

Health Care through the Eyes of Coloradans

*New Data on the
Consumer Perspective*



November 14, 2013

**Joint Safety Net Advisory Committee
(SNAC) Learning Lab**



**colorado health
INSTITUTE**

What We'll Cover

- Introductions
- Background on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Review Preliminary CAHPS Findings: Accountable Care Collaborative (ACC) and Traditional Fee-For-Service (FFS) Medicaid
- New Findings on Barriers to Care from the 2013 Colorado Health Access Survey
- Next Steps and Adjourn



Three Takeaways

- The CAHPS and CHAS represent opportunities to examine Coloradans' experience with the health care system and monitor state and national health reform efforts over time.
- Early analysis of CAHPS baseline data suggests similar (or slightly lower) results for the ACC compared to traditional FFS Medicaid, positive results for care coordination and areas for improvement.
- 2013 CHAS results show that Coloradans who use community health centers or other public clinics are significantly more likely to report barriers to care.



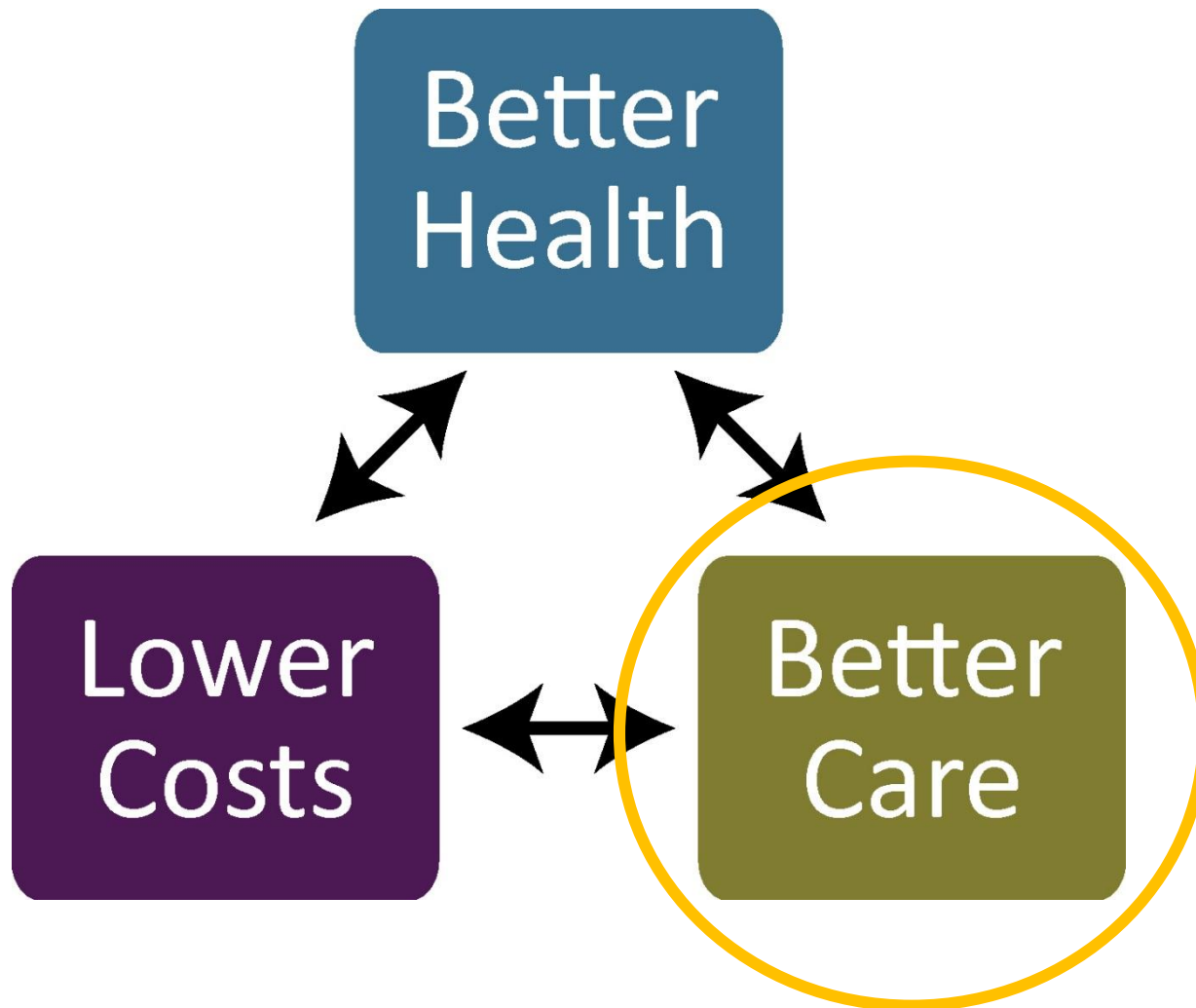
ACC Update

- 352,000 enrolled
- Estimated gross savings \$44 million
- Net savings \$6 million
- Key Performance Indicators:
 - 15-20% reduction in hospital readmissions
 - 25% reduction in high cost imaging
 - 1.9% increase in emergency room use (compared to 2.8% increase among those not enrolled)



*Background on the
ACC CAHPS Survey*

Patient Experience and the Triple Aim



The Long-Range Plan on Patient Experience

Identify the
Issues

State-Level
Analysis

Examine
RCCO
Approaches



What is the RCCO CAHPS?

- Partnership between the Colorado Health Institute and HCPF, funded by The Colorado Health Foundation and HCPF.
- Telephone and mail survey of **adult Medicaid enrollees.**
- Possible analyses:
 - RCCO-level findings.
 - ACC compared to traditional fee-for-service.



CAHPS Sample and Time Frame

Sample

- Adults 18 and older.
- 1,775 enrollees per RCCO.
- Continuously enrolled at least five of six months (July through December 2012).

Time Frame

- FFS survey: Between March and May 2013.
- ACC survey: Between May and August 2013.



Topics Covered by the RCCO CAHPS

Having a personal
doctor/medical
home

Care coordination

Communication
between provider
and patient

Medication
management

Conversation with
provider about
illness prevention
and health goals

Access to blood
tests, X-rays or
other tests

Stress and
mental/emotional
illness

Rating the care
received

Access to care

Access to, and
rating of, specialist
care

Overall health
status

Health risks
(smoking, high
blood pressure,
high cholesterol)



