

Health Care Through the Eyes of Coloradans

*A Discussion of New
Regional Data*



January 23, 2014

Safety Net Advisory Committee (SNAC) Learning Lab



Meeting Objectives

- Discuss uses of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data.
- Generate ideas.
- Answer questions.
- Identify next steps.
- Provide an overview of new Accountable Care Collaborative (ACC) developments.



For Discussion

1. What considerations from the field do we need to understand when interpreting the findings?
2. In what ways can the CAHPS data be used to improve patient care?
3. Do you have suggestions on how to communicate the results?

Three Takeaways

- This rich dataset examines ACC enrollee experience with health care over time and against national benchmarks.
- Baseline data suggest mostly similar or slightly lower results compared to traditional FFS Medicaid and the national average.
- No statistically significant differences between RCCOs after adjusting for respondent characteristics.





*The RCCO CAHPS Survey:
Background*

The Long-Range Plan on Patient Experience

Identify the
Issues

State-Level
Analysis

Examine
RCCO
Approaches



A Bold Vision

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

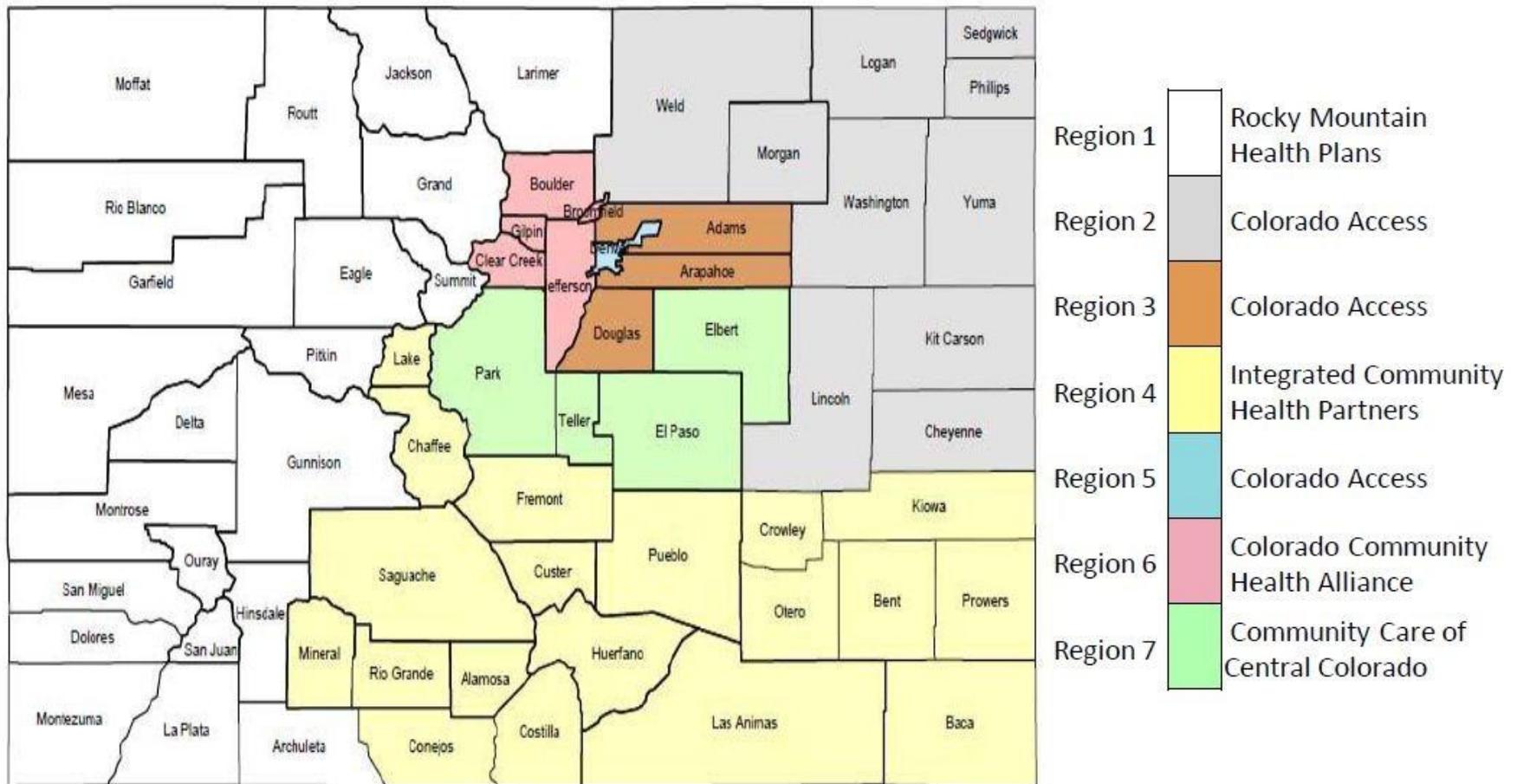


What is the RCCO CAHPS?

- 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:
 - ACC compared to traditional fee-for-service (FFS).
 - RCCO-level findings.



Colorado's RCCOs



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.
- Conducted by Health Services Advisory Group (HSAG)



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)



RCCO Comparison and Case-Mix Adjustment

- HSAG adjusted select measures to be comparable between RCCOs based on respondent characteristics:
 - Age
 - General health status
 - Education level
- None of the adjusted measures were statistically different from the Colorado RCCO average.



