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Through A Client's Eyes

10 Findings from the 2013 Survey of Clients in Colorado's Medicaid Accountable Care Collaborative Program

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The Colorado Health Institute thanks the Colorado Health Foundation and the Colorado Department of Health Care Policy and Financing (HCPF) for supporting this survey. In particular, Russell Kennedy, Camille Harding and Katie Brookler of HCPF were instrumental partners in launching the survey and interpreting the results.

The Colorado Health Institute also thanks Health Services Advisory Group Inc. (HSAG) for administering the survey.

About the CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS)[1] survey was developed by the Agency for Healthcare Research and Quality (AHRQ) in the 1990s to help understand how patients experience health care in the United States. HCPF has administered CAHPS surveys since 1998 to evaluate the experience of clients in Colorado's Medicaid program, and in 2010 it also began measuring experience in the Child Health Plan Plus (CHP+) program. For the 2013 CAHPS survey of Colorado Accountable Care Collaborative (ACC) clients (the ACC CAHPS), the Colorado Health Institute and HCPF incorporated items from AHRQ's Patient-Centered Medical Home CAHPS. The survey also includes three items from the Patient Perceptions of Integrated Care Survey (PPIC) developed by a team led by the Harvard School of Public Health.[2] The Colorado Health Institute and HCPF also oversaw administration of the ACC CAHPS survey.

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Table of Contents

Introduction

How well does your doctor understand you?

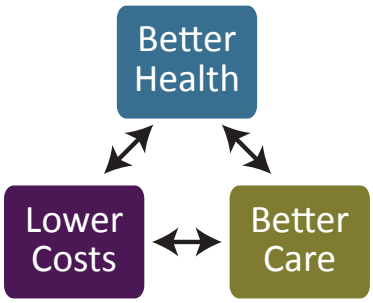
On a scale of zero to 10, how would you rate the care that you've received from your doctor?

Do all your doctors seem to communicate with each other?

These were among the questions posed to more than 3,700 Coloradans enrolled in the state's Medicaid program in 2013. Results of the survey – called the Consumer Assessment of Healthcare Providers and Systems, or CAHPS – provide a significant step forward in our understanding of the experiences many low-income Coloradans have within the state's health care system.

For the first time, Colorado now has CAHPS data specific to its Medicaid ACC – the state's signature effort to achieve the Triple Aim goals of lowering costs, improving health and providing a better experience for the client.

The Triple Aim:



Since the ACC's launch in 2011, progress has largely been measured by whether Medicaid costs or the use of certain services – such as emergency room visits or high-cost tests such as MRIs – have declined. The program has also reported on the use of services among Colorado clients with chronic diseases such as diabetes and hypertension.[3] The 2013 CAHPS data complement these metrics by providing a baseline measurement for understanding the client's experience of care. The baseline data were collected in the spring of 2013 and inquire about ACC clients' experiences over the six months prior to the survey. Ongoing annual CAHPS surveys will help us to understand how clients perceive the quality of their care and whether their perceptions change over time.

This report by the Colorado Health Institute focuses on the baseline survey results that compare the health care experiences of Medicaid ACC clients with Medicaid clients who receive care under a traditional fee-for-service (FFS) payment model. The analysis also examines perceptions of care in the ACC's seven geographic regions known as Regional Care Collaborative Organizations, or RCCOs.

Data from the CAHPS contribute insights about the value of having a personal doctor, access to preventive care and coordination across health care services. True to the nature of baseline measurement, the data in this report reflect the ACC as a program still arguably early in its development. As we would expect to see at baseline, there is little variation between ACC, FFS and RCCOs on a number of measures. In many respects, the lessons learned from the data – here and into the future – will be applicable beyond those enrolled in Medicaid and may help to inform the state's entire health care system.

About the ACC and Other Terms You Should Know

Accountable Care Collaborative: A program within Colorado Medicaid that intends to improve clients' health while reducing health care spending by rewarding positive health outcomes rather than a high volume of services. The ACC is a central part of Medicaid reform in Colorado. The three building blocks of the ACC are: Regional Care Collaborative Organizations (RCCOs) that help coordinate care; Primary Care Medical Providers (PCMPs) that serve as medical homes; and a Statewide Data and Analytics Contractor (SDAC), which provides metrics. ACC services are provided through a FFS model with per-member per-month (PMPM) payments for care coordination, which differentiates it from traditional FFS Medicaid.

Care coordination: While there is no standard definition of care coordination, most efforts target high-risk clients with complex medical and social supports needs. For example, care coordination may facilitate communication between health care providers, assist clients with creating self-directed and patient-centered care plans, and provide education and self-care techniques.

Case mix adjustment: A statistical adjustment applied by the survey vendor, HSAG, to RCCO-level results. The adjustment creates more comparable findings by accounting for underlying differences among survey respondents. HSAG used respondents' age, education level and self-reported health status to make the adjustment.

Consumer Assessment of Healthcare Providers and Systems (CAHPS): A program of the Agency for Healthcare Research and Quality. CAHPS surveys have been commonly used at the national, state and programmatic levels to quantify and evaluate the client experience of care. In Colorado, CAHPS data were collected at the regional level to establish baseline information within the ACC. The Colorado Health Institute and HCPF used a modified version of this survey to assess client experiences at the RCCO level, as well as statewide between the ACC and regular FFS. Through telephone and mail surveys, the ACC CAHPS focused on adults who have been enrolled in the Medicaid ACC for at least six months.

Fee-for-service (FFS): A method of paying providers for health care in which an insurer pays a physician or hospital for part or all of the cost of each service according to a predetermined fee schedule.

Personal doctor: The CAHPS survey defines a personal doctor as the doctor you would see if you needed a checkup, wanted advice about a health problem, or got sick or hurt.

Primary Care Medical Provider (PCMP): A Medicaid client's chosen, usual source of care if he or she is enrolled in the ACC. The PCMP also coordinates specialist care for his or her clients. The PCMP is accountable to the RCCO and SDAC.

Regional Care Collaborative Organization (RCCO): An organization that is part of HCPF's ACC. It is responsible for coordinating communication between primary medical care providers and Medicaid clients. There are seven RCCOs representing geographic regions throughout Colorado.

Statistical significance: Results from a random survey are classified as statistically significant if the difference in the data being compared – for example, the CAHPS personal doctor ratings of the ACC group and FFS group – is big enough to allow for normal sampling error. Sampling error occurs in a survey because a random sample will not exactly reflect the population from which it is drawn. Essentially, if the difference in the data being compared is statistically significant, the finding is unlikely due to chance. Likewise, if it is not statistically significant, the difference could be due to chance.

Methodology

Health Services Advisory Group Inc. conducted the survey via telephone and mail in two phases in order to compare experiences among clients in traditional FFS Medicaid and clients in the ACC. FFS data were collected between March and May 2013 from 1,090 Colorado adults primarily enrolled in traditional FFS Medicaid. ACC data were collected between May and August 2013 from 2,671 Medicaid adults enrolled in the ACC. Nearly 400 clients in each RCCO were surveyed. The map on p. 9 displays the RCCO regions. Adults 18 and older who were continuously enrolled for at least five of six months between July and December 2012 were eligible.

In this narrative, the term "adults" refers to those between the ages of 18 and 64 unless otherwise indicated. Clients ages 65 and over are displayed separately in the analysis and are referred to as seniors. Data displaying trends over time reflect adults ages 18 and over.

Many graphs in the report include supplementary information for comparison purposes. National data are based on U.S. Medicaid averages from National Committee on Quality Assurance (NCQA) reports.[4] Past years of CAHPS data are based on earlier HCPF reports.[5] Colorado data on the demographic and health status characteristics of Medicaid clients are from the Colorado Health Institute's analysis of the 2013 Colorado Health Access Survey (CHAS). The CHAS is an extensive survey of health care coverage, access and utilization in Colorado. It is administered every other year via a random-sample telephone survey of more than 10,000 households across the state. The CHAS provides detailed information that is representative of all Coloradans. The CHAS is funded by The Colorado Trust and administered by the Colorado Health Institute.[6]

Note: Graphs in this publication are labeled as "ACC" and "FFS" to identify the comparison groups. Both the ACC and traditional Medicaid programs are based on a FFS system. However, the Medicaid model differs from the ACC, which includes a PMPM incentive payment for care coordination.