Considerations

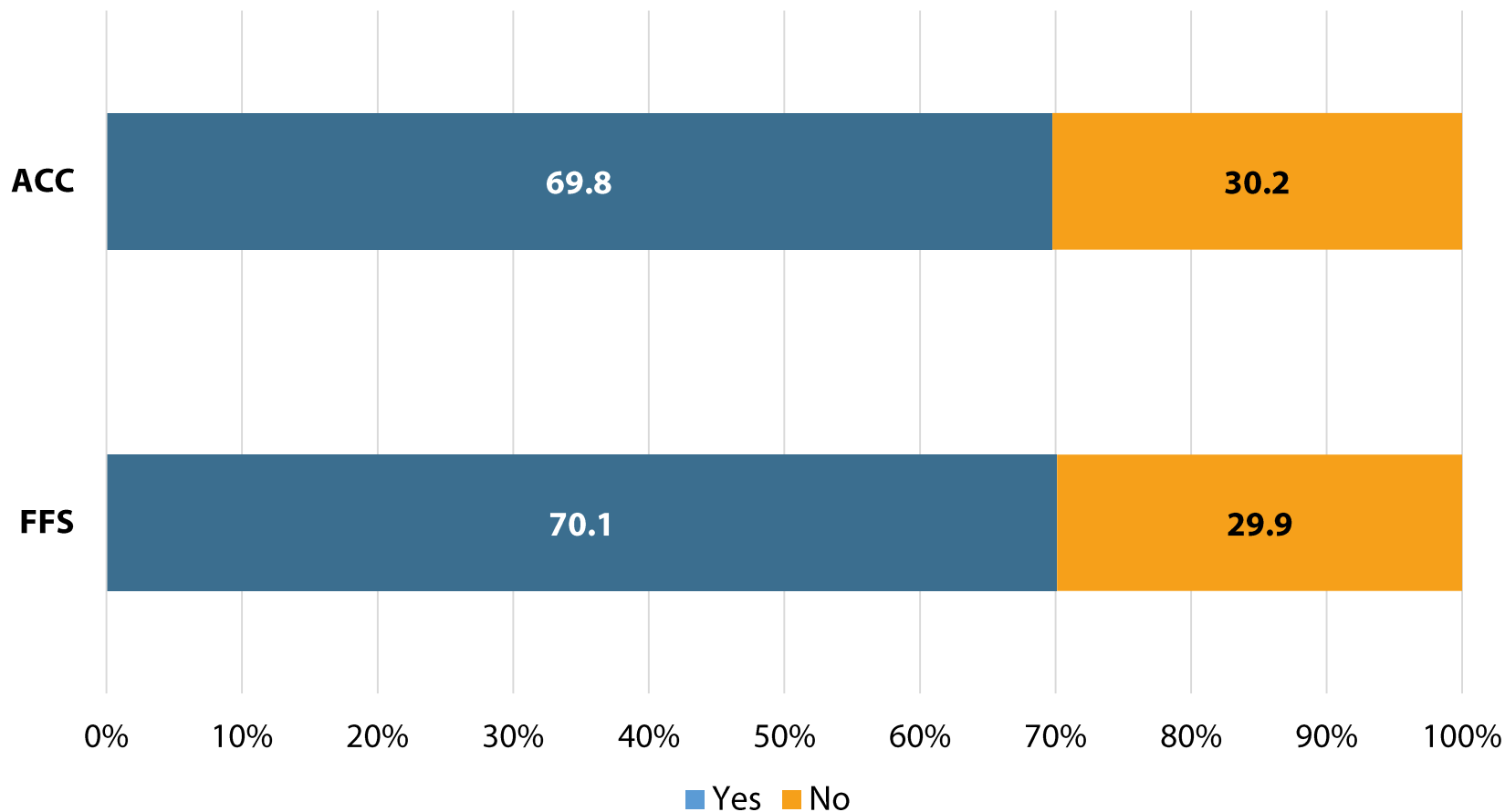
- Baseline data
- Client status: enrolled versus attributed
- Care may have been received elsewhere
- Differences in samples
- Limited to adults
- Representativeness
- Identifying appropriate benchmarks



Reviewing the CAHPS Data

Communication about Prevention

9. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

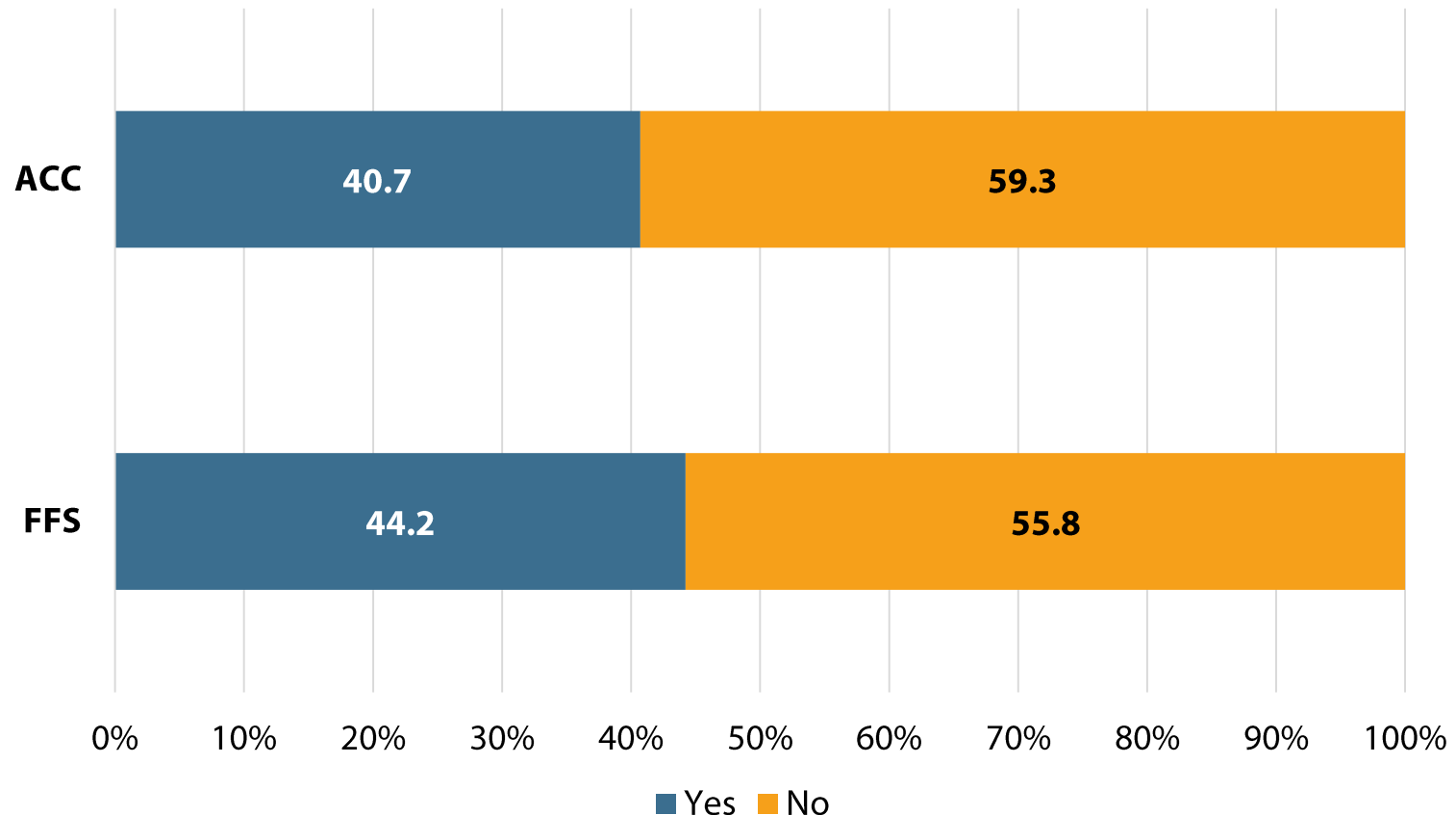


Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of those who visited a doctor's office or clinic for health care for themselves in the 6 months prior to the survey.



Communication about Taking Care of Self

18. In the last 6 months, did a doctor or other health provider ask you if there are things that make it hard for your to take care of your health?