Additional Analyses

- Did the inclusion of adults 65+ in the traditional FFS comparison group drive differences between FFS and ACC?
- This analysis separates out 65+ by age when possible.
 - Composite measures reflect ages 18 and over.
- Analyses are ongoing.



Reviewing the CAHPS Data

1. Who Answered the Survey?

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	FFS (18-64)	FFS (65+)	ACC (18-64)	All Adult Medicaid Enrollees (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%
65-74 years	N/A	52.5%	N/A	N/A
75+ years	N/A	47.5%	N/A	N/A
Gender				
Male	33.5%	31.2%	32.6%	36.1%
Female	66.5%	68.8%	67.4%	63.9%

N/A = Not applicable

Source: 2013 CAHPS and 2013 Colorado Health Access Survey

Who Answered the Survey?

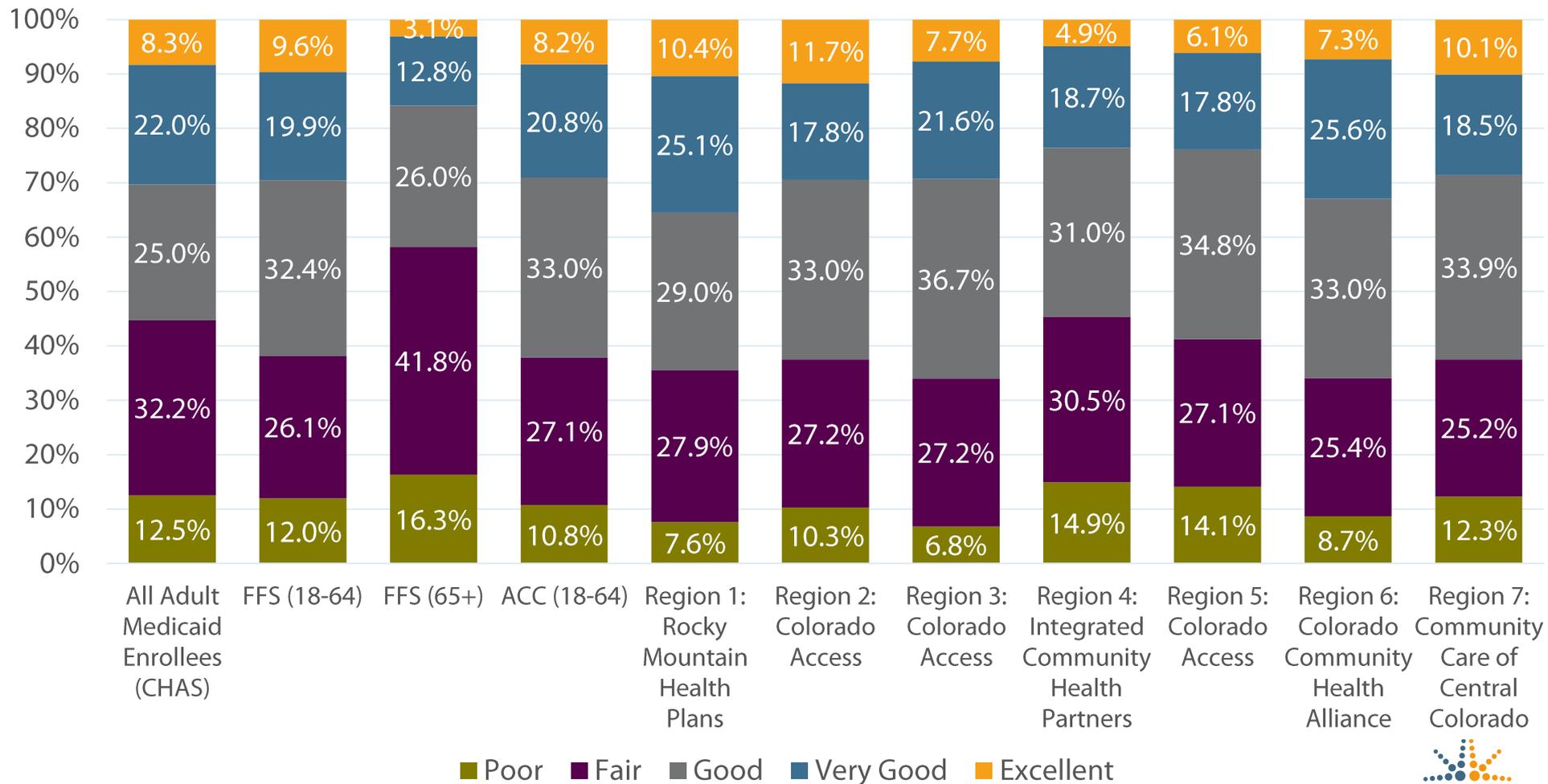
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	FFS (18-64)	FFS (65+)	ACC (18-64)	All Adult Medicaid Enrollees (18-64) - CHAS
Race/Ethnicity				
Non-Hispanic White	48.3%	44.4%	47.1%	51.0%
Non-Hispanic Black	5.2%	4.0%	7.3%	5.5%
Non-Hispanic Asian	7.0%	17.2%	2.3%	1.8%
Non-Hispanic Native American	1.6%	1.5%	1.5%	2.8%
Hispanic	31.4%	29.3%	34.1%	35.7%
Other Race	1.8%	1.5%	1.8%	1.2%
Multi-Racial	4.8%	2.0%	5.7%	2.1%
Education				
Less than High School	26.9%	46.6%	20.8%	22.0%
High School Graduate	34.6%	24.4%	35.0%	33.6%
Some College or 2-Year Degree	28.5%	15.5%	35.0%	35.0%
College Graduate (4-Year Degree)	6.3%	7.8%	5.9%	6.9%
Postgraduate	3.7%	5.7%	3.3%	2.5%