Summary and Analysis

What the CAHPS Tells Us and What It Doesn't

The CAHPS asks adult Medicaid clients to think back over the past six months and rate any care that they received. How positive or negative was your experience? Were you able to get the care you needed? How well did the doctor communicate with you?

The cross section of CAHPS data presented in this report paint a mixed picture of Medicaid clients' experiences. Most respondents indicated they were able to get care as soon as they needed, including for a check-up or routine treatment. Most clients gave their personal doctor high marks and said that their doctor communicated effectively.

Even so, the data suggest room for improvement. Colorado adults in Medicaid rated their care lower than the national average. Only about a third indicated that a health care provider had discussed neighborhood resources available to manage their health, and just half said their doctor had asked about their mental and emotional health.

Patterns emerge when digging deeper. For

example, a number of CAHPS measures appear to be trending downward since 2011. Although many of the declines seen in 2013 were not statistically significant, the fact that multiple measures are at a three-year low suggests that something else is happening. Perhaps the data are reflecting new strains on provider capacity as more clients enter the system. Or perhaps newer clients are not fully adjusted to the Medicaid program. The trends warrant further discussion and exploration.

Another pattern is that ACC clients tend to score their care lower than traditional FFS Medicaid clients on a number of measures, including care coordination, access, and satisfaction with their personal doctor. In many cases, differences are only a few percentage points, though the pattern remains. What could be accounting for the lower ratings, given that these are the very things that ACC strives to provide or improve?

One hypothesis is that respondents to the ACC survey may be relatively new to Medicaid or to their provider. HCPF wanted to preserve existing client-doctor relationships, so it did not enroll Medicaid clients into the ACC who already had an established relationship with a primary care doctor or other health provider not participating in the ACC. This is an important consideration, as clients are often enrolled in the ACC based on whether their health care provider is participating. It creates the possibility of differences between the groups of ACC and FFS respondents that are difficult to account for in the survey data.

A related hypothesis is that there are important differences in the health status of the ACC and FFS clients. On average, early clients in the ACC tended to be sicker and have more complex health needs than their FFS counterparts, which may influence how they responded to the survey.

Another consideration is that approximately 20 percent of respondents in the FFS comparison group were ages 65 and over, compared with about one percent of ACC respondents.

How Do the RCCOs Compare?

This report includes CAHPS results specific to each of Colorado's seven RCCO regions. The RCCOs are responsible for helping Medicaid clients find needed community services, connecting clients to appropriate care when they return home from a hospital and coordinating communication between primary medical care medical providers and clients. The geographic regions and current enrollment is displayed in Figure 1 on page 9.

These older adults may have been enrolled in Medicaid longer and have stronger relationships with their physicians, resulting in higher care marks. Seniors are currently not a focus of the ACC, though a new demonstration program aims to enroll dually eligible Medicare and Medicaid beneficiaries beginning in July 2014. The CAHPS results offer insight into how seniors experience health care – important for the new demonstration program – and so the FFS respondents who are 65 or older are displayed separately in most graphs throughout this report.

The ACC survey had a number of positive results as well: Clients in the program indicated being asked about their mental and emotional well-being more often than those in the FFS comparison group. The findings also suggest that clients who perceive that their care is coordinated – a primary focus of the ACC – consistently give higher ratings of their overall health care experience than those who do not believe their providers are communicating with each other.

When interpreting the data, keep in mind that the ACC CAHPS survey has limitations. A family's experience in seeking care for a child is not reflected, for example. The survey does not indicate whether an ACC client has actually

been connected with a primary care provider, a process known as attribution. Nor does it indicate where the client received the care that he or she is rating. It could be in a hospital, a retail clinic, or even out of state.

Finally, many survey items ask about a client's experience with their personal doctor, though a client's care coordination may have been provided by others, such as nurses, social workers or health navigators.

The bottom line is that many of the findings suggest areas ripe for improvement and intervention, including communication about health resources, asking about mental and emotional health, and encouraging communication between providers.

It is important to emphasize that the ACC is in many ways still in its early stages, and that comparisons between the RCCOs, FFS and ACC Medicaid should be made prudently. However, the findings represent an important baseline from which to consistently measure progress in the future.

Populations across the state differ by health status, age and other demographic characteristics. Some communities on average may be younger, others older and sicker, and others may have higher levels of educational attainment. These different populations may respond to surveys in different ways.

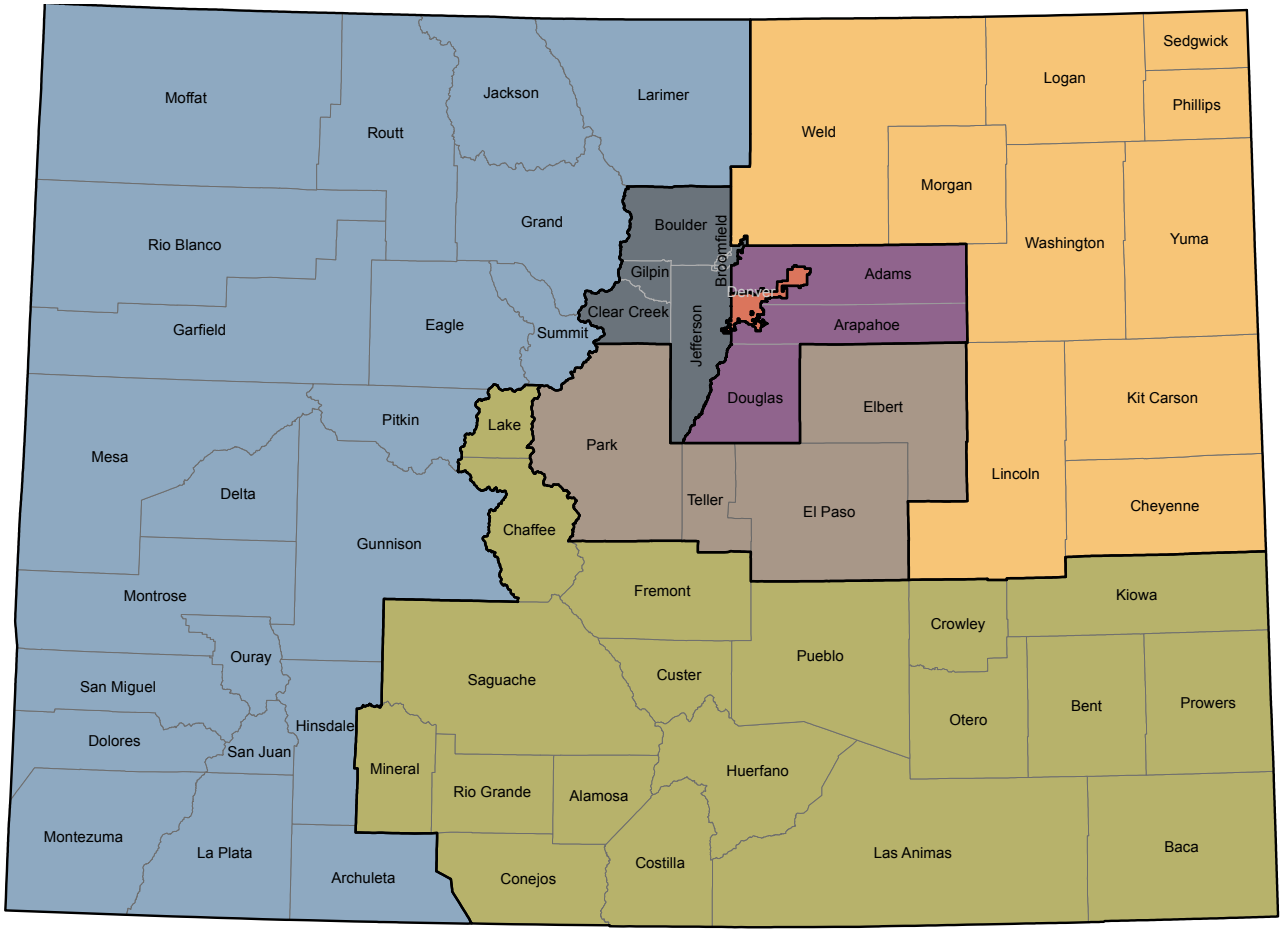
The "case-mix adjustment" methodology indicated on some graphs in this report – and described in the glossary – aims to make RCCO-level results more comparable by controlling for age, self-reported health status and educational attainment. In most cases, the adjustment only changed the results by a percentage point or two.