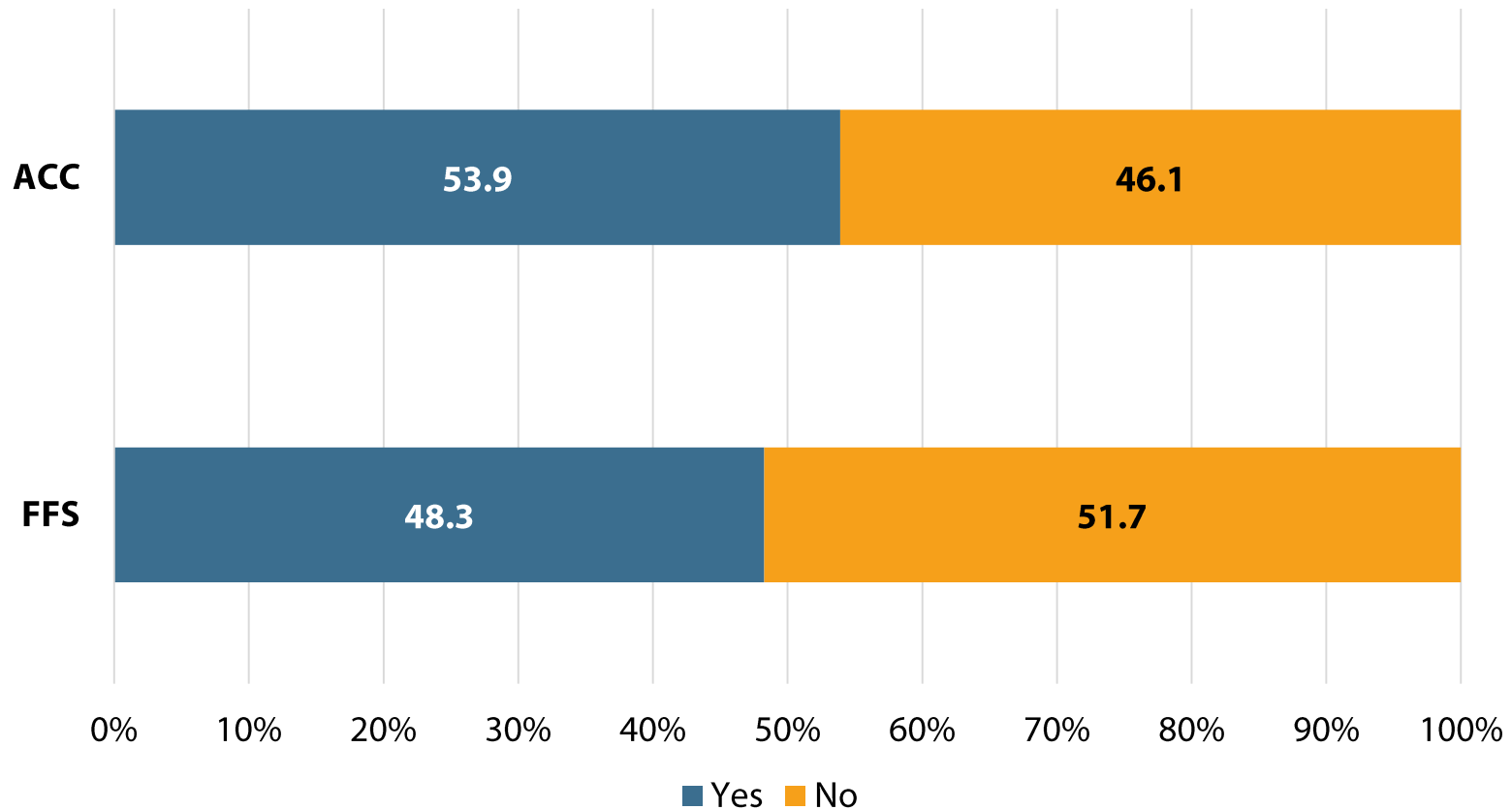


Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of those who visited a doctor's office or clinic for health care for themselves in the 6 months prior to the survey.



Screening for Mental Hardship

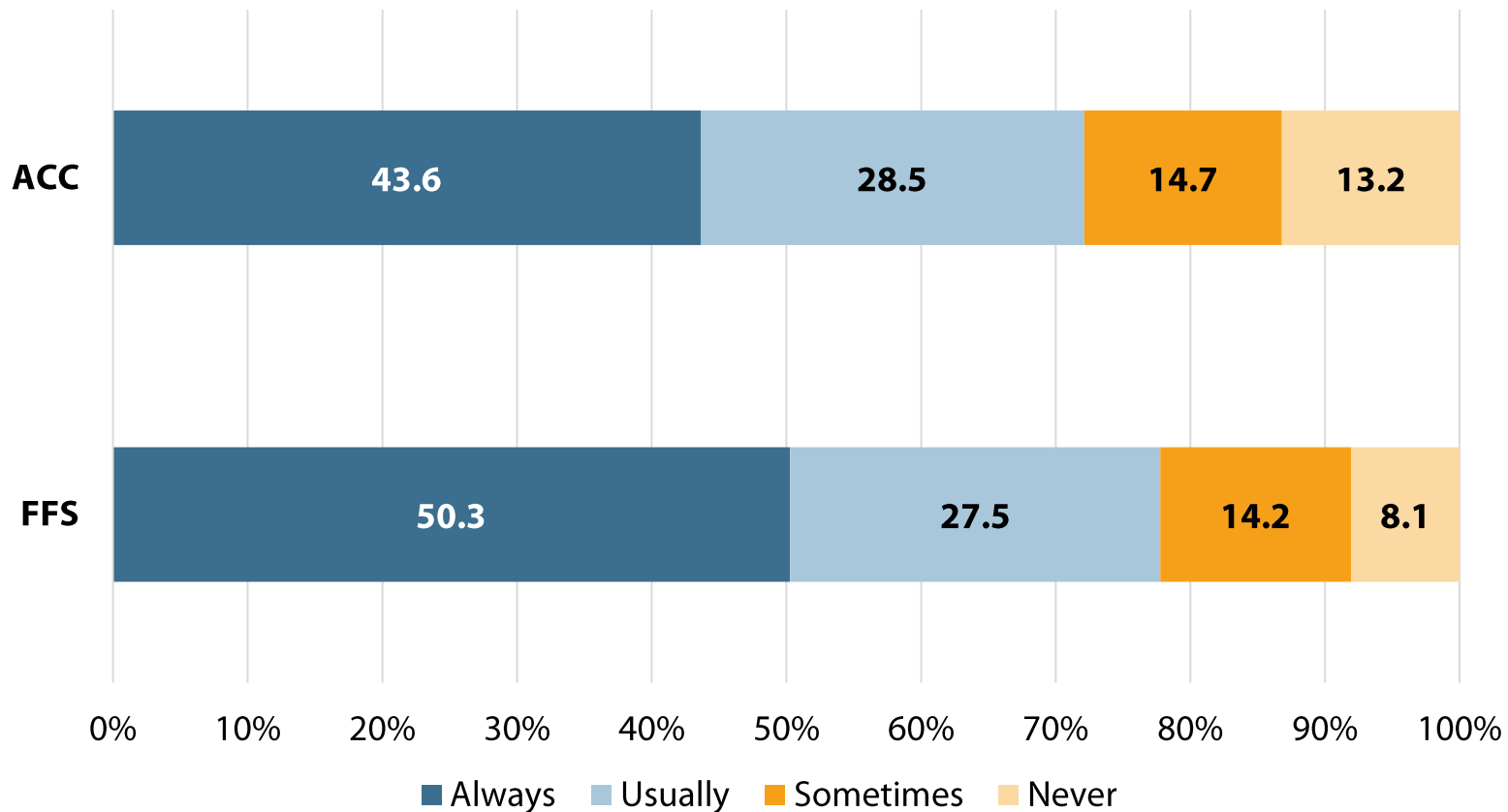
19. In the last 6 months, did a doctor or other health provider ask you if there was a period of time when you felt sad, empty or depressed?



Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of those who visited a doctor's office or clinic for health care for themselves in the 6 months prior to the survey.

Coordination with Other Providers

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care your got from these doctors or other health providers?



Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of individuals who reported having a personal doctor, saw their personal doctor and received care from another provider within the prior 6 months.