2. Self-Reported Health Status

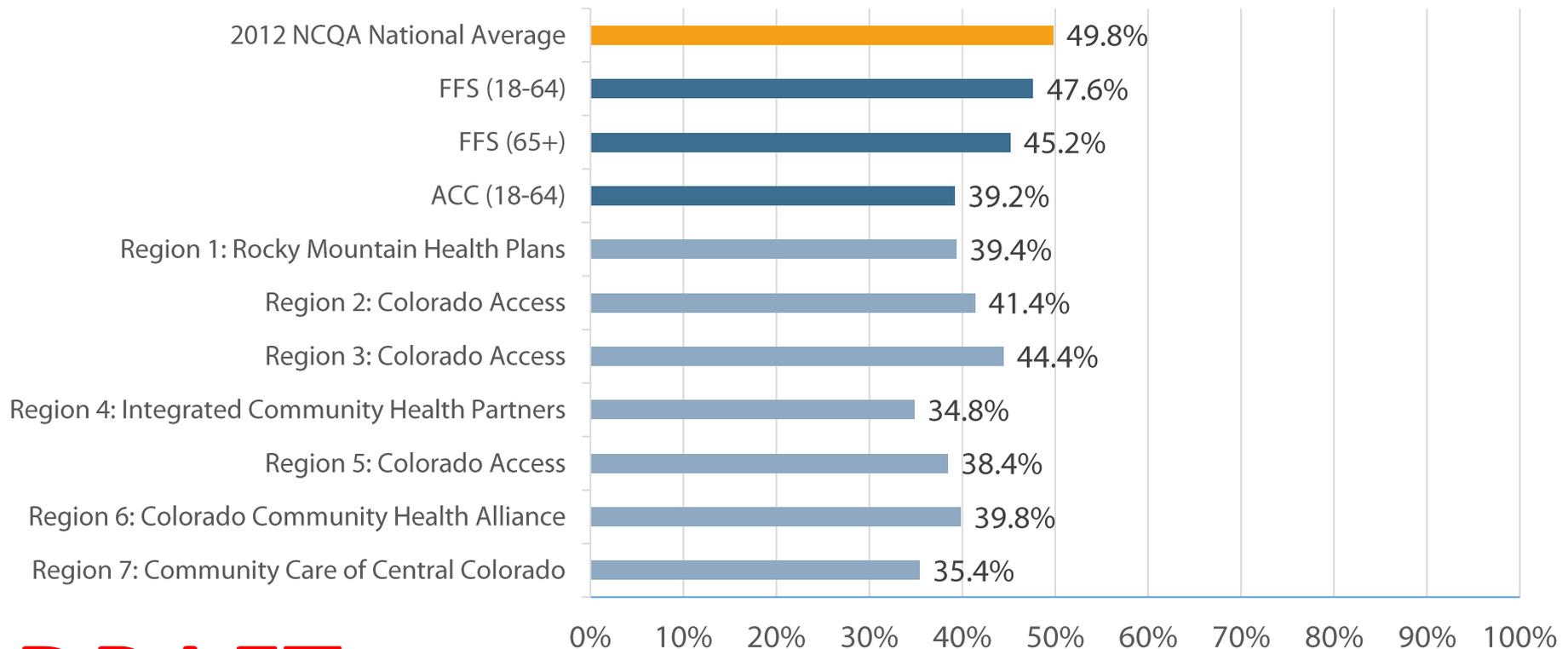
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In general, how would you rate your overall health? Adult Medicaid Enrollees, Colorado, 2013