These adjusted results were also tested for statistical significance. The result? We observed no statistically significant differences between the RCCOs.

Although a RCCO may score highest and another lowest, the RCCO-level results are, in fact, virtually indistinguishable from each other. RCCO-level trends and variation are anticipated to emerge as additional years of CAHPS survey data are collected.

Confidence intervals for individual survey items presented in this report are available upon request to the Colorado Health Institute.

Map 1: Colorado's Accountable Care Collaborative Regional Care Collaborative Organizations



	Region, RCCO Name	ACC Enrollment as of June 2014
	Region 1: Rocky Mountain Health Plans	84,459
	Region 2: Colorado Access	52,171
	Region 3: Colorado Access	172,336
	Region 4: Integrated Community Health Partners	74,755
	Region 5: Colorado Access	49,118
	Region 6: Colorado Community Health Alliance	82,954
	Region 7: Community Care of Central Colorado	97,189

Source: Colorado Department of Health Care Policy and Financing

1. Who Answered the CAHPS? Demographic Characteristics

Understanding who answered the CAHPS survey and providing demographic comparisons between FFS, ACC and all adult Medicaid clients is important for interpreting the data and drawing conclusions. Do the respondents represent all adults in the Medicaid population? Are there demographic differences that could influence results?

Findings:

- Respondents were disproportionately female, approximately 67 percent, compared with their representation in Medicaid, which is 63.9 percent.
- The race and gender compositions of respondents in the FFS and ACC groups are similar, though higher percentages of non-Hispanic blacks, Asians and females responded to the ACC survey compared with their representation in Medicaid.
- There are differences in the percentage of respondents 65 and over. Seniors made up more than 20 percent of FFS respondents, but this age group made up less than one percent of ACC respondents (data not displayed). This age group is shown separated in Graph 1. Currently, Medicaid clients 65 and over who are enrolled in both Medicare and Medicaid are not being actively enrolled in the ACC, though plans are in the works to include them beginning in September 2014. Most adults participating in the ACC are likely parents of dependent children. Most lower-income adults below 138 percent FPL who don't have dependent children became eligible for Medicaid on Jan. 1, 2014, and are being enrolled in the ACC.

Graph 1: Demographic Characteristics of CAHPS Respondents and Colorado Medicaid Adults, 2013

	FFS (18-64)	FFS (65+)	ACC (18-64)	All Adult Medicaid Clients (18-64) - CHAS
Age				
18-24 years	9.8%	N/A	9.6%	16.9%
25-34 years	23.7%	N/A	27.7%	34.2%
35-44 years	22.2%	N/A	22.6%	9.7%
45-54 years	21.1%	N/A	22.6%	18.0%
55-64 years	23.2%	N/A	17.4%	21.2%
Gender				
Male	33.5%	31.2%	32.6%	36.1%
Female	66.5%	68.8%	67.4%	63.9%
Race/Ethnicity				
Non-Hispanic White	49.6%	44.4%	47.1%	51.0%
Non-Hispanic Black	5.4%	4.0%	7.3%	5.5%
Non-Hispanic Asian	4.6%	17.2%	2.3%	1.8%
Non-Hispanic Native American	1.6%	1.5%	1.5%	2.8%
Hispanic	31.5%	29.3%	34.1%	35.7%
Other Race	1.8%	1.5%	1.8%	1.2%
Multi-Racial	5.4%	2.0%	5.7%	2.1%
Education				
Less than High School	22.2%	46.6%	20.8%	22.0%
High School Graduate	36.8%	24.4%	35.0%	33.6%
Some college or 2-year degree	31.7%	15.5%	35.0%	35.0%
College graduate (4-year degree)	6.1%	7.8%	5.9%	6.9%
Postgraduate	3.2%	5.7%	3.3%	2.5%

N/A = Not applicable

Source: 2013 ACC and FFS CAHPS and 2013 Colorado Health Access Survey (see the Methodology Section for further information on the CHAS).

2: Self-Reported Health Status

A person's health can impact how they seek health care services, how often they do so and their experience in the health care system. How do ratings of overall health compare between Colorado adults enrolled in Medicaid ACC and FFS? How frequently did ACC and FFS clients report having certain medical conditions?

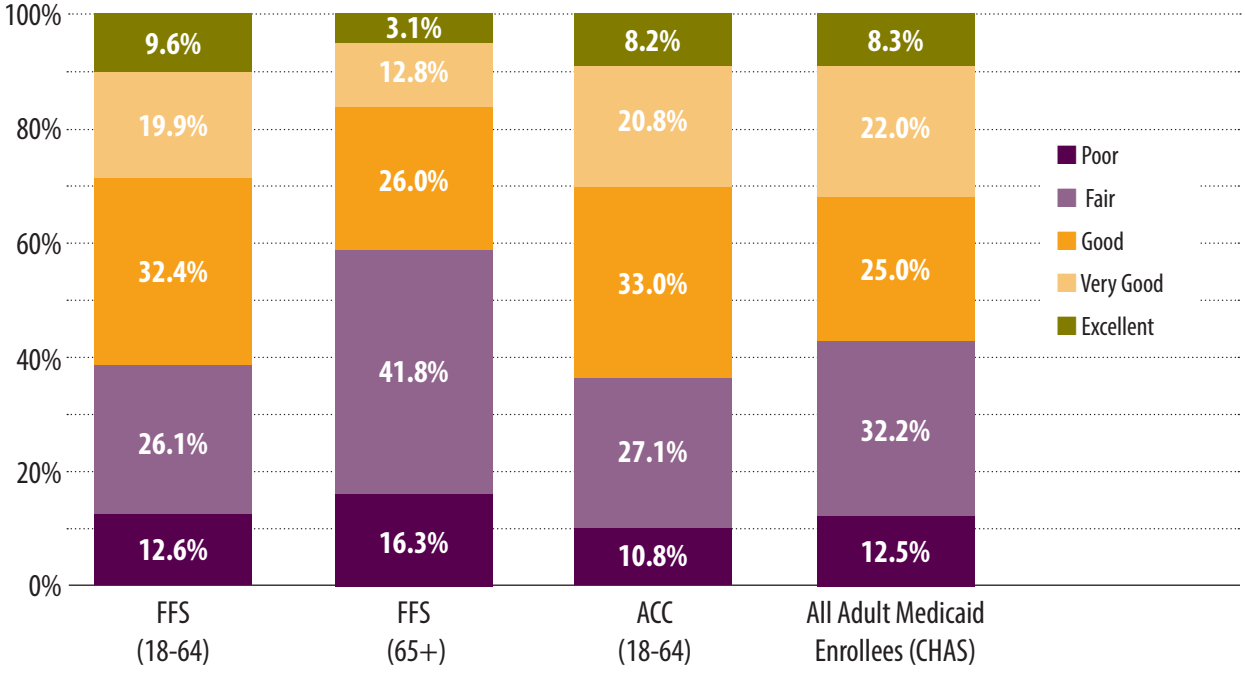
Findings

- About 62 percent of ACC respondents self-reported their health as excellent, very good, or good just as frequently as FFS participants (61.9 percent).
- A lower percentage of respondents reported poor or fair health status in both the ACC (37.9 percent) and FFS (38.1 percent) groups compared with 44.7 percent of Medicaid adults who reported fair or poor health in the Colorado Health Access Survey (CHAS). A description of the CHAS is included in the Methodology section.
- The 18-64 FFS group consistently reported slightly higher frequencies of heart attack, angina, stroke and diabetes than ACC clients, though these differences were not statistically significant due to the relatively low incidence of these diseases in these two population.