Health Care Rating and Coordination of Care

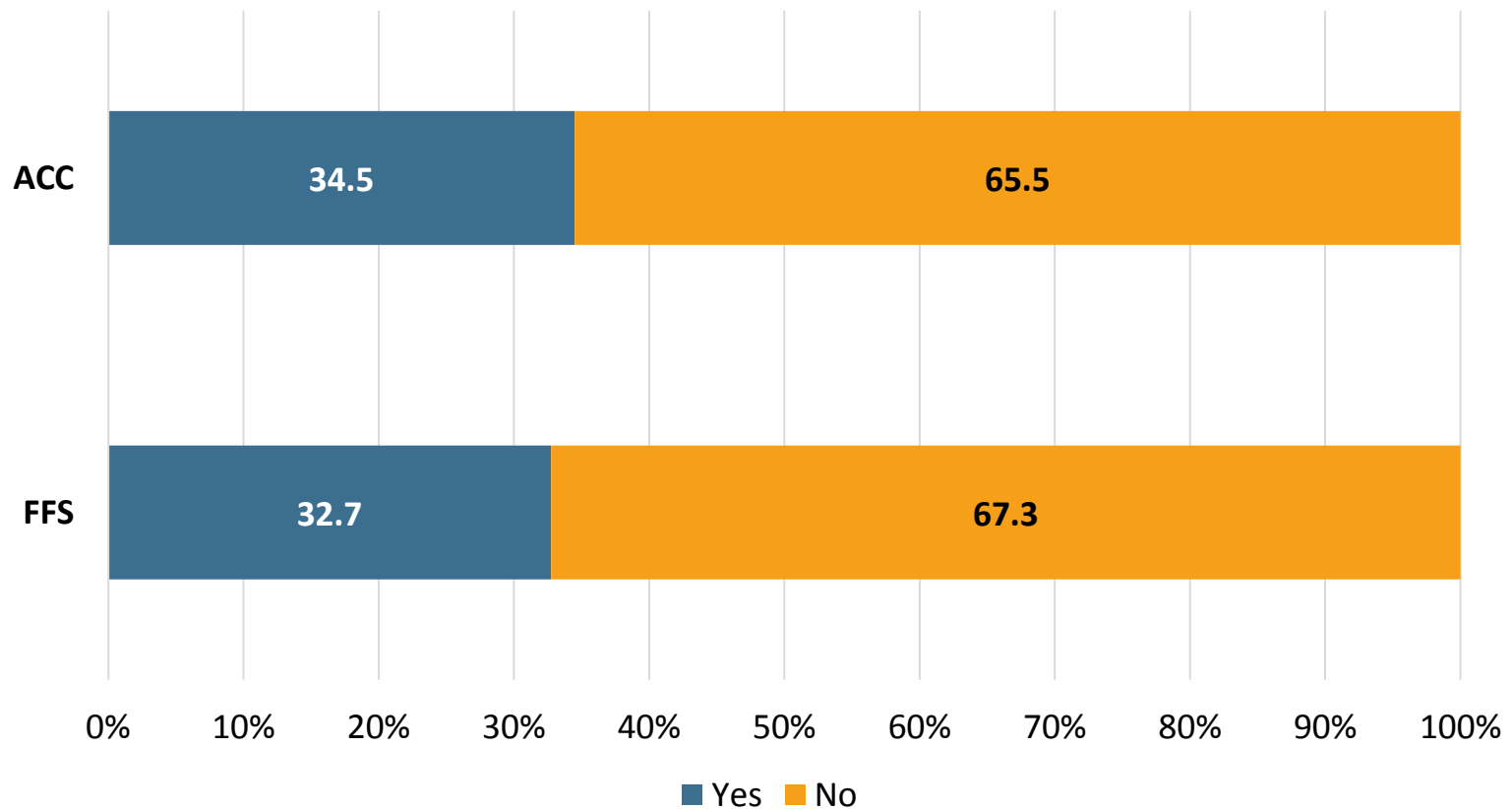
22. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? **(Item #22 cross-tabulated by care coordination item #32).**

	Average Rating
ACC (Overall)	7.5
Among enrollees whose doctor was usually/always informed about care from other providers (#32)	8.2
Sometimes/never informed	6.1
FFS (Overall)	8.0
Usually/always informed	8.5
Sometimes/never informed	6.4

Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of individuals who reported having a personal doctor, saw their personal doctor and received care from another provider within the 6 months prior to the survey.

Neighborhood Support

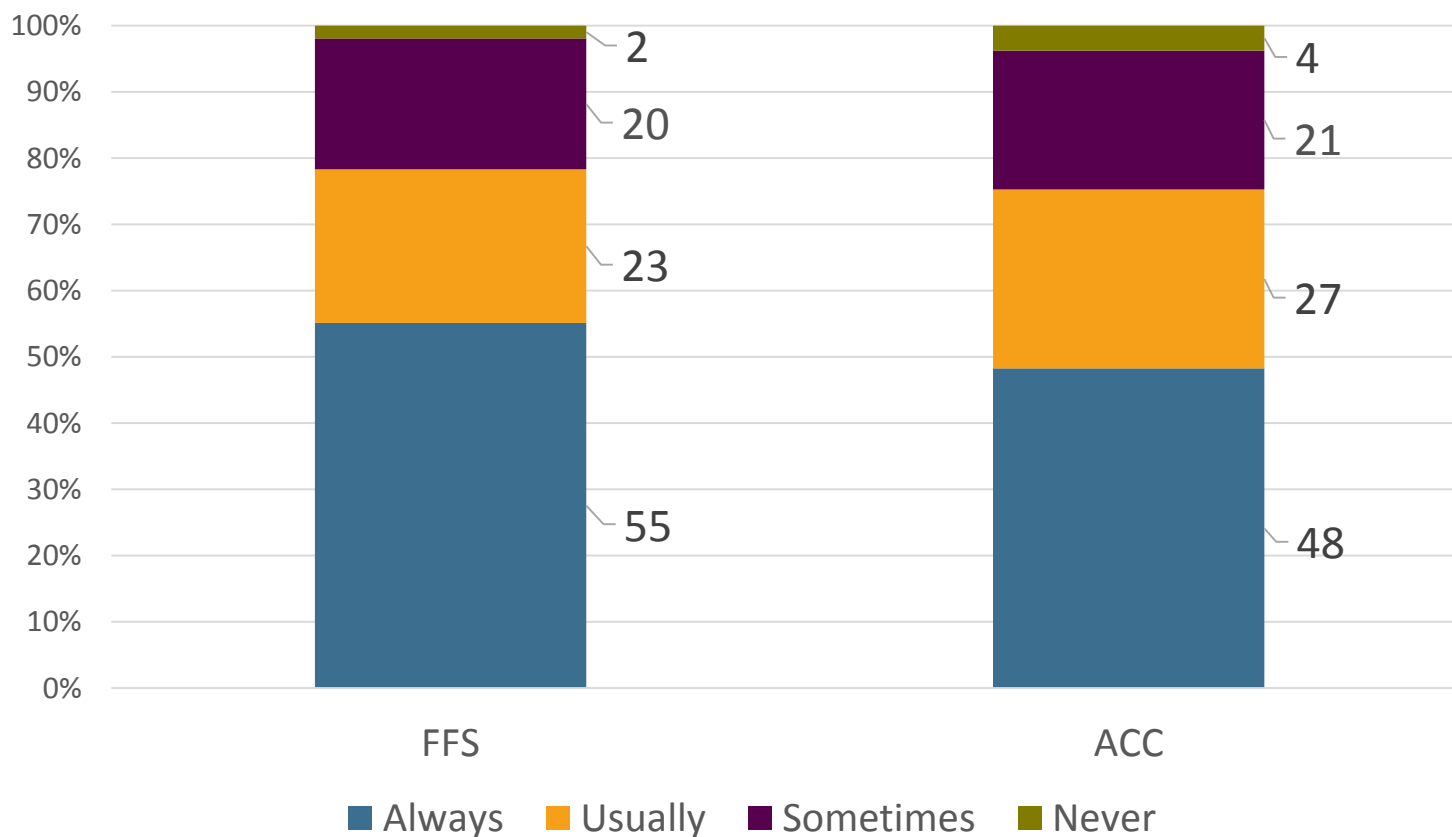
40. In the last 6 months, did your personal doctor or other health provider talk to you about resources in your neighborhood to support you in managing your health?



Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of individuals who indicated they had a personal doctor.

Access to Routine Care

7. 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?



Source: CHI analysis of Colorado ACC CAHPS and FFS/PCPP CAHPS data, 2013. Asked only of individuals who reported making an appointment for check-up or routine care at a doctor's office or clinic in the 6 months prior to the survey.

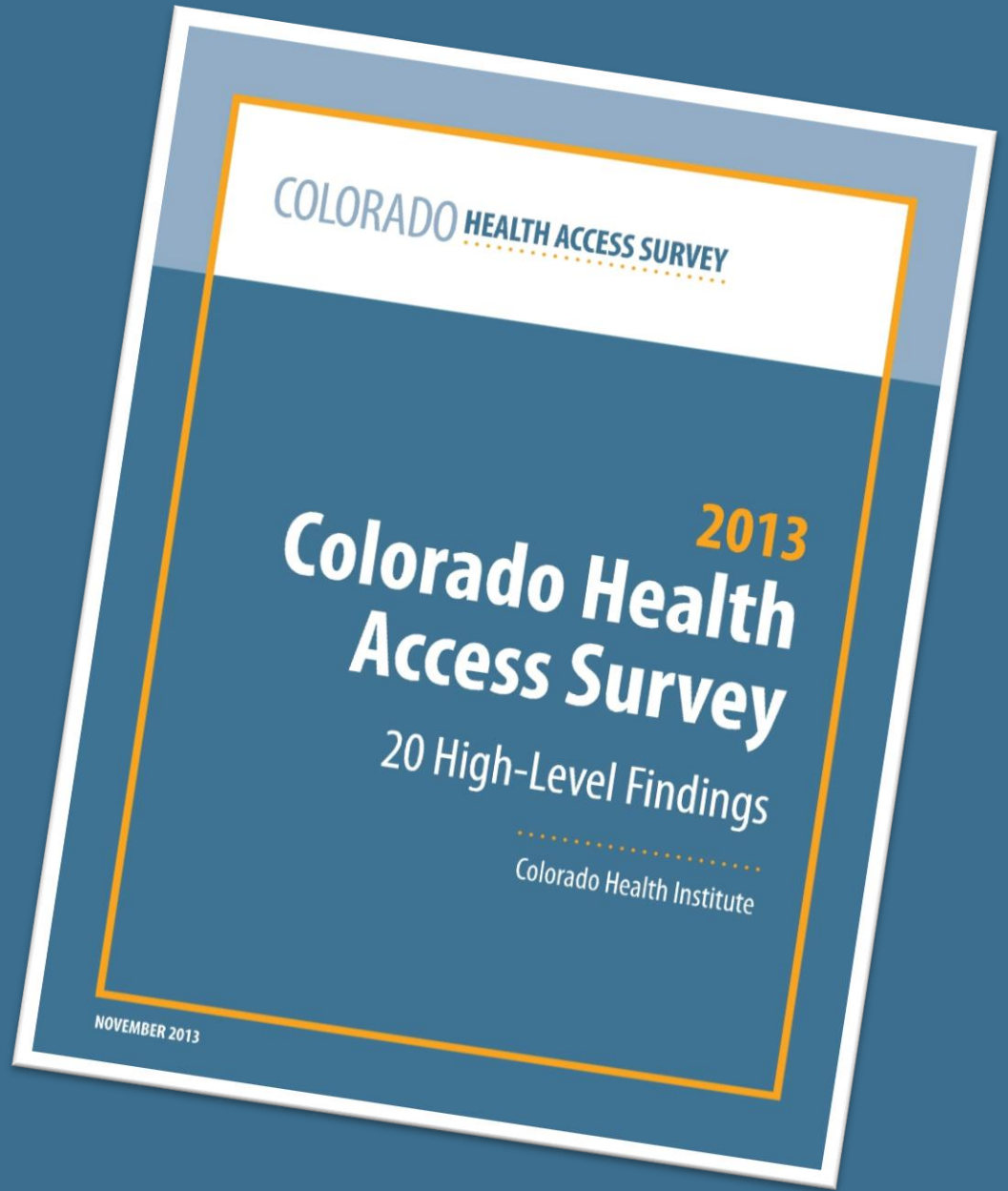


Next Steps

- Additional analyses?
 - Composite (summary) measures
 - Demographic cross-tabulations
- Key Dates
 - Nov. 27: ACC Quality Improvement Subcommittee
 - Dec. 4: Program Improvement Advisory Committee
 - Jan. 23, 2014: SNAC Lab

Next Steps Continued

- RCCO-Level Findings
- Development of Chart Pack
- Follow-up with RCCOs



COLORADO HEALTH ACCESS SURVEY

2013
Colorado Health
Access Survey

20 High-Level Findings

Colorado Health Institute

NOVEMBER 2013

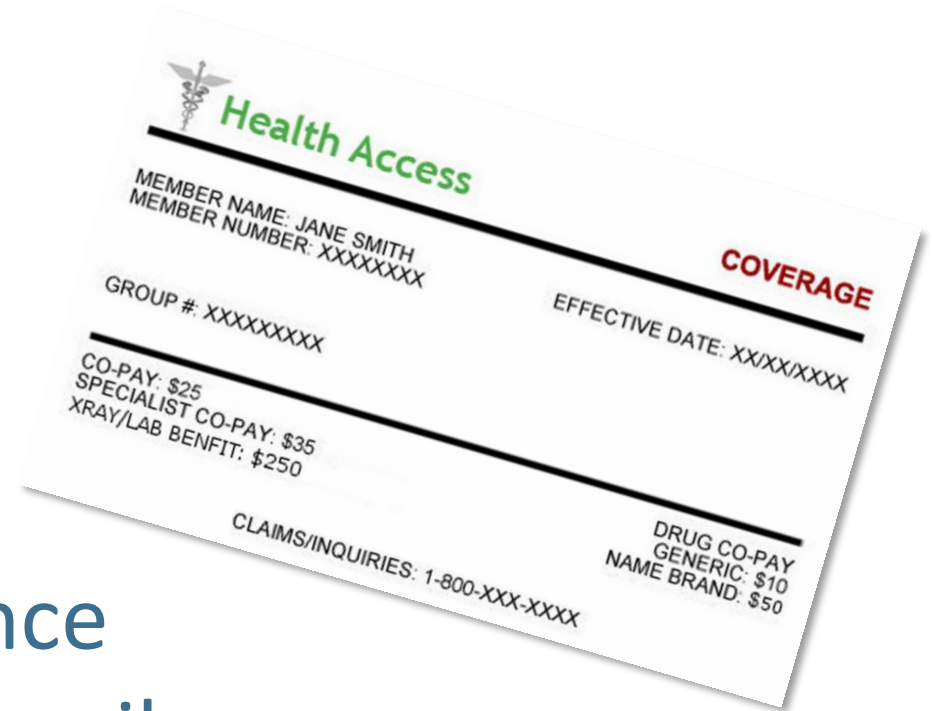
Access to Care Questions

- Can people get care when they need it?
- If not, why not?
- What improves access to care?