3. Rating the Care Received (Case-Mix Adjusted)

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

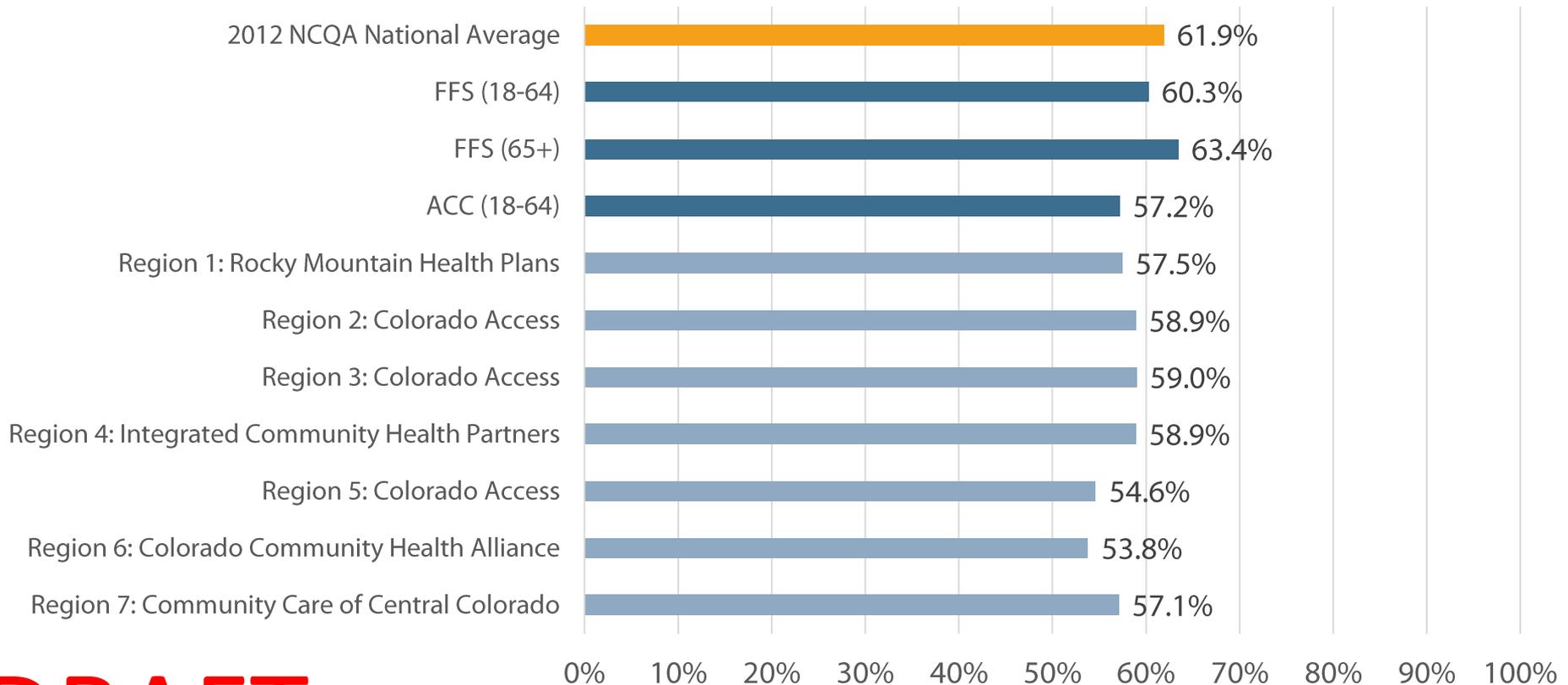


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Note: This item was asked only of those who went to a doctor’s office or clinic to get health care for themselves at least once within the six months prior to the survey. RCCO-level results were case-mix adjusted.

4. Rating of Personal Doctor (Case-Mix Adjusted)

Using any number from 0 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)

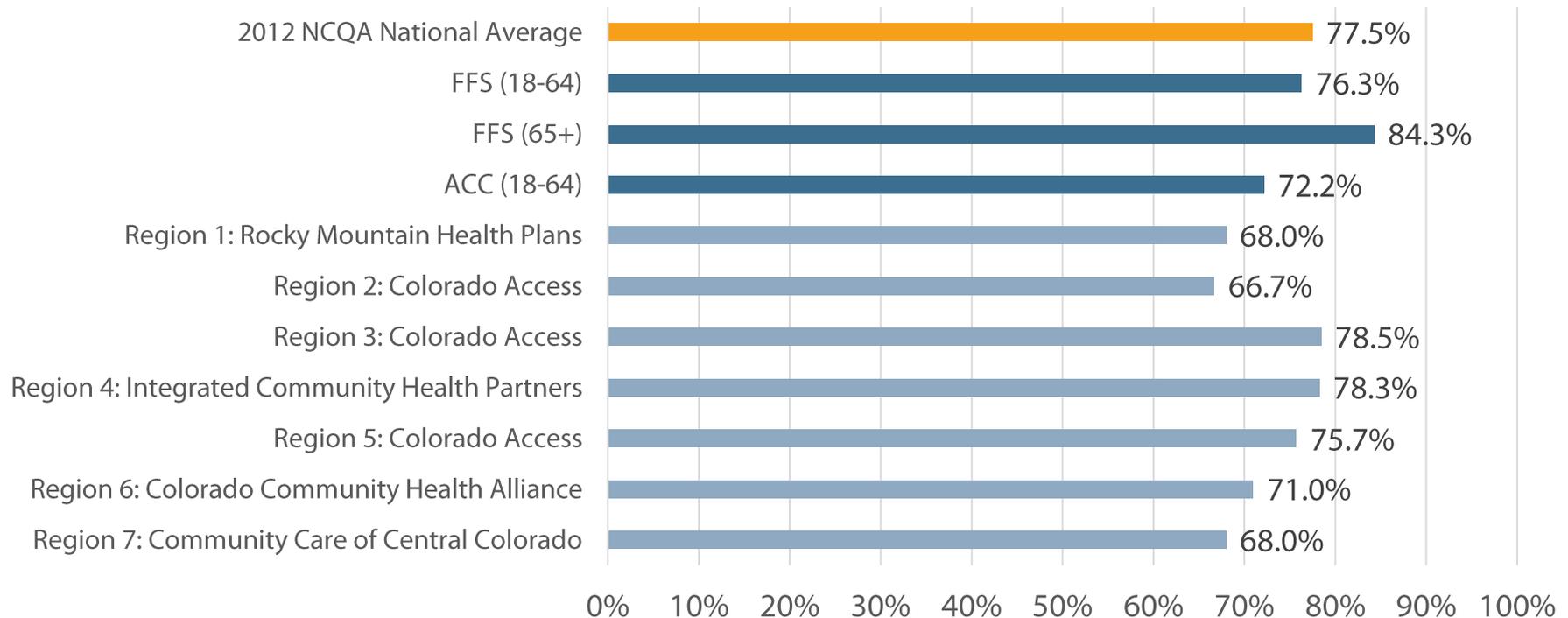


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Note: Asked only of respondents who indicated they had a personal doctor.
RCCO-level results were case-mix adjusted.