What percentage of Colorado Medicaid adults have been told by a doctor that they have any of the following conditions?

	FFS (18-64)	FFS (65+)	ACC (18-64)
Heart Attack	4.9%	6.6%	3.7%
Angina or coronary heart disease	4.7%	10.4%	3.6%
Stroke	5.0%	11.3%	4.4%
Diabetes or High Blood Sugar	18.1%	50.0%	17.4%

Graph 2: In General, How Would You Rate Your Overall Health? Adult Medicaid Clients, Colorado, 2013



Source: 2013 ACC and FFS CAHPS and 2013 Colorado Health Access Survey

3: Rating of Personal Doctor

The ACC emphasizes primary and preventive care. The program uses primary care clinicians, practices and clinics – called Primary Care Medical Providers (PCMPs) – to serve as a patient-centered medical homes for Medicaid clients. A client's personal doctor is often the heart of the medical home. Measuring ratings of personal doctors may indicate whether clients perceive that their provider is effectively serving as a medical home.

Findings:

- More than half (57.2 percent) of ACC respondents gave their personal doctor one of the two highest scores – a nine or 10 – compared with 60.3 percent of FFS clients, not a statistically significant difference.
- Survey respondents tend to give their personal doctor high marks on average. Still, we found that the FFS average of 8.4 (on the 0-10 scale) was statistically higher than the ACC average of 8.2.
- The percentage of FFS respondents who rated their personal doctor a nine or 10 (60.3) was nearly the same as the national average (61.9), while the ACC percentage (57.2) was lower than the national average.

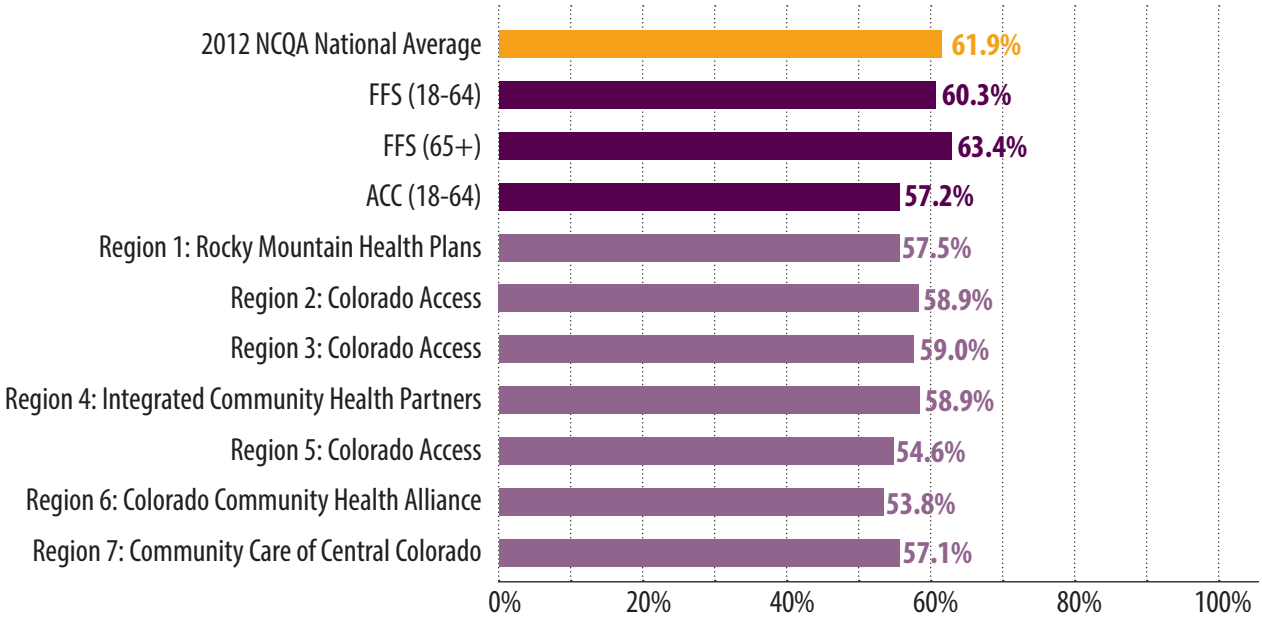
Looking Back:
What percentage of Colorado adults (18+) enrolled in FFS Medicaid rated their personal doctors a "9" or "10?"

2011	2012	2013
67.6%	64.7%	61.1%

Although FFS personal doctor ratings are close to the national average, they have declined over the past three years from 67.6 percent in 2011 to 61.1 percent in 2013, a statistically significant difference. Given increased enrollment in Medicaid over this period, might this decline be due to new clients not having as much time to build a relationship with their personal doctor?

- Regional percentages ranged from 53.8 percent to 59.0 percent, though RCCO-level results are not statistically different from each other.

Graph 3: Percentage of Medicaid Adults indicating "9" or "10," Colorado (2013) and U.S. (2012) from the question: **Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?**



Note: Data are case-mix adjusted. Asked only of respondents who indicated they had a personal doctor.

4: Rating All Health Care

Comparing how ACC and traditional FFS clients rate their care over time establishes an essential baseline in using the CAHPS to track the ACC's progress on improving the health care experience for Medicaid clients – a key goal of the program.

Findings

- When rating the general health care they received over a six-month window, respondents on average gave lower marks (see Graph 4) than they gave their personal doctor (see Graph 3). On average, FFS respondents rated their general care as 8.0 and ACC respondents 7.5, a statistically significance difference.
- Among ACC respondents, 39.2 percent indicated a rating of nine or 10 for health care received in the six months prior to the survey, lower than the percentage in the FFS comparison group (47.6 percent). This also is a statistically significant difference.
- The ACC result falls about 11 percentage points short of the national average (49.8 percent) for those giving the highest ratings for their health care, while FFS falls only 2.2 percentage points short.

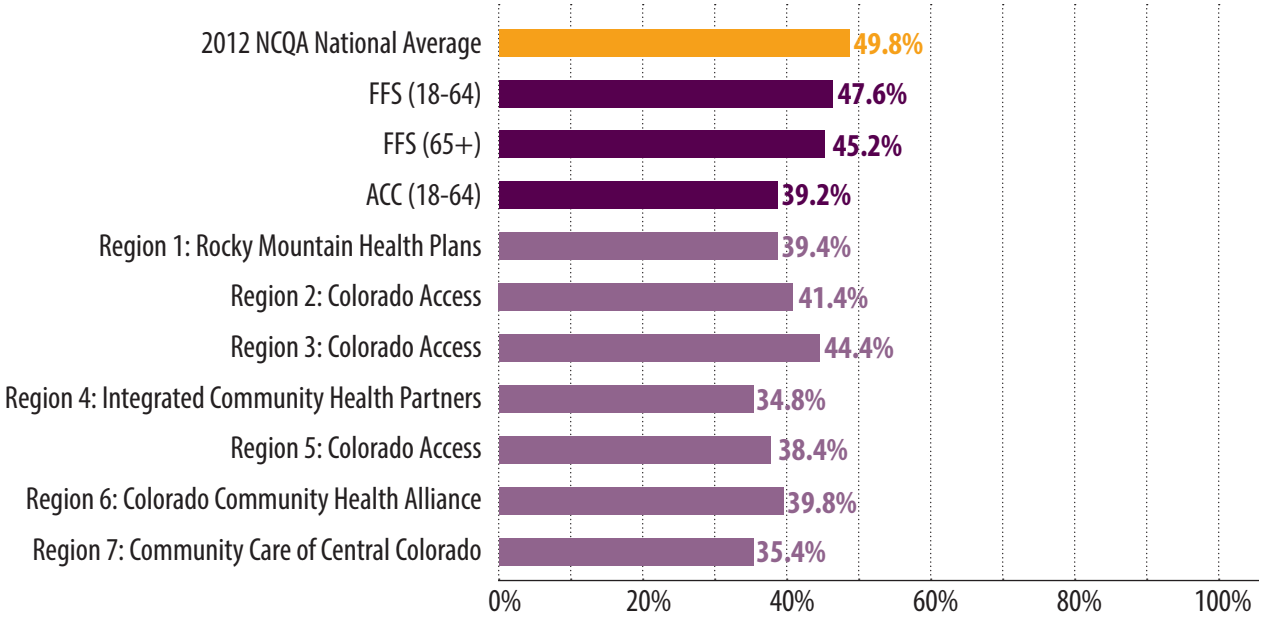
Looking Back:
What percentage of Colorado adults (18+) in FFS Medicaid rated their health care a "9" or "10?"

