

# Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

## Health Care through the Eyes of Coloradans: New Data on the Consumer Perspective

NOVEMBER 14, 2013

It is important to understand how Coloradans perceive the system that delivers health care. Where do they seek care? What do they think prevents them from getting the care they need? How do they rate the quality of the care they get?

The Colorado Health Institute's Safety Net Advisory Committee (SNAC) Lab on Nov. 14, 2013 explored two new sources of data on the consumer perspective: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the 2013 Colorado Health Access Survey (CHAS).

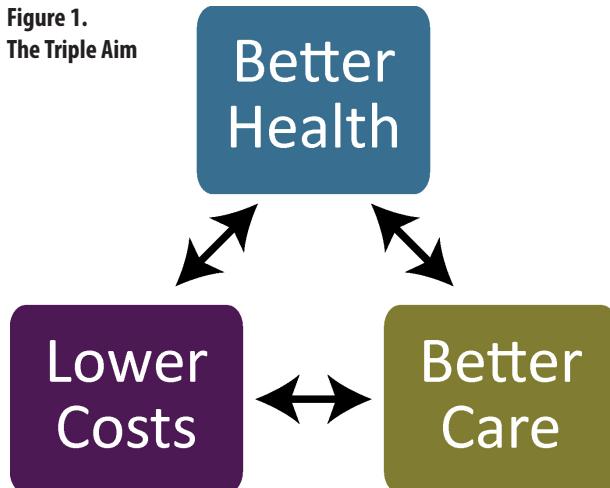
This report has two sections: Background information provided by the Colorado Health Institute and a summary of the discussion by participants in the Lab.

### ***The CAHPS: Patient Experience in Medicaid***

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) examines the experience of patients in the health care system. Colorado now has baseline CAHPS data specific to its Medicaid Accountable Care Collaborative (ACC) – the state's signature effort to lower costs, improve health and provide better care (see Figure 1). Annual CAHPS surveys will help us understand how patients perceive the quality of their care and whether their perceptions change over time.

In 2013, the Colorado Health Institute partnered with the

Figure 1.  
The Triple Aim



Colorado Department of Health Care Policy and Financing (HCPF) to administer the CAHPS via telephone and mail. The survey was jointly funded by HCPF and the Colorado Health Foundation. It was fielded in two phases in order to compare experiences among enrollees in traditional fee-for-service (FFS) Medicaid and enrollees in the Accountable Care Collaborative (ACC). More than 3,600 Colorado adults responded.

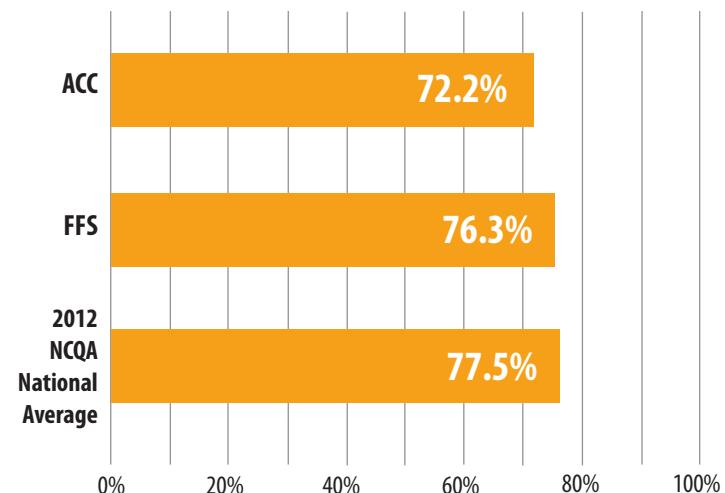
Figure 2 displays the results of a care coordination question asked of both groups as well as of respondents to a national survey. Patients who had visited multiple clinicians over a six-month period were asked whether they felt their personal doctor was up-to-date about the care provided by the other clinicians. The data

displayed in Figure 2 show that nationally 77.5 percent of adult Medicaid enrollees (ages 18-64) reported that their personal doctor was “usually” or “always” up-to-date, similar to what enrollees in Colorado’s traditional fee-for-service Medicaid program said (76.3 percent). By comparison, 72.2 percent of ACC respondents indicated that their personal doctor was “usually” or “always” up-to-date, though this difference was not found to be statistically significant.

Why is the ACC score lower? The SNAC Lab group discussed a number of possible reasons. Perhaps it suggests that communication between clinicians is in need of improvement. Perhaps the ACC population is different in some way from the FFS population – such as their age, how much they use the health care system, or how new they are to Medicaid – and the difference is reflected in the survey results.