5. Coordination of Care (Case-Mix Adjusted)

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? Percentage of Medicaid Adults Responding “Usually” or “Always”, Colorado (2013) and U.S. (2012)



DRAFT

Note: Asked only of respondents who saw their personal doctor and received care from another provider within the six months prior to the survey. RCCO-level results were case-mix adjusted.

6. 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).**

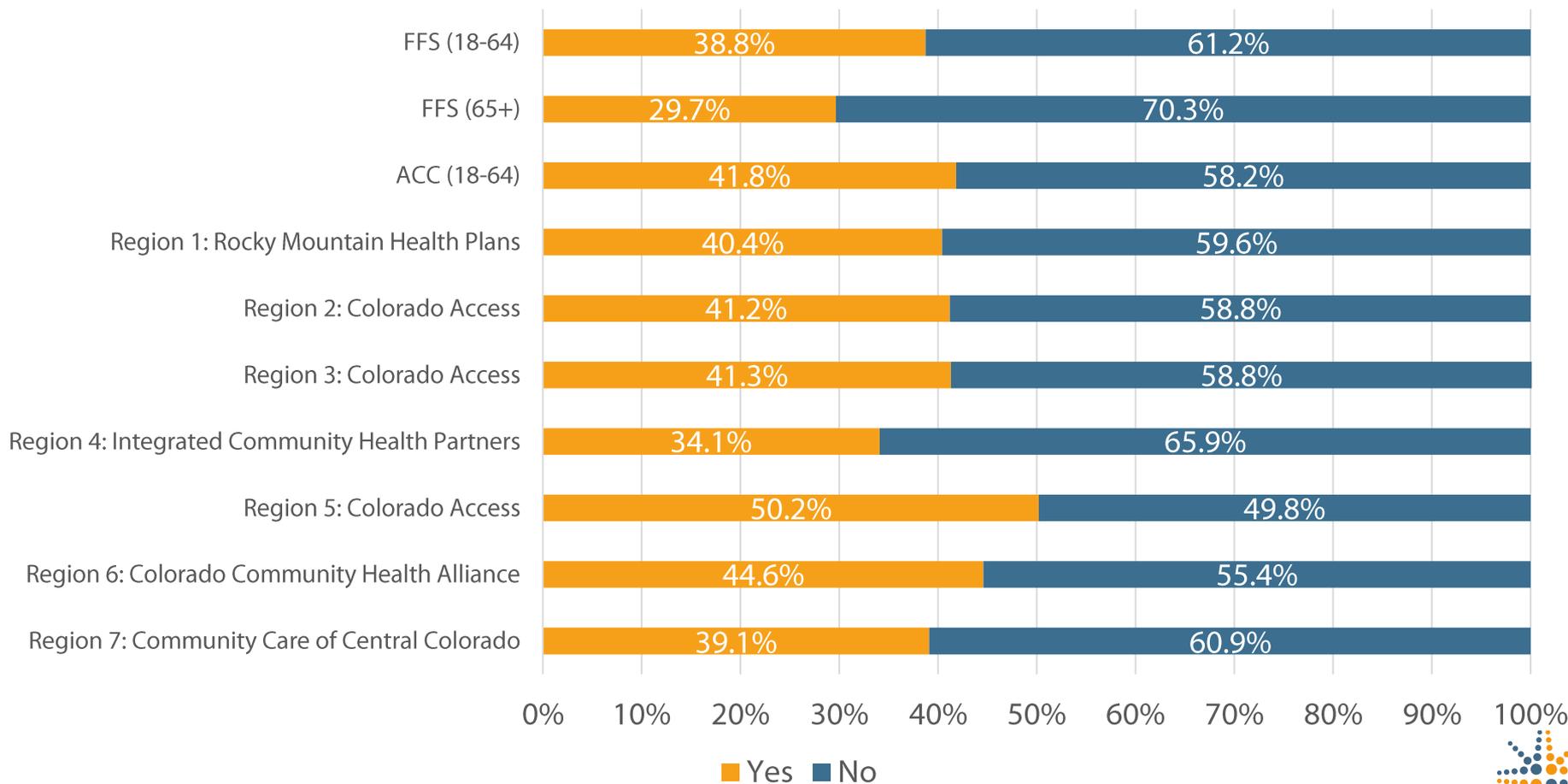
	Average Rating
ACC (Overall, 18-64)	7.5
Among enrollees whose doctor was usually/always informed about care from other providers (#32)	8.2
Sometimes/never informed	6.1
FFS (Overall, 18-64)	8.0
Usually/always informed	8.5
Sometimes/never informed	6.5



7. Behavioral Health

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In the last 6 months, did a doctor or other health provider talk about a personal problem, family problem, alcohol use, drug use or a mental or emotional illness? Adult Medicaid Enrollees, Colorado, 2013