2011	2012	2013
49.1%	49.1%	47.2%

Since 2011, just under half of adult Medicaid respondents in Colorado rated their care a nine or 10. The 2013 percentage fell about two percentage points, from 49.1 to 47.2. Time trend data are not available by age, which is why the rates for all adults (18 and over) differ from the age-specific rates displayed in Graph 4. Like the personal doctor rating (Graph 3), the rating of overall health care decreased since 2011. However, this decrease in this rating was not statistically significant.

- Regional percentages ranged from 34.8 percent to 44.4 percent, though RCCO-level results are not statistically different from each other.

Graph 4: Percentage of Medicaid Adults Indicating "9" or "10," Colorado (2013) and U.S. (2012) from the question: **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?**



Note: Data are case-mix adjusted. Asked only of respondents who indicated they had a personal doctor. This item was asked only of those who went to a doctor's office or clinic to get health care for themselves at least once within the six months prior to the survey.

5: Coordination of Care

The ACC uses care coordination to help a client navigate the health care system and to lower costs by reducing redundant or unnecessary services. RCCOs are responsible for keeping a client's care on track across providers, including specialty care, behavioral health, patient-centered medical homes and hospitals. CAHPS data on whether clients believe that their health care providers are communicating with each other is an important measure of the ACC's success.

Findings

- Roughly 72 percent of ACC-enrolled respondents who saw multiple providers reported their personal doctor was usually or always informed and up to date about the care they received from other providers. This percentage is about 5.5 percentage points lower than the national average, suggesting room for improvement.
- By comparison, about three out of four (76.3 percent) FFS respondents report their personal doctor usually or always seems informed and up to date about other care, which is not statistically significantly different than the ACC result.
- A substantially higher percentage of senior FFS respondents – 84.3 percent – report that their care is coordinated. It may be that these respondents on average have more complex conditions necessitating careful coordination among providers.

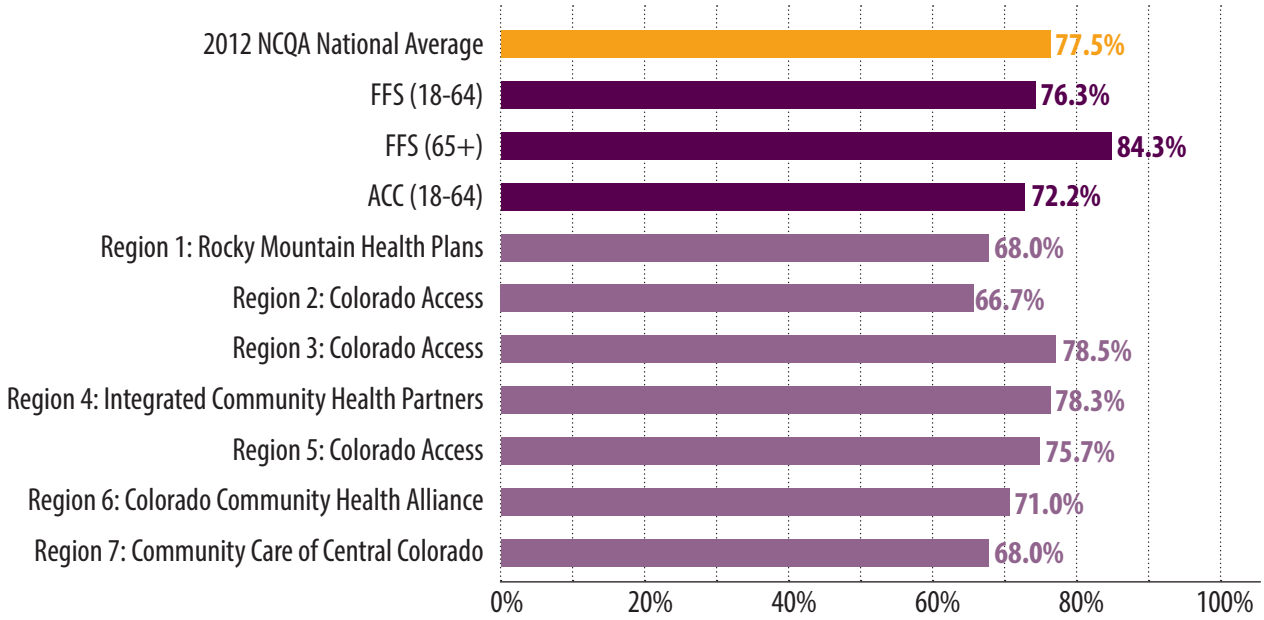
Looking Back:
What percentage of Colorado adults (18+) in FFS Medicaid reported their doctor was informed and up-to-date about care received from other providers?

2011	2012	2013
81.5%	82.0%	77.8%

Although 2013 FFS client ratings are higher than ACC ratings and the national average, they are the lowest of the past three years. Time trend data are not available by age, which is why the rates for all adults (18 and over) differ from the age-specific rates displayed in Graph 5. The decline was not found to be statistically significant, however. This metric is important to monitor to assess whether the increased care coordination within the ACC may affect FFS Medicaid as well.

- Regional percentages ranged from 66.7 percent to 78.5 percent, though RCCO-level results are not statistically different from each other.

Graph 5: Percentage of Medicaid Adults Responding "Usually" or "Always," Colorado (2013) and U.S. (2012) from the question: **In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?**



Note: Data are case-mix adjusted. Asked only of respondents who indicated they had a personal doctor. Asked only of individuals who saw their personal doctor and received care from another provider within the six months prior to the survey.

6: The Association Between Care Coordination and Client Rating of Care

The ACC aims to improve care and lower costs by ensuring that a Medicaid client's care is coordinated among doctors and other providers. Do clients recognize the benefits of care coordination? Are their perceptions linked to the level of communication among doctors? The CAHPS offers important clues about the value individuals place on the ability of doctors to coordinate with each other.

Findings

- Graph 4 (p. 14) displayed the percentage of Medicaid adults who gave their care the highest ratings. Another way to examine these scores is to use the mean (average). ACC respondents rate their care slightly lower (7.5) than those in traditional FFS Medicaid (8.0) on a 10-point scale. This difference was statistically different.

- Clients whose doctors were usually or always informed about their treatment by other providers consistently rated their care higher than those whose doctors were not informed. For example, ACC respondents whose doctors were not informed rated their care an average of 6.1 compared with 8.2 for those whose doctors were communicating.

How do Colorado adults in Medicaid rate their care?
(0 Worst, 10 Best)

- Similarly, FFS respondents whose doctors were not in communication rated their care 6.5, compared with 8.5 for those whose doctors communicated.

- The differences between ACC and FFS are not statistically significant, though they suggest the importance that clients place on coordinated care, regardless of whether they are in the ACC or FFS Medicaid.

Graph 6: Average Ratings of All Health Care by Communication between Providers, Medicaid Adults (Ages 18-64), Colorado, 2013 from the question: 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?

	Average Rating of All Health Care
ACC	
Usually/always informed*	8.2
Sometimes/never informed*	6.1
FFS	
Usually/always informed*	8.5
Sometimes/never informed*	6.5

* Groupings reflect how clients responded to the CAHPS item, "In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?"