Whatever the reason(s), the survey provides an interesting glimpse into patient perception. Future analyses – at the regional level and over time – will help fill out the picture.

**Figure 2: In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from other doctors or other health providers? Percentage of Medicaid Adults Ages 18-64 Responding “Usually” or “Always,” Colorado (2013) and U.S. (2012).**



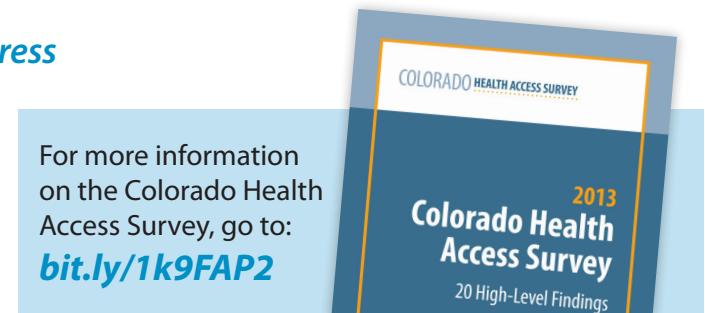
Note: Asked only of individuals who saw their personal doctor and received care from another provider within the six months prior to the survey. Results are slightly different from those presented at the Nov. 14 SNAC Lab due to exclusion of respondents 65 and older.

## The Colorado Health Access Survey: Hot Off the Press

The Colorado Health Access Survey (CHAS) is the premier source of information on access to health care, health insurance coverage and how health care is used in Colorado. Findings from the 2013 CHAS give a detailed picture of Colorado’s changing health landscape and provide a baseline of information to help measure the impact of the Affordable Care Act in the state.

Among other things, the CHAS offers insights into challenges Coloradans face when trying to access health care. The survey includes questions about forgoing care due to cost as well as other barriers such difficulty getting an appointment, finding transportation and needing to take time off from work. Examining how barriers differ depending on where Coloradans seek care is an important step in addressing these challenges. In addition to learning about where Coloradans seek care, the CHAS allows us to dig deeper and understand who is seeking care at different types of clinics. The Nov. 14 SNAC Lab explored these issues, looking not only at Colorado overall but particularly at respondents

For more information on the Colorado Health Access Survey, go to:  
[bit.ly/1k9FAP2](http://bit.ly/1k9FAP2)



who reported using a community health center or other public clinic.

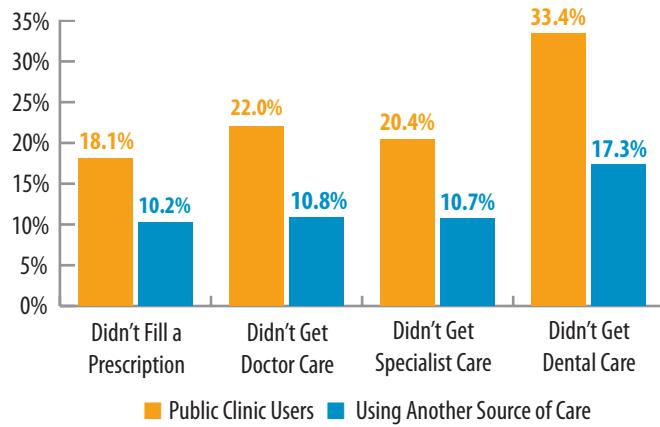
The CHAS asked people where they usually go to get health care; those who didn’t have a usual source were asked where they would go if they needed care. Only one answer could be selected from this list of options:

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

Comparing Coloradans who reported using a community health center or other public clinic with the Colorado population as a whole shows that Hispanics are disproportionately represented within the safety net population. Colorado's population is about 25.5 percent Hispanic and 65.9 percent non-Hispanic white, while the population that reports using a community health center or other public clinic is 52.0 percent Hispanic and 39.1 percent non-Hispanic white.