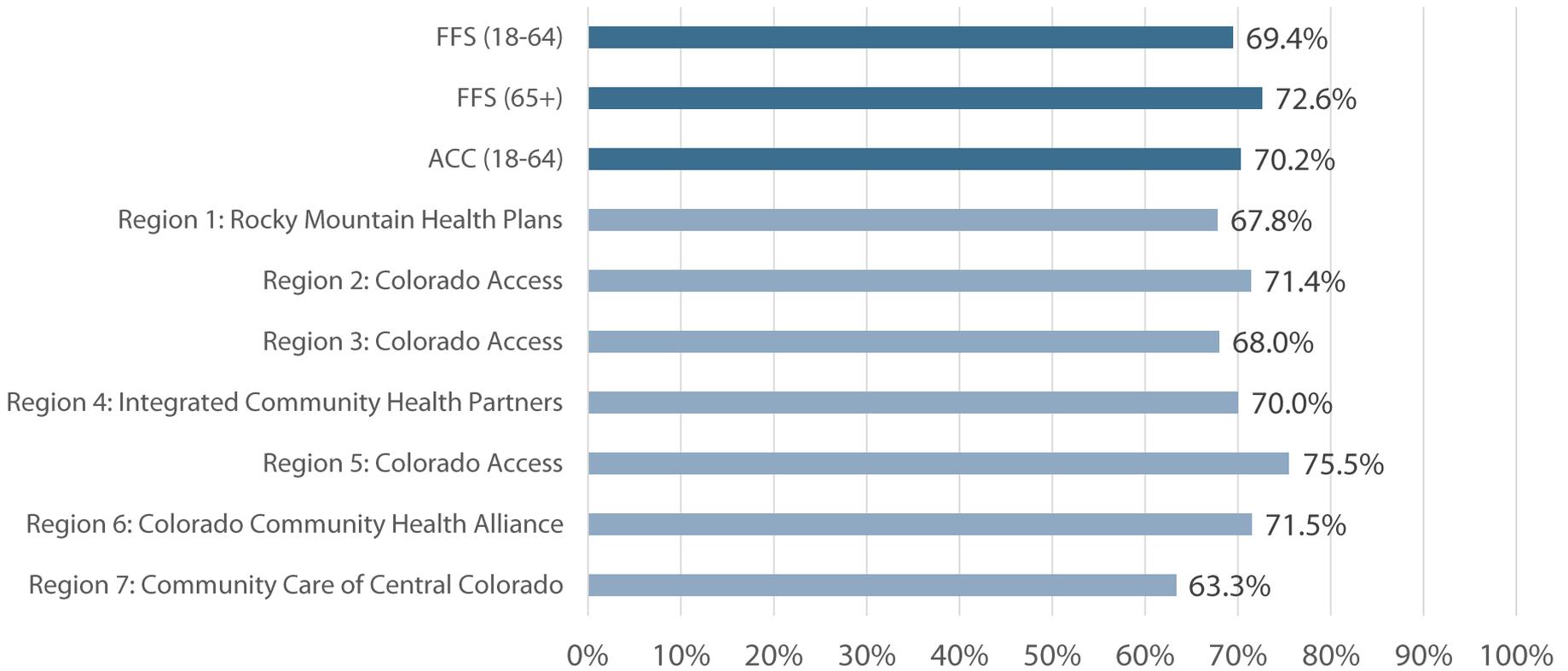
Note: These items were asked only of those who visited a doctor's office or clinic for health care for themselves in the six months prior to the survey.

8. Illness Prevention (Case-Mix Adjusted)

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

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Adult Medicaid Enrollees, Colorado (2013)



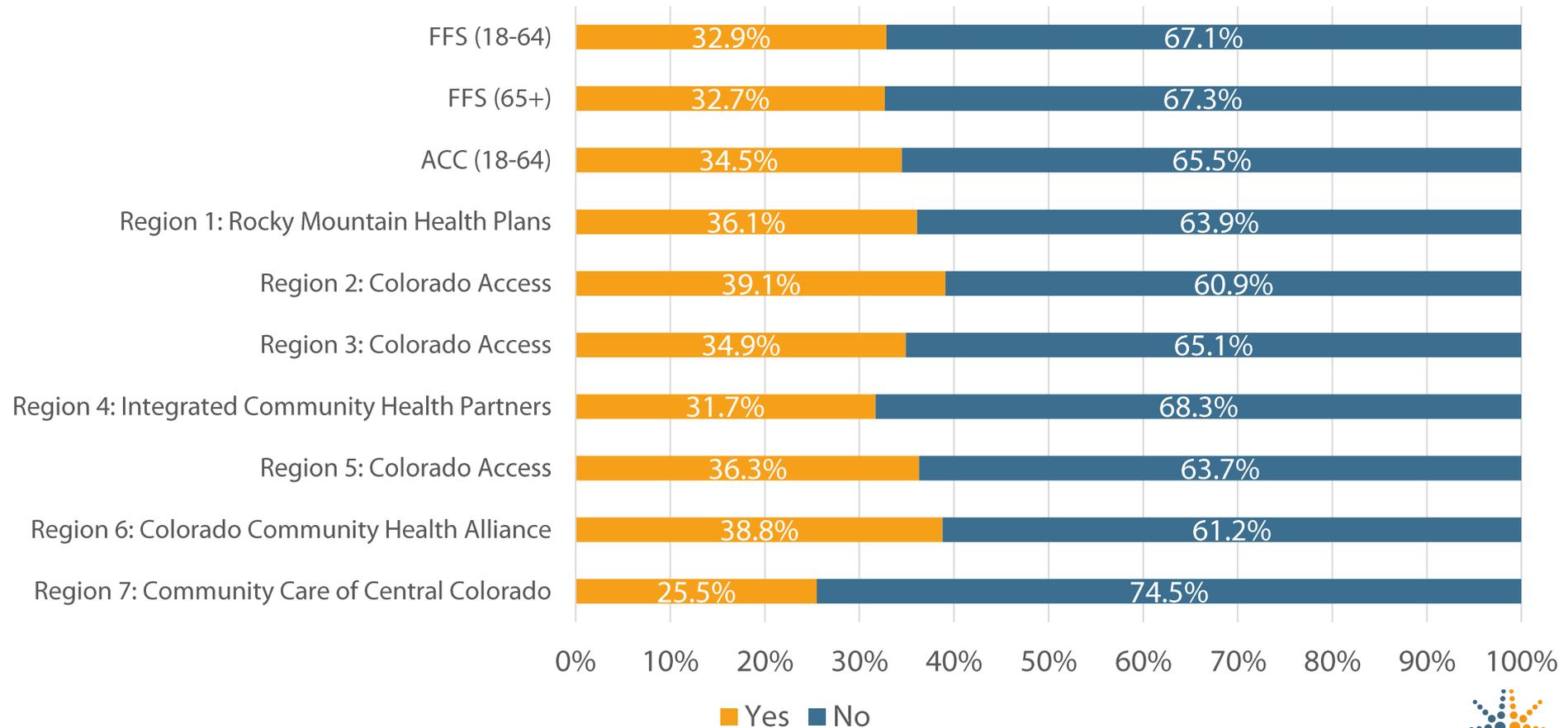
Note: This item was asked of individuals who had visited a doctor's office or clinic to get health care for themselves in the six months prior to the survey. RCCO-level results were case-mix adjusted.