Note: Asked only of respondents who saw their personal doctor and received care from another provider within the six months prior to the survey. Results were not case-mix adjusted.

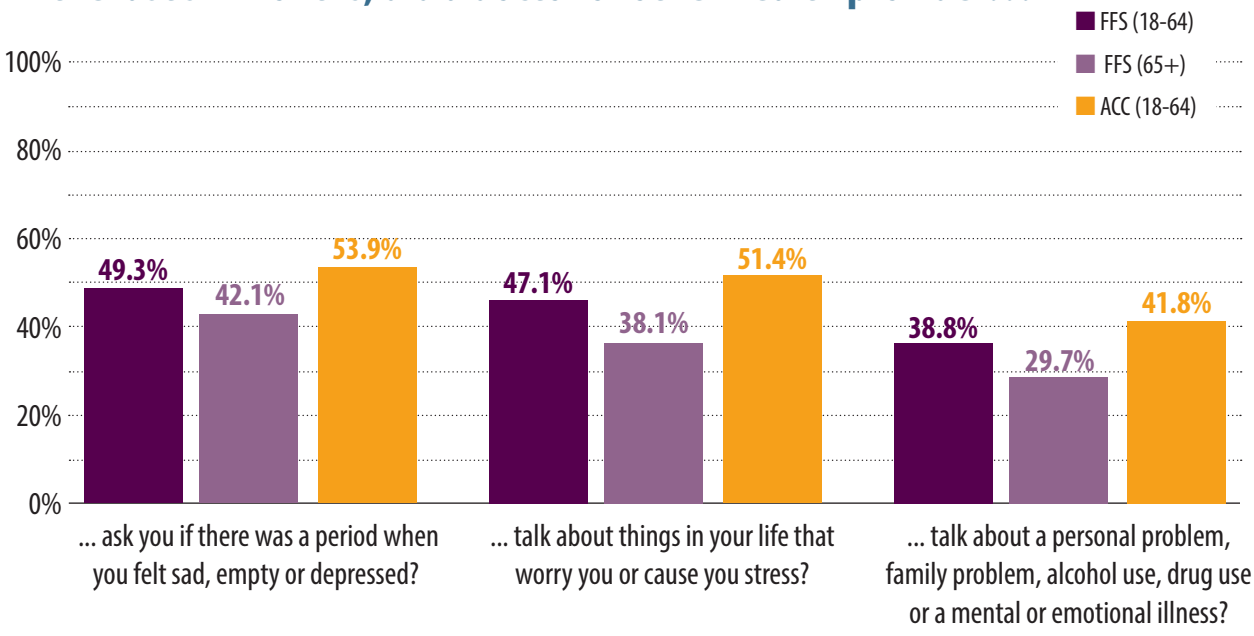
7: Behavioral Health

Many in the health care community, including insurers, providers, researchers and consumer groups, are exploring the benefits of integrating behavioral and physical health care. Of particular interest is understanding how behavioral and mental health are being addressed in primary care settings. Do primary care doctors ask clients about their mental health? If they do, to what extent? CAHPS measures whether behavioral health is part of the doctor-client discussion and whether such a conversation occurs more often within ACC or FFS settings.

Findings

- A higher percentage of ACC respondents reported that a doctor or other provider asked about depression (53.9 percent) compared with FFS respondents (49.3 percent). Results were similar for stress, with 51.4 percent of ACC respondents saying their doctor had asked compared with 47.1 percent of FFS respondents. The rates for other mental and behavioral health issues were 41.8 percent for ACC respondents compared with 38.8 percent for their FFS counterparts. Of these three measures, the ACC and FFS difference was statistically significant only for depression.
- In general, depression was discussed more often than stress and other behavioral health issues.
- Seniors consistently reported discussing behavioral health issues with their provider less often than the other age group.
- Regional results for the worry or stress item (see Graph 7b) range from 46.0 percent to 56.7 percent. The behavioral health analysis was not case-mix adjusted and so statistical tests between RCCOs were not run on these items.

Graph 7a: CAHPS Behavioral Health Items, Medicaid Adults, Colorado, 2013

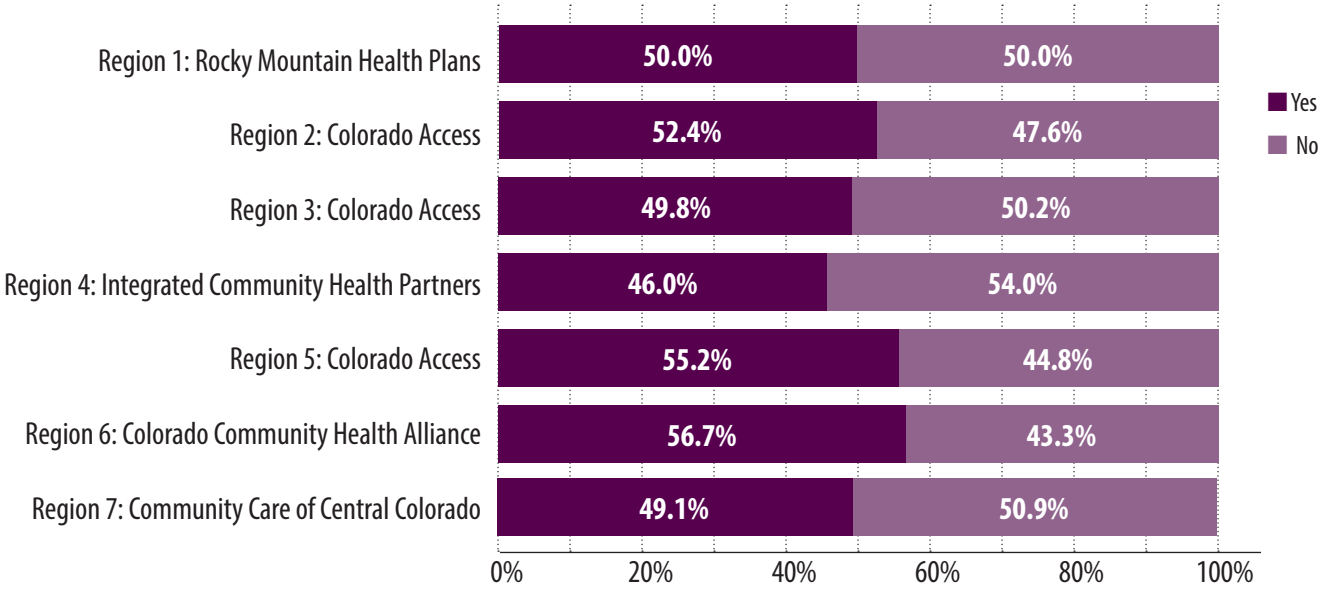


Note: These items were asked only of those who visited a doctor's office or clinic for health care for themselves in the six months prior to the survey.

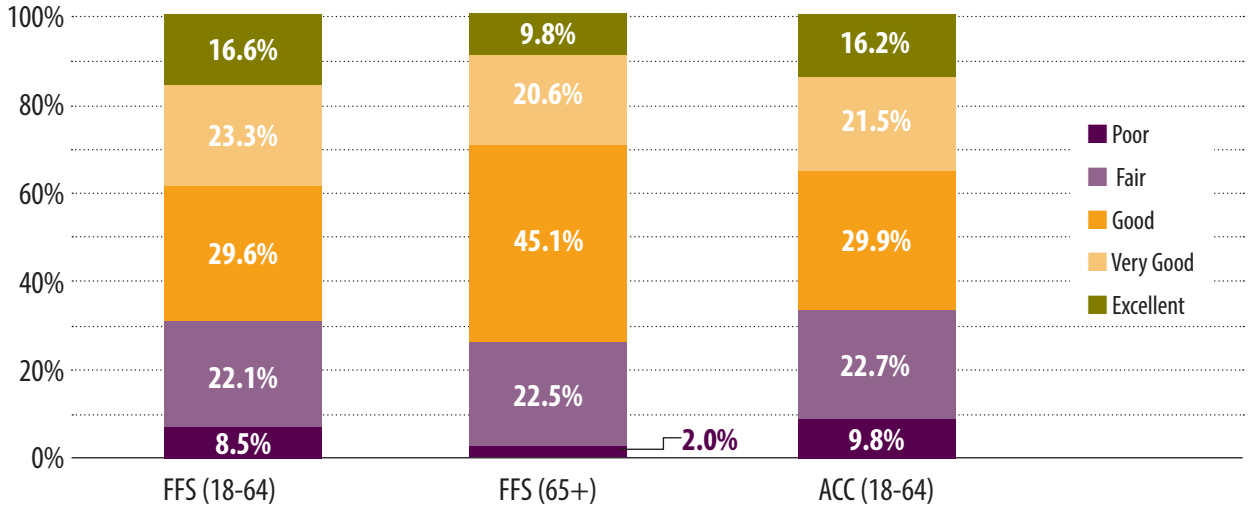
7: Behavioral Health (continued)

Graph 7b: In the last six months, did a doctor or other health provider talk about things in your life that worry you or cause you stress?