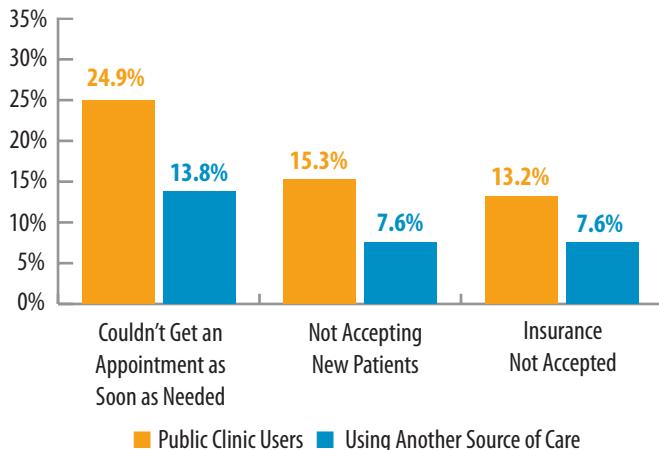
Looking at cost, Coloradans who reported using a community health center or other public clinic were significantly more likely to report not getting needed health care in the past 12 months due to cost compared with respondents who received care somewhere else (Figure 3).

**Figure 3. Barriers to Receiving Health Care: Cost**



Barriers related to having access to a provider in the past 12 months also were significantly more common among those who reported getting care at a community health center or other public clinic. (Figure 4).

**Figure 4. Barriers to Receiving Health Care: Provider Availability**



## The SNAC Lab Discussion:

### The Value of Time and Experience

SNAC Lab participants agreed that survey data become especially helpful in examining trends over time. The CHAS is now in its third year, whereas we have only baseline data with the ACC CAHPS survey (though future surveys are planned). The survey data are also useful to measure (or validate, or question) what is happening "on the ground." For example, representatives from safety net clinics thought the 2013 CHAS state-level data on the race/ethnicity of Coloradans who report getting care at a safety net clinic were generally what they expected, though local experiences differed.

### Perception is Everything

Often, a person's perception is their reality. For example, someone enrolled in Medicaid may not believe he or she has insurance. Differences in how Coloradans perceive their health care – what they consider a "usual source of care," how healthy they think they are, whether they believe a provider discussed their health goals – are among the important considerations when interpreting the findings from both the CHAS and the CAHPS.

### Pieces of the Puzzle

Both the CAHPS and the CHAS are instruments designed to measure complicated concepts. One of these concepts is access to care – or lack thereof. Even when data is collected, it can be hard to know what it means. For example, why would 13.2 percent of people who use public clinics, which don't require insurance, report not having their insurance accepted as a barrier to care? The group discussed that this might be because the barrier to care question asked about the past 12 months, during which time the respondent might have been turned away by a private practice provider. Or it could be that person was enrolled in Medicaid and sought dental care, which wasn't covered for adults until this year.

## Reporting from the Field

The CAHPS survey is not new to Colorado's Medicaid program, though ACC-specific results are new. In the past, CAHPS results have been used to help enrollees choose an appropriate plan. The new ACC-specific results will be used as a baseline upon which to measure enrollee experience in the future. Katie Brookler, who helps lead strategic projects at HCPF, and Russ Kennedy, a member of the HCPF Quality and Health Improvement Unit, are leading the efforts to use CAHPS data to promote shared decision-making between patients and providers.

Since 1998, HCPF has used the annual survey to evaluate the experience of adult Medicaid clients, child Medicaid clients, and Child Health Plan Plus (CHP+) members. Enrollees in these programs were questioned about their experience with various plans, including fee-for-service (FFS), Rocky Mountain Health Plans (RMHP), Primary Care Physician Program (PCPP), and Denver Health Medicaid Choice (DHMC) plans.



**Katie Brookler, HCPF**

The Health Services Advisory Group (HSAG) prepares annual reports based on the CAHPS survey results. The reports compare individual plans against each other and against national benchmarks and state averages. Additionally, the reports include trend analyses that compare results over time. These reports can be accessed through HCPF's web site.

During open enrollment periods, existing and newly enrolled Medicaid clients receive a "report card" of different plans, which helps them to make an informed decision about which plan to choose. Past report cards have included patient experience and clinical performance data from the CAHPS and other sources. HCPF has also used CAHPS data to measure population health and identify opportunities to incentivize greater care coordination. Please contact Russ Kennedy at [russell.kennedy@state.co.us](mailto:russell.kennedy@state.co.us) with any questions.

## Organizations Represented at the November 14 SNAC Lab

- Caring for Colorado Foundation
- Clinica Colorado
- ClinicNET
- Colorado Access
- Colorado Community Health Network
- Colorado Foundation for Medical Care
- Colorado Hospital Association
- Colorado Rural Health Center
- Colorado Department of Health Care Policy and Financing
- Integrated Community Health Partners
- Kaiser Permanente
- Metro Community Provider Network
- Oral Health Colorado
- Quality Health Network
- SET Family Medical Clinics
- Steadman Group
- The Colorado Health Foundation



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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