to work with their staff and managers to figure out what are the appropriate targets for your organization.

Just to list a couple other resources available. This is a free webcast from AHRQ. And it focuses on innovative strategies from two Medicaid health plans. And it goes over what quality improvement strategies they implemented for CAHPS measures, some of the barriers they had and how they addressed them, and some of the key lessons learned. So this is, I think, a very nice webcast if you are starting off efforts, it's always nice to hear from other organizations and some of the challenges that they have faced.

This is another resource, and this is a podcast, and it's an interview with Susan Edgman-Levitan. She's really a national quality improvement expert and has been involved in the CAHPS survey process for about 20 years. In this interview she goes through some of the differences between patient experience of care measures and patient satisfaction and discusses some of the range of interactions that the CAHPS survey captures and how, you know, you might start thinking about improvement in these areas.

Another resource, and I know some plans, by questions that we've been getting, have been starting to look at this, is the CMS Stratified Reporting. And this is really to understand your scores on HEDIS and CAHPS, CMS has begun to provide information stratified by race, ethnicity, as well as some national numbers on gender differences. And this is to help you

target your quality improvement efforts and see where there may be opportunities for improvement.

So this is the CMS webpage with this information. So if you haven't looked at it, I would encourage you to look at it. And this information will be updated on an annual basis in April of each year.

So as I said before, this stratified reporting is really a good resource for targeting quality improvement efforts. You know, for monitoring your performance and really to advance the development of culturally and linguistically-appropriate quality improvement strategies.

The next slide is just an example for what you can see in the stratified reporting. Currently the contract-level information is available by race, ethnicity. The gender information is available nationally.

And this last slide provides some additional resources. So our website, a couple of our mailboxes to get additional information about the survey or when you have any questions.

So I think right now we wanted to open it up for any questions. We'd be really interested in hearing from you today or even at a future time, feel free to contact Sarah or myself about any successful quality improvement efforts that you are embarking on or have completed as well as if you have any suggestions for other types of resources that would be helpful for quality improvement. Thank you.

Stacey Plizga: Okay, we have time for questions, so if anybody in the in-house audience has a question, please move to the microphone in the center aisle.

All right. We will go to questions that we received from our viewing audience then. And the first one is, where and when do we get our CAHPS reports?

Sarah Gaillot: The CAHPS Preview Reports are sent to the Medicare Compliance Officer by email each August. The full Plan reports are mailed. They are on a CD and it includes all of these various data files and PDFs. And that's mailed in September of each year, again to the Medicare Compliance Officer.

Stacey Plizga: Okay the second question that I have, who can I contact with questions about implementing CAHPS into my health or drug plan or with how the data are used for Parts C and D Star Ratings?

Sarah Gaillot: Any questions about the CAHPS data used for Star Ratings can be sent to that mailbox listed on the screen, MP-CAHPS@cms.hhs.gov. But for technical assistance questions regarding the MA and PDP CAHPS, please send those to the project team whose email address is listed there, MA-PDPCAHPS@HCQIS.org, and we will get right back to you.

Stacey Plizga: Okay. And I have one last question here. Who can I contact with questions about using the CAHPS data that are stratified by race or ethnicity and gender?

Sarah Gaillot: So that work is led by the CMS Office of Minority Health. And they would be happy to take questions about stratified data and how health plans can utilize those data. They have a mailbox for questions, and it is healthequityta@cms.hhs.gov.

Stacey Plizga: Okay. Anyone else out there with a question? No? Okay.

Well, I would like to then at this time thank Liz and Sarah for the information on CAHPS scores. If you can join me please.

If you would like to evaluate this session, please take out those cell phones or go to that webpage and enter the letter A. And then follow that link.

All right. I have just a couple reminders for both our in-house viewing audience. And one is that we will have an end-of-event survey that we will be sending out to you or that you can complete via the polling at the end of the session. And we encourage you to take a few minutes and complete the survey and provide CMS with some feedback so that as we move forward with planning events in the future we can incorporate any suggestions or comments that you have.

Also, we will be offering CEUs for today's sessions. And if you look in the Conference Guide, you'll find the information in there, how to obtain the CEUs. And I know that there is also some information on the CTEO website. So please check that out so you can get CEUs for your time spent today.