9. Neighborhood Support

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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?

Adult Medicaid Enrollees, Colorado (2013) and U.S. (2012)



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

Composite Measure: Getting Care Quickly

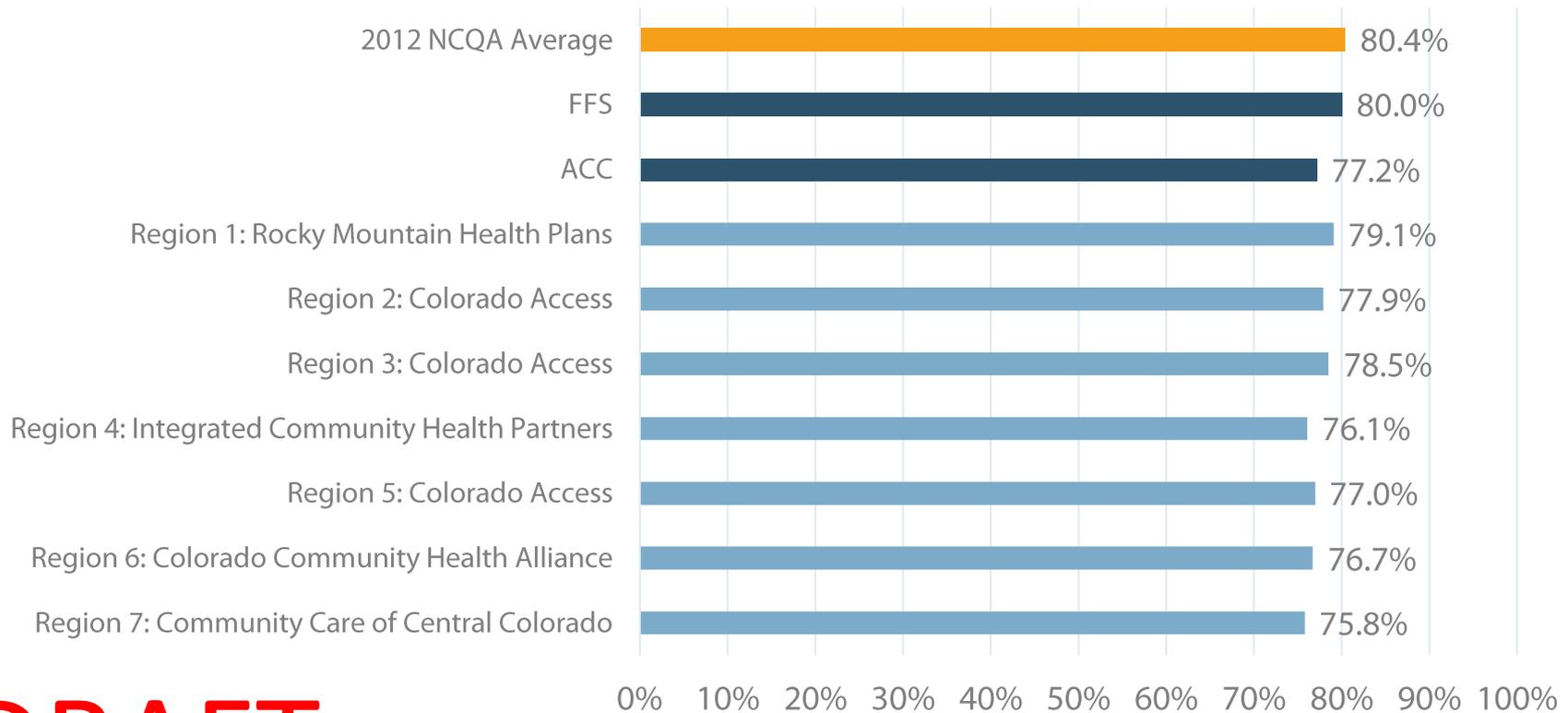
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This composite measure was calculated by HSAG from two CAHPS items:

- 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?

10. Getting Care Quickly (Case-Mix Adjusted)

Composite Measure: Ability to Get Care Quickly
Percentage of Adult Medicaid Enrollees Indicating “Usually” or “Always,” Colorado (2013) and U.S. (2012)



DRAFT

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. The composite includes all adult respondents 18 years and over. RCCO-level results were case-mix adjusted.