Medicaid Adults (Ages 18+), Colorado RCCOs (2013)



Graph 7c: How did Colorado adults (18+) enrolled in Medicaid rate their own overall mental or emotional health?



About 40 percent of FFS respondents and 38 percent of ACC respondents reported excellent or very good mental/emotional health. About 30 percent of FFS seniors reported excellent or very good mental health. A larger percentage of ACC clients reported fair or poor mental or emotional health (32.5 percent) than FFS clients (30.6 percent). Could clinicians participating in the ACCs be responding to poorer mental health status among ACC clients by talking to them more often about their behavioral health needs?

8: Access to Care

Getting care quickly is important when a health need requires prompt attention. In 2013, an estimated 15 percent of Coloradans reported that they were unable to see a doctor when needed.[7] How does Colorado's Medicaid program compare?

Findings:

- More than three of four ACC respondents (77.2 percent) reported usually or always getting care as soon as they needed it.
- Four of five FFS clients (80 percent) reported usually or always getting care quickly – about the same percentage as the national average (80.4 percent).
- The results suggest little variation between regions – from 75.8 percent to 79.1 percent. None of these differences are statistically significant.

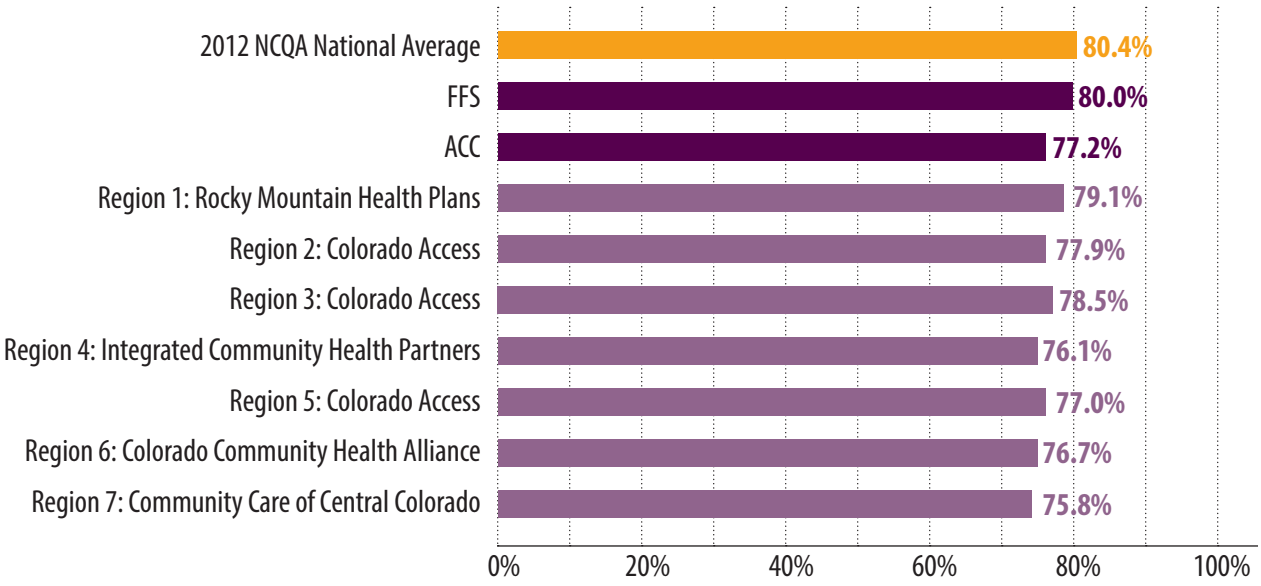
Looking Back:
What Percentage of Colorado Adults (18+) in FFS Medicaid Reported that They Were Able to Obtain Care Quickly?

2011	2012	2013
82.6%	83.4%	80.0%

Overall, quick access to care has declined among FFS clients since 2011. The drop may be due to increased demand for services from new clients, though the change was not statistically significant. Comparable figures for ACC clients are not available.

Graph 8: Ability to Get Care Quickly

Percentage of Medicaid Adults (Ages 18+) Indicating "Usually" or "Always", Colorado (2013) and U.S. (2012)



Note: The items used for the composite were asked only of those who went to a doctor's office or clinic to get health care for themselves at least once within the six months prior to the survey.

Source: Composite measure calculated by HSAG from two CAHPS items:
- In the last six months, when you needed care right away, how often did you get care as soon as you needed?
- In the last six 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?

HSAG calculated composite measures only for ages 18 and over.

9: How Well Doctors Listen and Communicate with Clients

Communication is an essential element of health care. Clients should feel their doctor is listening to them and doctors must communicate information in ways clients can understand. Combining findings from four CAHPS items reflects the quality of the doctor-client dialogue in the Medicaid setting.

Findings:

- Answers to the four survey questions (see below) show that most ACC and FFS respondents felt their personal doctors "usually" or "always" communicated with them effectively.
- The percentage of Colorado FFS respondents and Medicaid clients nationally who reported those top-level responses is virtually identical at 87.8 percent. Approximately 86 percent of ACC respondents reported top-level responses.
- Percentages from RCCO regions range from 83.3 percent to 89.1 percent, though these differences are not statistically significant.

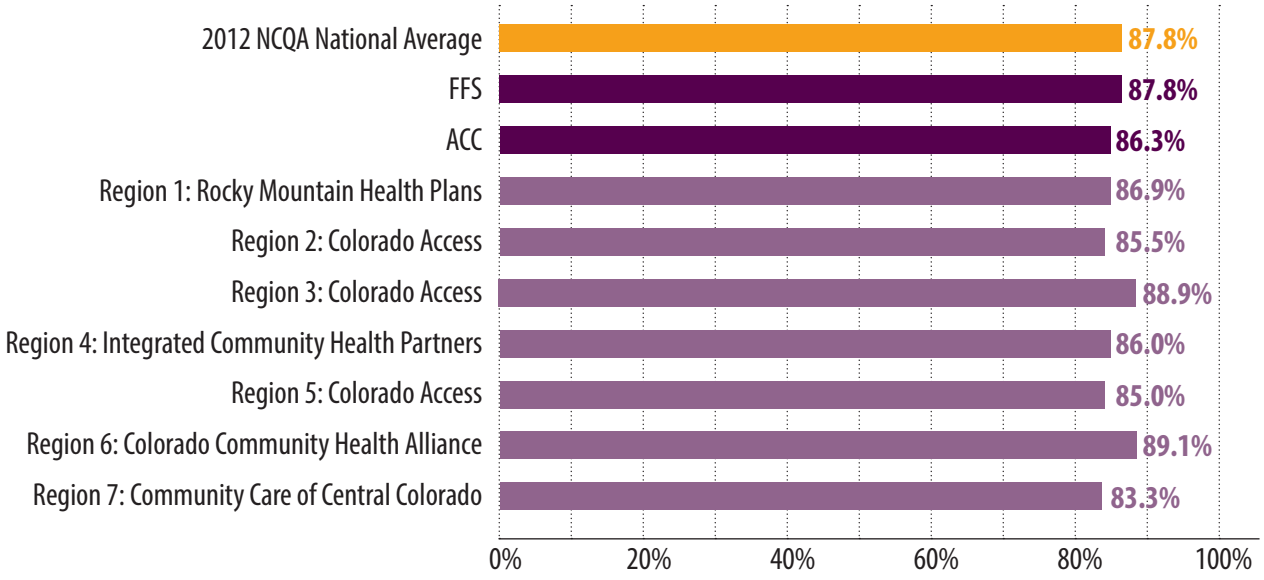
Looking Back:
What percentage of Colorado adults in FFS Medicaid reported that their personal doctor listened and communicated with them?