Remember

- An insurance card doesn't guarantee access to care.
- ***Lacking*** an insurance card doesn't necessarily mean lacking access to care.



CHAS: The Questions It Answers



CHAS: The Basics

Insurance: How many people are uninsured and why do they lack coverage?

Access: Who has trouble getting an appointment, even with insurance?

Use of Care: Where do Coloradans get their health care? How often do they use that care?

Affordability: Do people go without care due to cost? What are people willing to pay for insurance?

Health Status: How do Coloradans rate their physical, mental and oral health?

CHAS: How It's Fielded



Who: 10,224 randomly selected households



What: Twenty-minute telephone survey



When: Between April 15 and July 27, 2013



Where: Statewide, divided among 21 Health Statistics Regions




Why: To gather information that can inform policy-making and help measure health reform efforts

Barriers to Care

Barriers to Receiving Health Care, 2013

(all that apply)



You couldn't ...	2013
Fill a prescription that you needed due to cost	11.2%
Get doctor care that you needed due to cost	12.3%
Get specialist care that you needed due to cost	11.9%
Get dental care that you needed due to cost	19.3%

Source: 2013 Colorado Health Access Survey



Barriers to Care



Barriers to Receiving Health Care, 2013

(all that apply)

2013

Couldn't get an appointment at the doctor's office when you needed one	15.0%
Couldn't get an appointment because the doctor's office wasn't accepting patients with your type of health insurance	8.2%
Couldn't get an appointment because the doctor's office wasn't accepting new patients	8.4%
Couldn't find transportation to the doctor's office/it was too far away	4.4%
Take off from work (<i>asked of employed</i>)	10.1%

Source: 2013 Colorado Health Access Survey

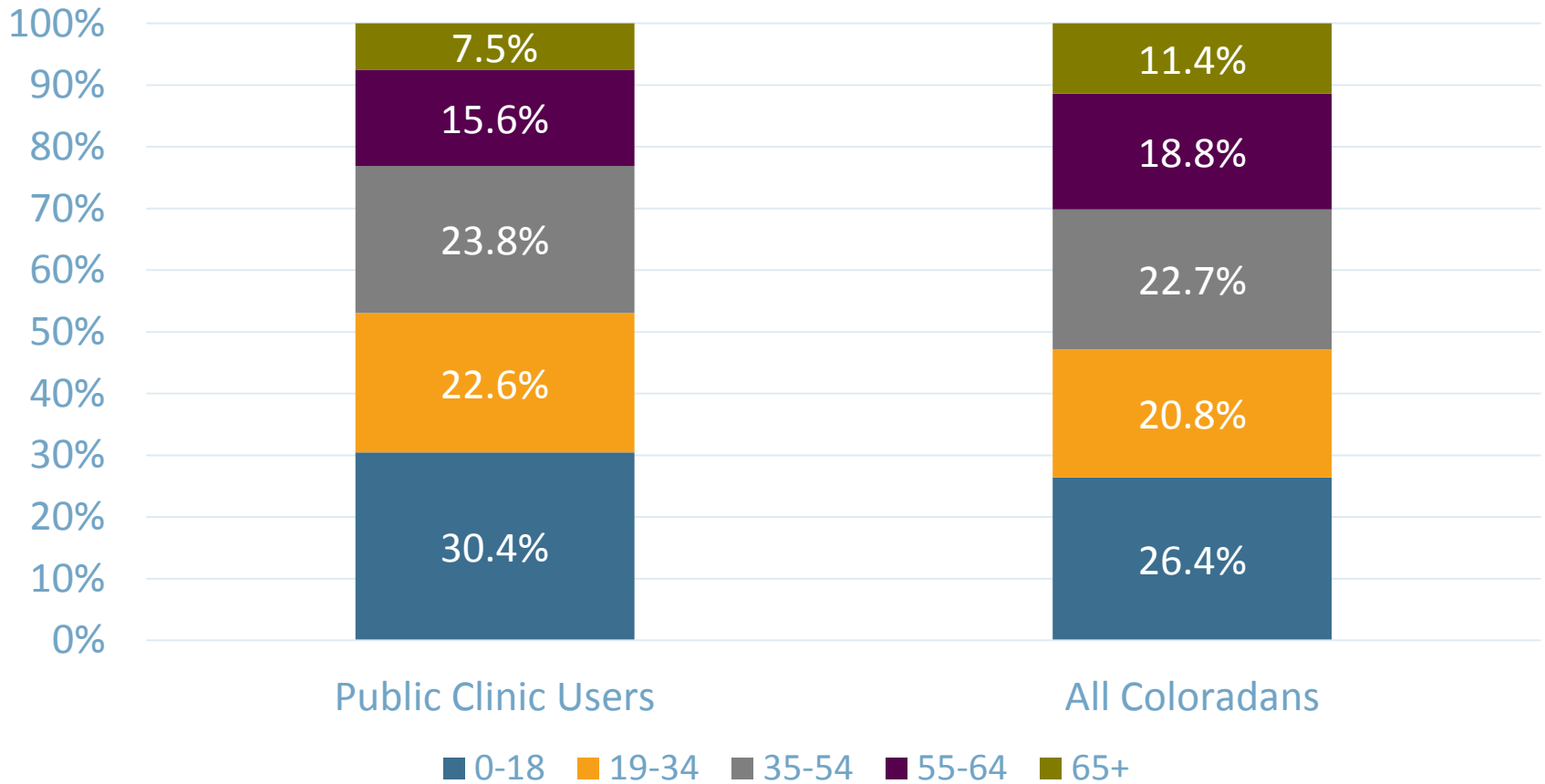
How Source of Care was Asked

Where do you go/would you go if you were to get sick or need a medical professional?

1. A doctor's office or private clinic
- 2. A community health center or other public clinic
3. A retail clinic like WalMart
4. A hospital emergency room
5. An urgent care center
6. Some other place

