

Elizabeth Goldstein

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I'm going to be giving you a brief overview about CAHPS and, you know what the requirements are. CAHPS began in 1995; actually the development of the survey began in 1995 by the Agency for Healthcare Research and Quality. And it's to assess the consumer's experiences with their health plans. At least initially that's how the CAHPS effort started. It was targeting experiences of people in managed care plans and it's expanded over the years and I'm going to be talking about that in a moment. Basically what CAHPS is it's a rigorous evidence-based process to create surveys, methods of survey administration that are standard across plans or providers and reporting results to consumers and providers. There's a family of CAHP surveys.

CAHPS initially started, as I said, targeting health plans. Now there's a suite of ambulatory CAHP surveys covering health plans, clinicians, and groups. Last year, CMS implemented a Medicare prescription drug plan CAHP survey. Caroline Clancy [spelled phonetically] was talking a little while ago about hospital CAHPS, and that was just rolled out on our hospital compare Web site about 10 days ago. There's an in center hemodialysis survey and that's in the public domain, you know for facilities and researchers and others to use if they're interested. AHRQ is just finishing up development of a nursing home resident and family survey and those should be in the public domain shortly. And CMS is currently working with AHRQ to develop a home health CAHPS instrument and the field test data collection is just ending and so AHRQ will be starting the analysis shortly of that survey.

I want to spend a couple moments talking about the CAHPS surveys; they're different than your normal satisfaction survey so I thought it'd be a good idea to just discuss this for a couple moments. The underlying principles behind all the CAHPS surveys is asking consumers to report on care experiences that they think are important. It may not be something that you or I may just automatically think are important, but these are things that consumers and, you know, people that go to your health plans think are important. And also these people are the best source of this information. So obviously the clinical quality is very important in health plans or different providers, but a consumer or a patient may not be the one that's able to evaluate the clinical quality of care. So the CAHPS surveys across all of them focus on things that are important to consumers. AHRQ and the development of all of these surveys has spent a lot of time doing focus groups with consumers and doing interviews with consumers to find out what is important to them; not what's important to us, but what is important to them.

For all the CAHPS surveys consumers are asked to assess or rate the quality of care received and across all of the CAHP surveys, they're standardized sampling protocols, data collection, procedures, bench-marking databases, and reporting of measures. So this, CAHPS survey is really all about standardization. I know, you know, before CAHPS was implemented in health plans, before it was implemented in hospitals, there were a lot of surveys, you know that folks may be using, but to publicly report the data and to really assess care across providers the data collection has to be standardized. For

all of the CAHP surveys there's a very rigorous process to develop the surveys. So it includes a call for measures to find out, you know what surveys are out there already. It includes literature reviews, many, many focus groups asking consumers what they think is important. Then once a draft instrument is developed, there's a lot of time spent doing cognitive interviews, and that is going through each of the proposed questions and finding out, you know what does the consumer potential respondent to this survey understand about that question? Often we can write a question that's really clear to us what that question means and everything is perfectly clear, but then when you go to a potential respondent and you, you know do an interview with them and ask what it means to them, we're totally off. So it's really important to spend a lot of time doing these cognitive interviews and making sure we're on target in terms of, you know, asking a question that the potential respondent understands.

Then once there's a draft instrument, there's a series of field tests that are normally done, to do, look at all the psychometric properties of the various instruments. I'm going to spend now some time talking about the Medicare Health and Prescription Drug Plan CAHPS surveys. We have now many different versions of them. We actually have four versions, which may be confusing to folks. I know when we sent out health plan reports this year, it was a little confusing. We have an MA CAHPS instrument and that's for MA only plans so they have no prescription drug coverage. We have a Medicare Fee for Service Survey. We also have a Medicare Prescription Drug Plan Survey, one for MAPDs and one for stand-alone prescription drug plans.