2011	2012	2013
89.3%	89.0%	87.8%

Medicaid clients have consistently reported high ratings of communication – around 88 to 89 percent – since 2011. The slight variation was not statistically significant, suggesting that clients still feel that their personal doctors communicate and listen well, despite declines on other measures. Time trend data are not available by age, which is why the rates for all adults (18 and over) differ from the age-specific rates displayed in Graph 9.

Graph 9: Ability of Personal Doctor to Listen and Communicate

Percentage of Medicaid Adults (Ages 18+) Reporting "Usually" or "Always," Colorado (2013) and U.S. (2012)



Note: Data are case-mix adjusted The items used in the composite were asked only of those who had visited their personal doctor within the six months prior to the survey.

Source: Composite measure calculated by HSAG from four CAHPS items:
- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?

HSAG calculated composite measures only for ages 18 and over.

10: Neighborhood Support and After-Hours Care

Access to a doctor's care is crucial for a client's health. However, it is also important for clients to be aware of resources outside of their doctor's office, such as cancer screening services or diabetes management classes, to maintain good health. CAHPS asked clients whether their personal doctor talked to them about community health resources or after-hours care.

Findings:

- ACC respondents said they had a conversation about neighborhood resources at a slightly higher rate (34.5 percent) than FFS respondents (32.9 percent). The data suggest that the ACC performs slightly better on this measure than FFS, though the difference was not statistically significant.
- Still, only about one third of respondents in each group said their doctor or health provider talked to them about additional resources. The results indicate an opportunity for improvement in this area, though it is possible that a non-clinician care coordinator – such as a social worker or patient navigator – discussed these resources with the client.
- Regional percentages ranged from 25.5 percent to 39.1 percent. This item was not case-mix adjusted, and so a statistical test between RCCOs was not included.

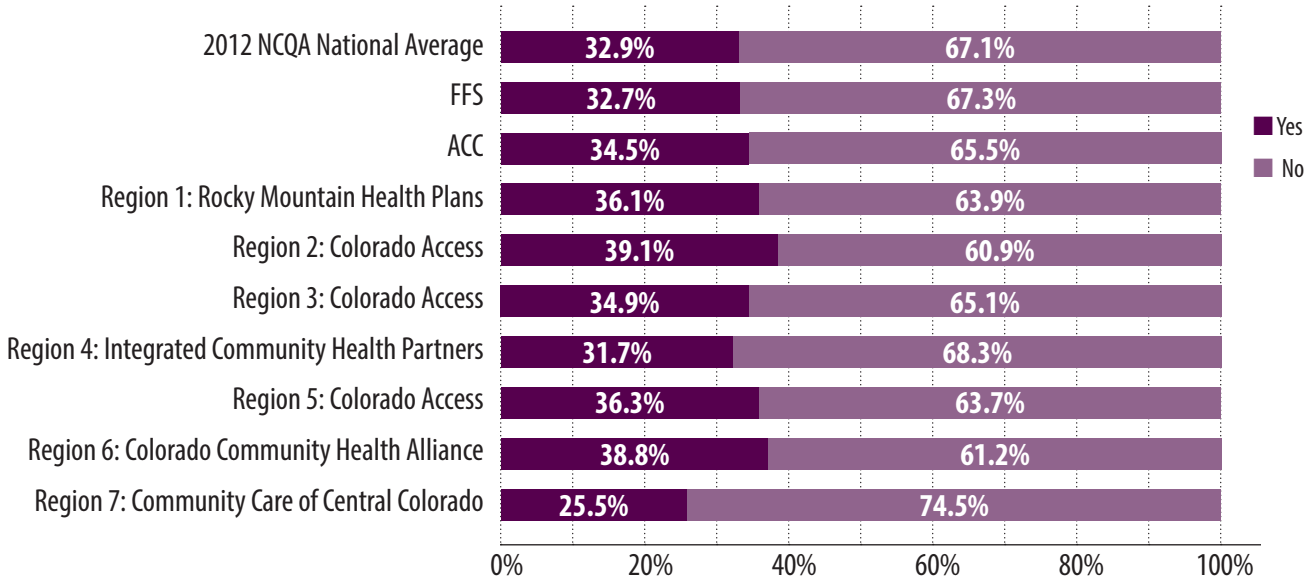
What percentage of Colorado adults enrolled in the Medicaid ACC indicated that their personal doctor's office gave them information about what to do if they needed care during evenings, weekends and holidays?

More than half of ACC respondents indicated that their doctor's office told them where to seek care on evenings, weekends or holidays. This leaves more than 40 percent who did not receive information on after-hours care, though availability of these services may vary from community to community.

Note: This item was only on the ACC CAHPS questionnaire. It was asked of individuals who had visited their personal doctor at least once in the six months prior to the survey.

Graph 10: In the last six months, did your personal doctor or other health provider talk to you about resources in your neighborhood to support you in managing your health?

Medicaid Adults, Colorado (2013) and U.S. (2012)



Note: This item was asked of individuals who had a personal doctor.

Implications and Next Steps

The CAHPS data provide timely insights into how adult Medicaid clients perceive their experiences in the health care system. Clients who responded tended to give their personal doctor high marks, said that their personal doctor communicates effectively and indicated that they are able to get care quickly. The findings also suggest that some conversations with providers – about behavioral health, health goals or neighborhood resources – may need to occur with greater frequency.

The results should be considered within a broader context, however. How often do health care providers ask these questions to privately insured patients? Would we expect Medicaid providers to behave differently? What about providers within the ACC, given the program's focus on care coordination and medical homes?

These questions highlight three implications that the CAHPS data have for the future: application, practice and measurement.

How the data may best be used and applied is the first implication. For example, ideas have already emerged about using the CAHPS data to inform client and provider education efforts.

Second, what can the CAHPS results tell us about the approaches that the RCCOs and their providers employ with clients? Since providers don't typically distinguish between ACC and FFS clients, would we expect the tide of care coordination, promotion of medical homes and integration of physical and behavioral health to "raise all boats?"

Finally, the ability to measure trends over time will add value to the CAHPS survey. What can the survey data tell us about each RCCO's unique approach? Will different issues emerge from surveys of other Medicaid clients, such as children and clients eligible for both Medicare and Medicaid clients?

The CAHPS helps to paint the picture of health care access among vulnerable Coloradans. Not only do the data help tell the story of what's working with Colorado's major Medicaid investment, they give us clues about how to improve it.

Endnotes

[1] The CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

[2] Additional information on the PPIC is available at www.integratedcare.org.

[3] Colorado Department of Health Care Policy and Financing (2013). Legislative Request for Information #2: ACC. November 1, 2013. Available at http://1.usa.gov/1pF7Uf4.

[4] National Committee on Quality Assurance (NCQA) figures reported in Health Services Advisory Group's FY12-13 Adult Medicaid Client Satisfaction Report (August 2013). Available at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251574810722.

[5] Health Services Advisory Group. (2013). FY12-13 Adult Medicaid Client Satisfaction Report (August 2013). http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251574810722

[6] Additional information on the 2013 Colorado Health Access Survey is available at http://www.coloradohealthinstitute.org/.

[7] Colorado Health Institute. (2013). Colorado Health Access Survey: 20 High-Level Findings. "Barriers to Receiving Health Care." www.coloradohealthinstitute.org.

The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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