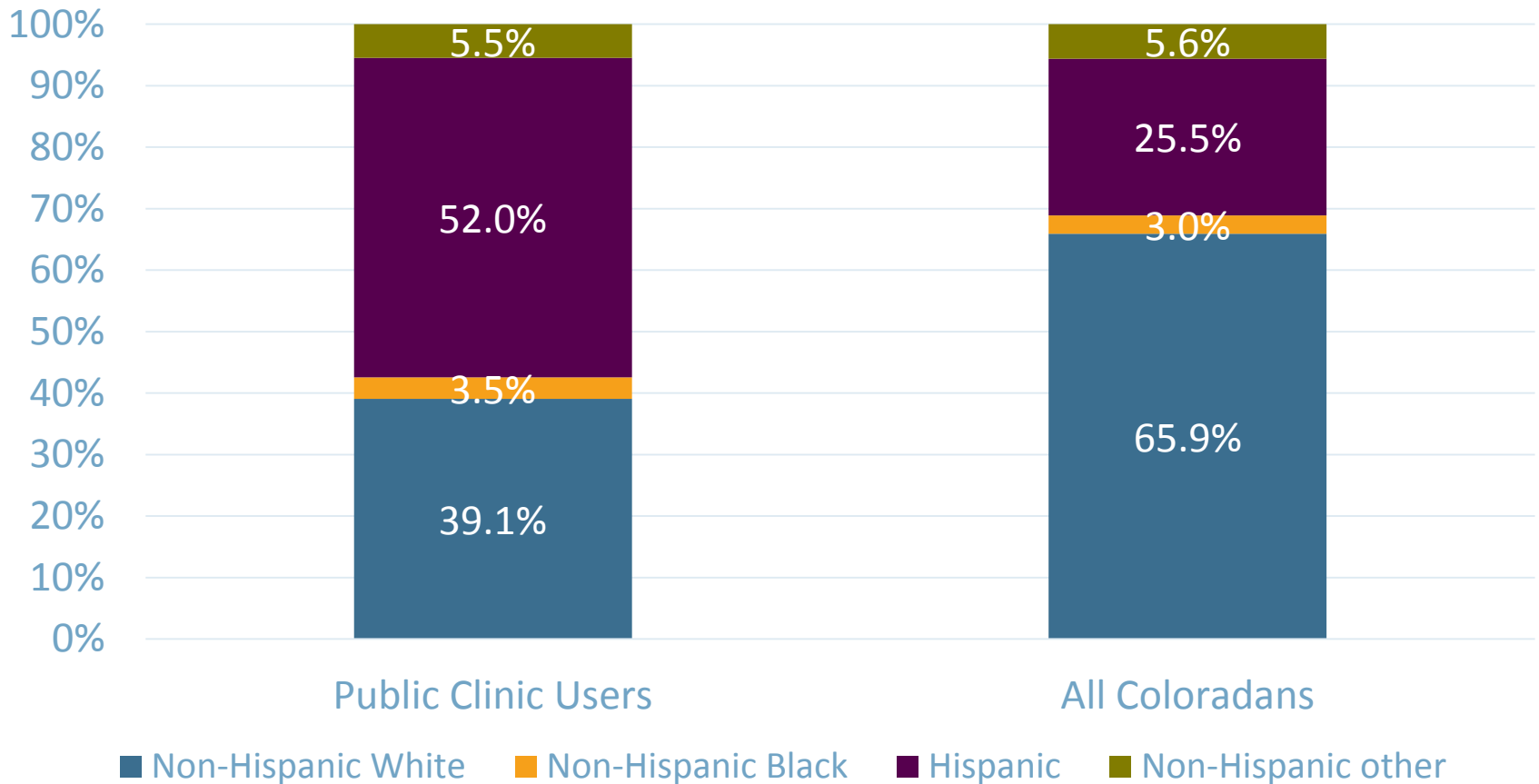
(List read, only one answer could be selected)

Public Clinic Users by Age



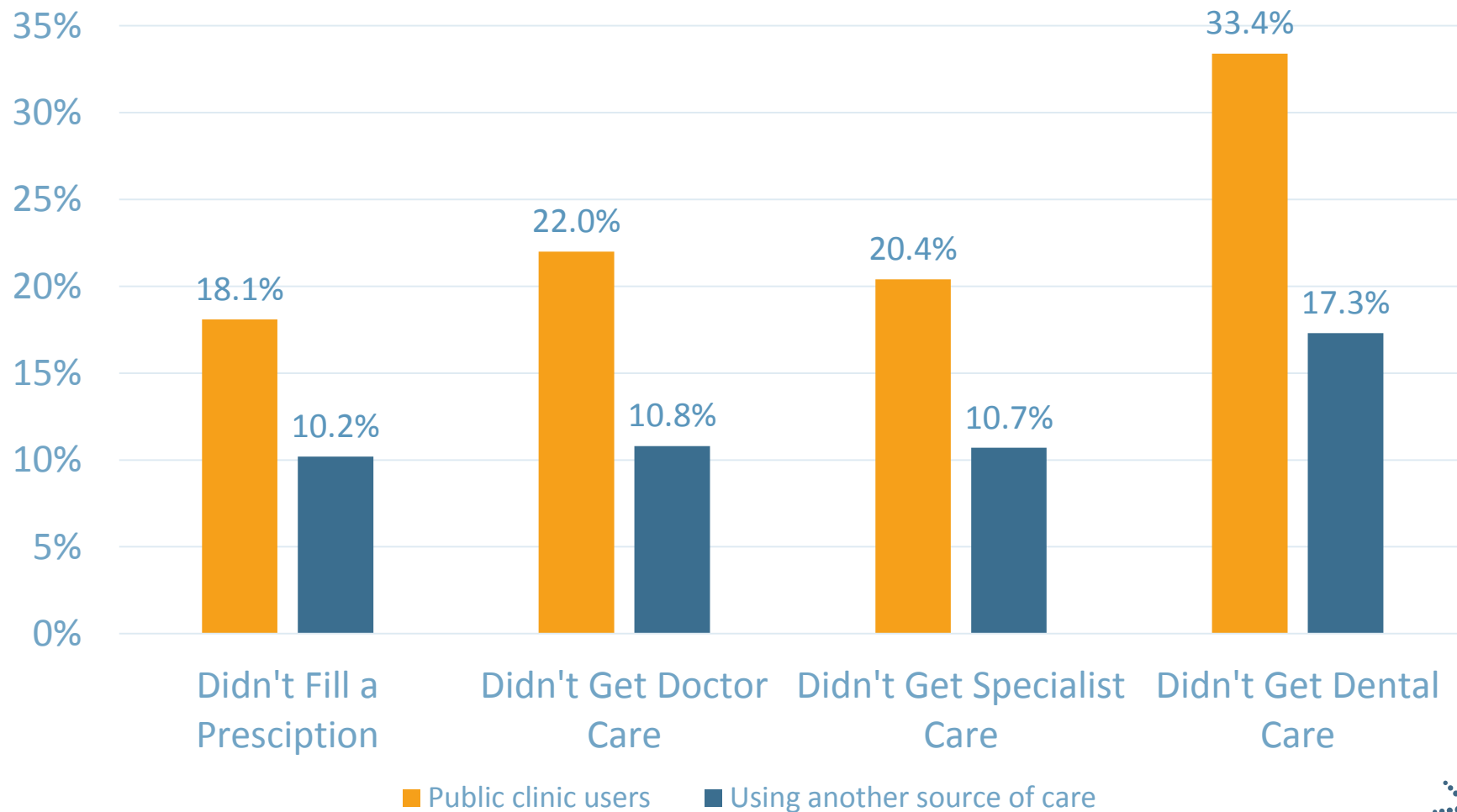
Source: 2013 Colorado Health Access Survey