The objectives of all of these surveys is to report comparative performance information and I'll be talking in a moment about the plan ratings that we've put out this year. And tomorrow morning there'll be a session first thing that'll give a lot of detail about the plan ratings on the Web site. It's also to help plans and quality improvement organizations identify improvements or opportunities for improvements. And it's to enhance CMS's ability to monitor the quality of care and relative performance within and across delivery systems.

The CAHPS sampling frame for this year is 43 plus million beneficiaries. A beneficiary to be selected for the survey has to be enrolled for at least six months. We include dual eligibles, disabled; we do exclude the institutionalized from the survey. The total sample for this year is 700,000. And the protocol we do for survey administration is we initially send out a pre-notification letter and that's followed up with the first survey mailing, then a reminder/thank you postcard, then we do a second survey mailing, and then for non-respondents we go into telephone follow up. So it's a fairly, you know rigorous protocol. Some people prefer to do the survey by mail, others by telephone so we should capture them all using this protocol.

As I said before the survey is done for MA plans, MAPDs, and PDPs at the contract level. So it's not the benefit package level, but at the contract level. And we also do fee for service data collection across the country. Our targeted response rate is 70 percent. Often in particular on the Medicare Advantage Survey, we got over an 80 percent response rate so using this protocol you get fairly good responses. I just wanted to add

this year we are also, the same time we're doing the field administration for this year. We are also testing a PPO version of the survey so it has a lot of the questions that are on our current instrument, but a subset of questions that are really PPO specific so we'll be, once the data comes in this summer, we'll be analyzing it and seeing whether we can create a really PPO-specific version for the future.

Just to give you timing of this year's data collection, we sent out, we started the survey administration in mid-February. Right now we're getting returns in from the second questionnaire mailing, and we'll begin telephone follow-ups shortly in the upcoming weeks. During the summer we'll be, you know completing data collection, cleaning the data and analyzing it. We are planning, which is different from this year, to get all the health plan reports out by November so you can have it much earlier on. And in November also will be the public reporting on medicare.gov.

I'm going to go over this really quickly because we're going to be talking about this a lot more tomorrow. For the plan ratings that are on the Web site, we're using the following different composites from the CAHPS survey and two of them are overall ratings: getting needed care, doctors who communicate well, getting appointments and care quickly, customer service, their over array of health care quality, and the over array of health plan. The other two measures from the CAHPS survey that are publicly reported is the flu and pneumonia vaccination, those are two HEDIS measures, but they are collected through the CAHPS survey.

For the PDP CAHPS measure that are used for public reporting, there are two composite: beneficiaries ability to get help from the plan, getting prescriptions easily, and the overall rating of the plan. As folks have said before and as we'll be discussing tomorrow on the data's display and on Medicare options compare, a Medicare prescription drug plan finder. And I'm just going to kind of skip through some of these slides because we'll be going through this in more detail tomorrow. Just to quickly tell you for the five domains on the Web site, the CAHPS measures are included under getting care from your doctors and specialists, and getting timely information care from your health plan. For the prescription drug plan ratings, the measures are included under drug plan customer service, and using your plan to get your prescriptions filled.

We provide health plan reports and the purpose of these reports is for you to be able to use it for internal quality improvement. And we made some changes to the report this year and we're currently going through it. We've gotten a lot of feedback on these reports, and we're going now through a more systematic process to get feedback from plans just to ensure that the reports meet your needs, so if you want to send any comments here after today, I have my e-mail address at the end of these slides.

There's also a resource that we developed a number of years ago called the CAHPS Improvement Guide. And this is an important guide to look at because it really gives you a lot of guidance in terms of how to improve the CAHPS scores. And I just wanted to let folks now we are in the process of developing a web-based version of this guide, which

will be a more interactive version so I think it will help you find things, you know in the guide because it's quite lengthy right now and really target, you know what you're doing.

If you have questions after today, I'd encourage you to e-mail myself or [unintelligible] who works on my staff on the CAHPS surveys and we'd be happy, you know to answer any of your CAHPS questions. And now I'm going to turn it over to Sonya [spelled phonetically] to talk about the HOS.

[applause]

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