Considerations

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

For Discussion

1. What considerations from the field do we need to understand when interpreting the findings?
2. In what ways can the CAHPS data be used to improve patient care?
3. Do you have suggestions on how to communicate the results?

Next Steps

- Wrap up additional analyses
- Develop report
- Meetings with RCCOs

Save the Dates! Forthcoming SNAC Labs



Date	Track
Feb. 27	Access to Care
Apr. 17	ACC
May 15	Access to Care
June 19	ACC
July 17	Access to Care
Sep. 18	ACC
Oct. 16	Access to Care

*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)*



*Update:
New Findings from the ACC*

ACC Update

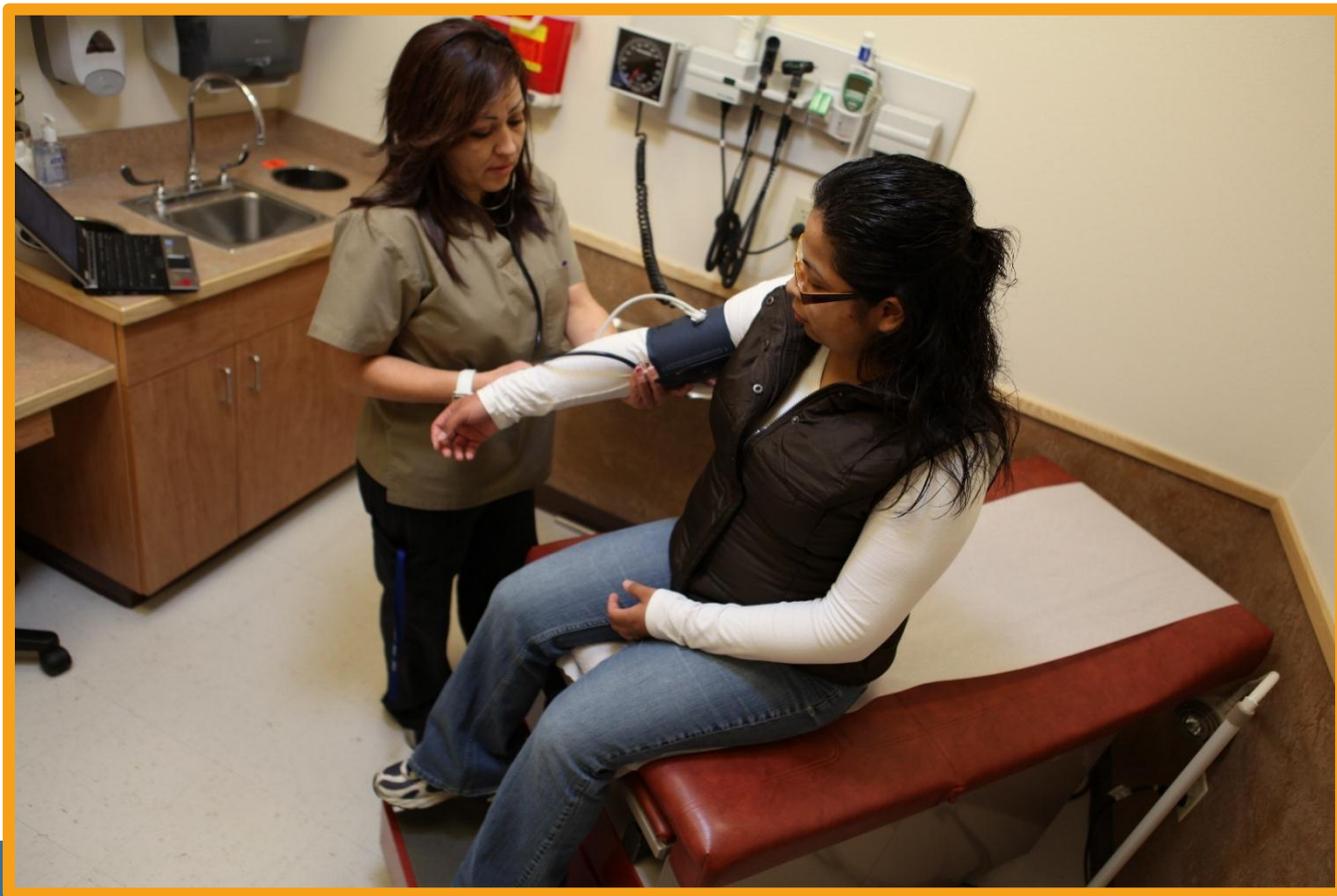
- 352,000 enrolled
- Estimated gross savings: \$44 million
- Net savings: \$6 million
- Key Performance Indicators:
 - 15-20% reduction in hospital readmissions
 - 25% reduction in high-cost imaging
 - 1.9% increase in emergency room use (compared to 2.8% increase among those not enrolled)

Ongoing ACC Discussions

- Definition of Primary Care Medical Provider
- Inclusion of Medicare and Medicaid Enrollees
- New Key Performance Indicator: Well-Child Visits
- Details on ACC Payment Reform Initiative (HB12-1281) continue to be worked out

Three Takeaways

- This rich dataset examines ACC enrollee experience with health care over time and against national benchmarks.
- Baseline data suggest mostly similar or slightly lower results compared to traditional FFS Medicaid and the national average.
- No statistically significant differences between RCCOs after adjusting for respondent characteristics.



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