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Findings from the 2007 Medicare CAHPS Survey

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CMS Medicare Advantage Conference

Baltimore, MD

April 8, 2008

Objectives

- Discuss
 - health care evaluations
 - immunization rates

for vulnerable Medicare Advantage beneficiaries
- Describe opportunities for targeted quality improvement

2007 Medicare CAHPS Survey

- The 2007 Medicare Consumer Assessment of Health Care Providers and Systems (CAHPS) survey is the primary means of assessing the patient experience for the 44 million Medicare beneficiaries
- MA-Only, MA-PD, FFS-Only, FFS-PD
- Survey data from 132,960 MA beneficiaries and 202,289 FS

Immunization for Hispanic Beneficiaries: Population and Measures

- 247,968 English- and Spanish-speaking beneficiaries
 - Hispanic and English-speaking White Medicare beneficiaries
 - over the age of 64
 - excluding beneficiaries from Puerto Rico.
- Hispanic ethnicity was self-reported
- Language preference was inferred from survey instrument language (English or Spanish)
- Outcomes: Pneumonia and influenza immunization in the past year

Immunization for Hispanic Beneficiaries: Weighting and Adjustment

- All analyses made use of survey weights
- Results were considered with and without case-mix adjustors:
 - Age
 - gender
 - proxy respondent status
 - health status
 - Rural indicator
 - eligibility for a low income supplement
 - Medicare Advantage Indicator
- Results considered nationally and by CMS region

Unadjusted and Adjusted Rates of Immunization

Group	Weighted Unadjusted Percentages		Weighted Adjusted Percentages	
	flu shot	pneum shot	flu shot	pneum shot
English/non-Hispanic (n=x)	74.6	72.9	73.4	71.6
English/Hispanic (n=x)	66.8	59.3	69.4	62.7
Spanish/Hispanic (n=x)	58.8	42.1	67.1	51.9

Small Disparities in NY/NJ (Region 2)

- Differences in adjusted immunization rates for the flu are not statistically significant (69-73%)
- For pneumonia, non-Hispanic Whites (68%) have adjusted immunization rates 7-11 percentage points higher than each Hispanic group (57-61%).
- Non-Hispanic White rates are typical in these states; Hispanic rates are higher than typical

Large Disparities in SE (Region 4)

- For flu, non-Hispanic Whites (71%) have adjusted immunization rates 12-22 percentage points higher than each Hispanic group (49-59%).
- For pneumonia, non-Hispanic Whites (71%) have adjusted immunization rates 14-27 percentage points higher than each Hispanic group (44-57%).
- Non-Hispanic White rates are typical in these states; Hispanic rates are lower than typical

MA/FFS Differences in the Experiences of Vulnerable Medicare Beneficiaries : Population and Measures

- Used data from all 132,960 MA and 202,289 FFS respondents
- 12 CAHPS outcomes
 - 5 0-10 ratings
 - 7 composites of multiple report items
 - 4 of 12 outcomes assessed experiences with PD coverage for MA-PD and PDP beneficiaries
- We defined six potentially vulnerable subgroups:
 - low income subsidy (LIS) eligible
 - no high school degree
 - poor or fair self-rated health
 - age 85 and older (versus 65-84)
 - female
 - black (versus non-Hispanic White).

MA/FFS Differences in the Experiences of Vulnerable Medicare Beneficiaries : Methods and Adjustment

- Linear models predicted CAHPS ratings and composites from
 - each vulnerable subgroup identifier
 - an MA indicator
 - **a MA by vulnerable subgroup interaction**
 - case-mix adjusting for a variety of patient characteristics and
 - employing survey weights.
- **Is there a less positive MA-FFS difference for vulnerable beneficiaries than for their less vulnerable counterparts?**

Evaluations of MA and FFS on non-PD measures

- *Non-vulnerable* beneficiaries typically had MA experiences similar to or somewhat less positive than FFS experiences
- *Vulnerable* beneficiaries typically had MA experiences markedly less positive than FFS experiences.

Evaluations of MA-PD and PDP on PD Measures

- *Non-vulnerable* beneficiaries typically had MA-PD experiences **markedly more positive than PDP experiences**
- *Vulnerable* beneficiaries typically had MA-PD experiences **similar to or somewhat more positive than PDP experiences.**

MA provides more “advantage” to non-vulnerable beneficiaries

- *Absolute* scores for vulnerable subgroups were sometimes higher in MA and sometimes lower
- Interactions of vulnerable subgroup identifiers with MA were predominantly negative.
 - Significant ($p < 0.05$) negative interactions with MA were found in 33 of 72 instances
 - 8 of 10 LIS
 - 7 of poor/fair health
 - 6 of 10 female
 - 5 of 10 no HS Degree
 - 4 of 10 Black
 - 3 of 10 age 85+
 - Only a single positive interaction.

Conclusions

- Among beneficiaries 65 and older, flu and pneumonia immunization are much lower for Hispanics than for non-Hispanic Whites
 - Especially true for Spanish-preferring beneficiaries
 - Regional variation suggests disparities can be eliminated
- Lower income, less healthy, female, less educated, and Black beneficiaries often have relatively less positive experiences with MA than FFS Medicare
 - Smaller or no advantages over FFS for PD dimensions
 - Larger disadvantages on non-PD dimensions

Opportunities for QI

- Target immunization for Hispanic seniors, especially Spanish-preferring
- Target MA QI efforts on vulnerable subgroups
 - Make self-advocacy easier or more uniformly received
 - Assist vulnerable beneficiaries