



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

The Patient Experience: A Preliminary Glimpse at Regional-Level Data

JANUARY 23, 2014

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) examines the patient experience in the health care system. The survey was fielded in Colorado in two phases to compare experiences among enrollees in traditional fee-for-service (FFS) Medicaid and enrollees in the Medicaid Accountable Care Collaborative (ACC). The Safety Net Advisory Committee (SNAC) Lab convened on January 23 to review, for the first time, regional patient experience data. The data also included new statewide CAHPS results that isolated respondents 65 years and older and created comparable groups among adults ages 18-64.

Vision

The CAHPS data will inform approaches that improve patient experiences and ultimately improve the health of all Medicaid enrollees.

Background

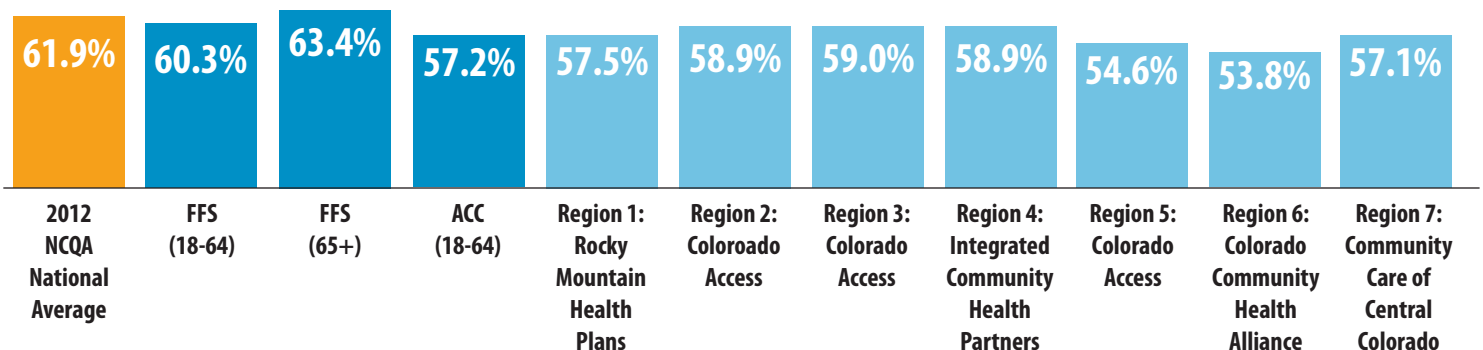
The Colorado Health Institute presented a variety of analyses from the CAHPS data. These analyses included

patients' rating of their health care and personal doctor, access and coordination of care, and patient-provider communication about neighborhood support and behavioral health. Some measures at the Regional Care Collaborative Organization (RCCO) level were adjusted to account for differences in age, general health status and education levels in underlying populations.

An example of CAHPS findings is displayed in Figure 1, which presents ratings of personal doctors on a scale from zero to 10. The results show state, RCCO and national percentages of adult Medicaid enrollees who gave their personal doctor a top rating of nine or 10. Nationally, 61.9 percent of Medicaid enrollees gave their doctor a top rating, a slightly higher percentage than Colorado's fee-for-service and ACC respondents. Just over 60 percent of Colorado's 65 and older FFS respondents gave their doctor a nine or 10, compared with 57.2 percent of ACC clients. When statistical tests were run on this item, the differences among the RCCOs as well as between statewide FFS and ACC scores were not statistically significant; in other words, the differences may have happened by chance.

Figure 1. Rating of Personal Doctor (case-mix adjusted): Using any number from zero to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Percentage of Adult Medicaid Enrollees Indicating "9" or "10," Colorado (2013) and U.S. (2012).



SNAC Lab participants compared these ratings to a similar question, which asked respondents to rate all the health care they received in the last six months. National, FFS and ACC respondents rated their overall health care lower than their personal doctor. In a discussion of this finding, the SNAC Lab group noted that it is difficult to know what patients consider when they rate their overall care: It could be care coordination, availability of appointments, or even the physical facility. We also cannot tell where the care from a personal doctor was received. Whatever the reasons, these results point to the importance of having a personal doctor within any health care system, be that FFS or the ACC.

Discussion themes:

CAHPS questions: Open to interpretation

- SNAC Lab participants expressed concern about the ambiguity of some survey questions. For example, what is a nine or 10 rating of health care? What is considered a neighborhood resource? How do people define health providers? For example, do they consider care coordinators health providers? Pairing CAHPS results with other supplemental outcome data will bring fuller meaning to CAHPS.

Potential on-the-ground work: Using CAHPS for

provider and patient education

- CAHPS results can be useful in educating providers about opportunities for improvement, such as the value of talking with patients about health goals, neighborhood resources or managing their health. SNAC Lab participants found the behavioral health questions especially promising for provider engagement and education. The survey results can also serve to inform patients about care coordination and accessing health services.

What accounts for variations among CAHPS results?

- SNAC Lab attendees explored reasons for the slight differences in RCCO results, as well as the differences between ACC and FFS results. Although there are no statistically significant differences between RCCOs and the state average, attendees were interested in understanding RCCOs' unique structures and characteristics. Attendees also expressed interest in looking at the differences between statewide ACC and FFS results after accounting for health status.

Stay Tuned! The Colorado Health Institute, in partnership with the Colorado Department of Health Care Policy and Financing (HCPF), will be releasing a chart pack of the state and RCCO-level CAHPS results in March 2014.

Organizations Represented at the January 23, 2014, SNAC Lab

- Children's Eye Physicians
- ClinicNET
- Colorado Access
- Colorado Association for School-Based Health Care
- Colorado Association of Local Public Health Officials - Jefferson County Public Health
- Colorado Center on Law and Policy
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Alliance
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and the Environment
- Colorado Foundation for Medical Care
- Colorado Hospital Association
- Inner City Health Center
- Integrated Community Health Partners
- Jefferson Center for Mental Health
- Oral Health Colorado
- Quality Health Network
- Rocky Mountain Health Plans
- SET Family Medical Clinics
- The Colorado Trust
- University of Denver



Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. 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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