Public Clinic Users by Race/Ethnicity



Source: 2013 Colorado Health Access Survey

Barriers to Care: Cost

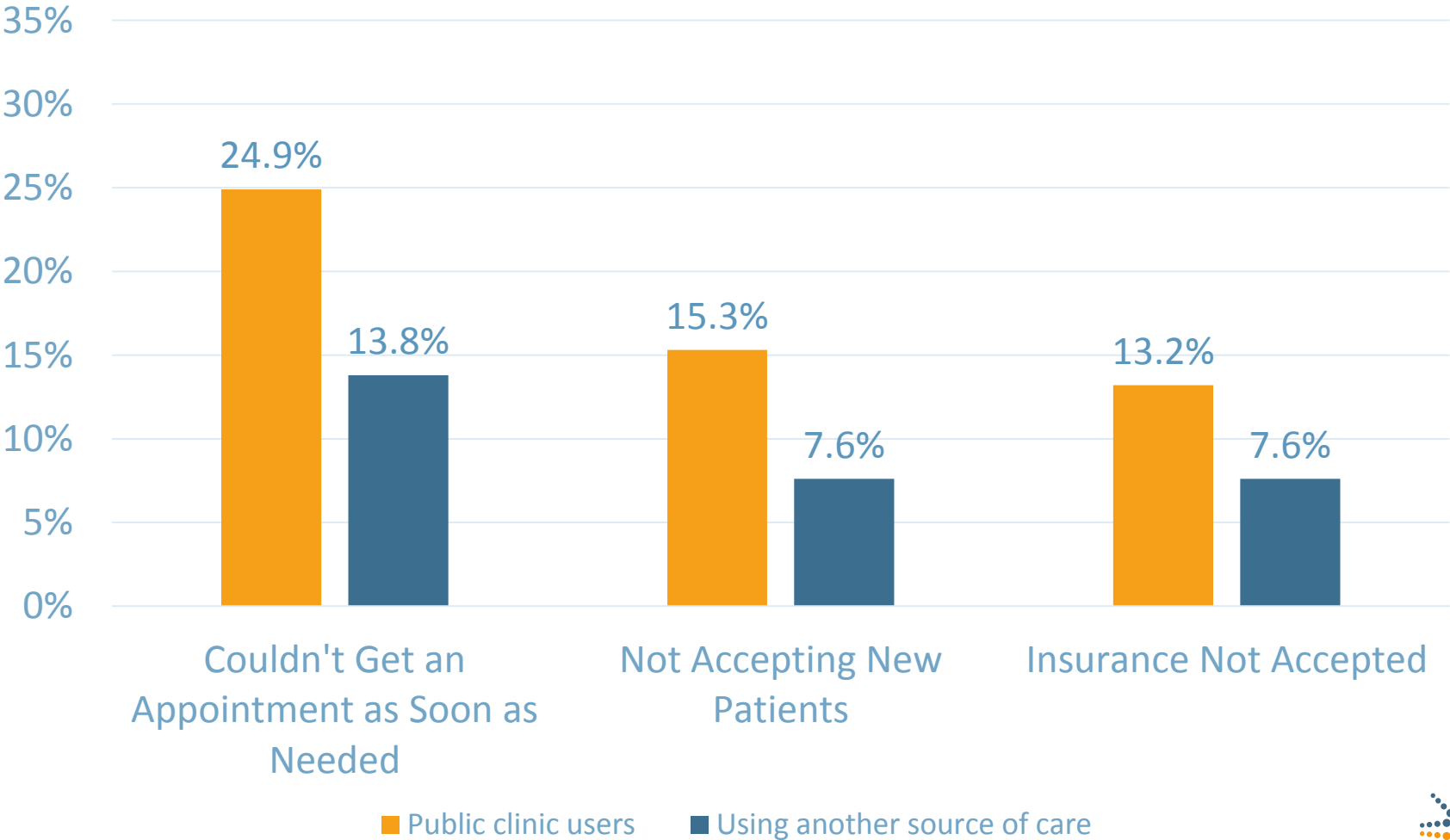


All differences between public clinic users and those using another source of care are statistically significant.

Source: 2013 Colorado Health Access Survey

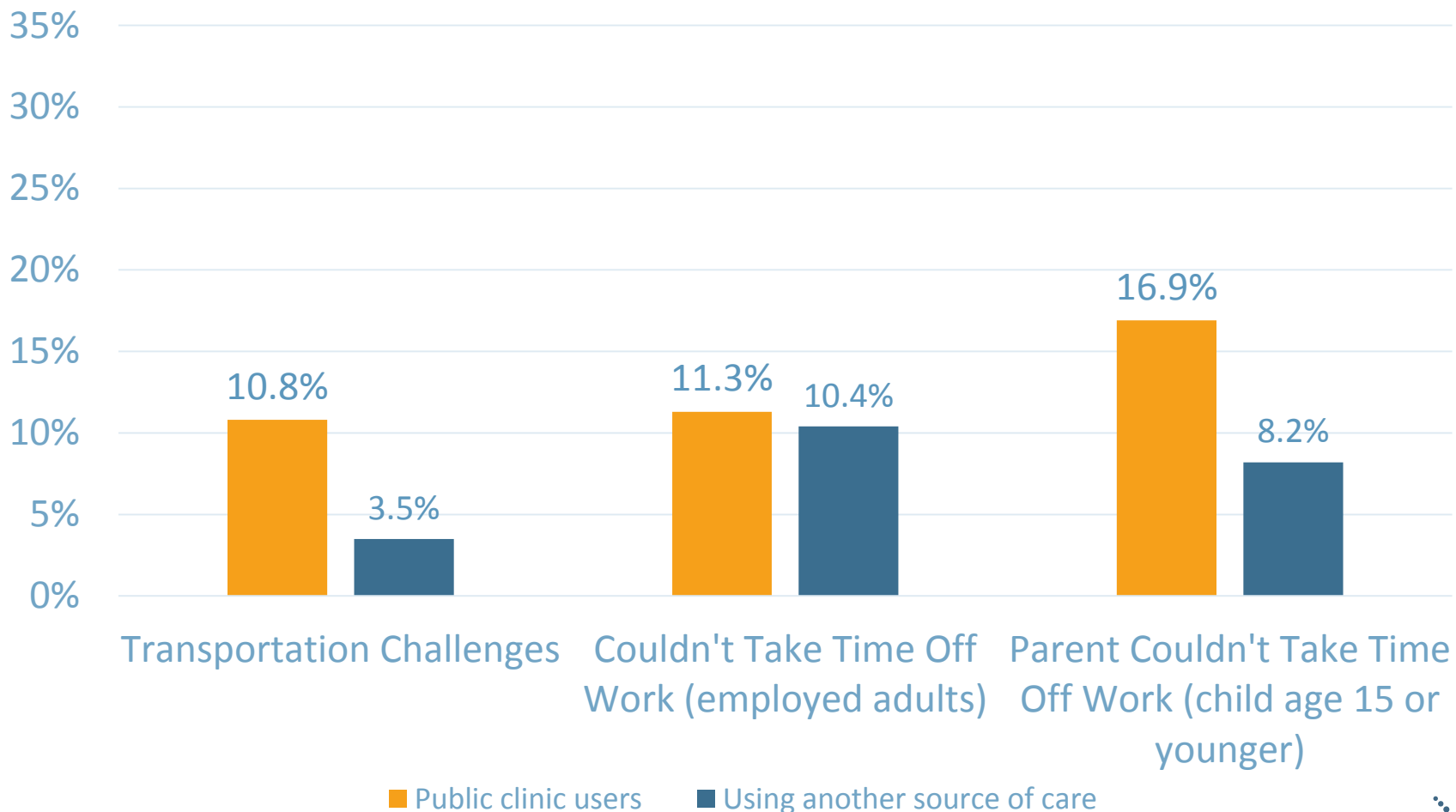


Barriers to Care: Provider Availability



All differences between public clinic users and those using another source of care are statistically significant.
Source: 2013 Colorado Health Access Survey

Barriers to Care: Logistical Challenges



Differences between public clinic users and those using another source of care are statistically significant, except employed adults who couldn't take time off work.

Source: 2013 Colorado Health Access Survey



Three Takeaways

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- Early analysis of CAHPS baseline data suggests similar (or slightly lower) results for the ACC compared to traditional FFS Medicaid, positive results for care coordination and areas for improvement.
- 2013 CHAS results show that Coloradans who use community health centers or other public clinics are significantly more likely to report barriers to care.

Save the Dates! Upcoming SNAC Labs

Date	Track	Topic (<i>tentative</i>)
Jan. 23, 2014	Accountable Care Collaborative	Update from the ACC report to the legislature, RCCO-level CAHPS findings
Feb. 27, 2014	Access to Care	Resources for treating substance use disorders

All SNAC Labs are from 12:00 – 1:30 pm

Materials are posted at

[http://www.coloradohealthinstitute.org/
key-issues/category/safety-net-1](http://www.coloradohealthinstitute.org/key-issues/category/safety-net-1)





colorado health
INSTITUTE

Jeff Bontrager, CHI

720.382.7075

Bontragerj@coloradohealthinstitute.org

Russ Kennedy, HCPF (CAHPS) 303.866.3340

Russell.Kennedy@state.co.us

Anna Vigran, CHI

720.382.7095

Vigrana@coloradohealthinstitute.org