What is CAHPS?

CAHPS Survey Opportunities February 17, 2022



What is CAHPS?

CAHPS is the Consumer Assessment of Healthcare Providers and Systems.

• The survey asks patients (or caregivers) about their experiences with, and ratings of, their healthcare providers and plans, including hospitals, home healthcare agencies, doctors, and health and drug plans.

Why is CAHPS important?

- Public reporting of CAHPS survey results helps patients to make informed decisions when selecting providers and health plans.
- CAHPS surveys help healthcare organizations use data to identify strengths and weaknesses, determine where they need to improve, and track progress over time.

What is CAHPS?

Who receives the CAHPS survey?

A sample of Medicare members.

How is CAHPS administered?

 Surveys are distributed by mail and conclude with telephone-assisted surveys for participants who have not responded; surveys are conducted annually between March and June.

How long is the CAHPS survey?

• 27 questions.



Why is CAHPS Important?

Our collective success depends on it! CAHPS measures now make up 33% of the entire STARS program. Weighting increased from 2.0x to 4.0x this year.

HPP invests in programs and initiatives focused on improving member satisfaction:

- Introduced a post-visit survey in March 2018. Paused the surveys in 2020 to re-evaluate the program. Resumed in April 2021.
- Survey results used toward a satisfaction measure in the QCP program.
- Top performers are rewarded with an additional PMPM payment and low performers will receive a reduced QCP payout (applied to all participating product benchmarks included).
- The 2021 benchmarks will be used for the upcoming April QCP recalculation that affects payments from May 2022-April 2023. 2022 benchmarks will be released with the updated 2022 QCP Manual in the near future.



Medicare Member Satisfaction Survey Performance

Measure	2019 CMS Score	2019 Vendor Percentile Ranking
Annual Flu Vaccine	68	28 th
Getting Needed Care	81	< 15 th
Getting Appointments and Care Quickly	73	< 15 th
Health Plan Customer Service	90	21 st
Care Coordination	83	< 15 th
Member's Rating of Health Care Quality	Na	< 15 th
Rating of Health Plan	87	63 rd
Member's Rating of Drug Plan	87	81 st
Getting Needed Prescription Drugs	90	32 nd



Program Risk

- ➤ All CAHPS measures will increase to a weight of 2.0x to 4.0x for 2022's survey
- ➤ This survey will be fielded between March June 2022

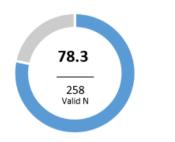
Medicare Member Satisfaction Survey Performance

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Survey Year	Annual Flu Vaccine	Getting Needed Care	Getting Appointments and Care Quickly	Health Plan Customer Service	Care Coordination	Member's Rating of Health Care Quality	Rating of Health Plan	Member's Rating of Drug Plan	Getting Needed Prescription Drugs
2017	3	1	1	1	3	2	4	3	1
2018	3	2	1	3	2	2	4	5	4
2019 & 2020	2	2	1	3	3	Na	4	4	4



Getting Needed Care: Attribute Questions

Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

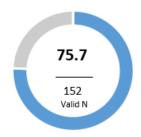


CMS	83.6
SPH	82.2
2017	76.2
2018	76.6
2019	78.3

Percentile Ranking 2019 SPH BoB

19th

Q29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?



CMS	82.1
SPH	80.8
2017	75.1
2018	74.9
2019	75.7

Health Partners Plans

Percentile Ranking 2019 SPH BoB

- Work to support patients in navigating healthcare and remove obstacles, such as:
 - Serve patients quickly.
 - Treat urgent issues promptly.
 - Minimize wait times.
 - Follow-up about appointment times and test results.
 - Develop a guide to help prepare patients for specialist visits, including understanding the reason for the visit, expectations and responsibilities.
- Ensure Customer Service representatives are able to accurately advise members of available alternatives for care, such as:
 - Walk-in clinics
 - Urgent care
 - Specialists
 - o Labs



Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"I would like the flexibility to be on call to fill an appointment that was cancelled. The process for this right now is you have to call each day to see if there has been a cancellation. They won't put you on a list."



- Explore alternative technologies to expand access to care:
 - Telehealth
 - o Telemedicine
 - Patient portals
- Review and simplify processes (i.e., pre-certifications, authorizations, referrals) for both patients and provider, including messages and communications. Crossreference with complaints, concerns, and quality of care issues. Improve and clarify processes and communications.
- Evaluate and simplify member communications, assuring that members are clearly told why something is not approved. When appropriate, offer suggestions for next steps or alternatives.



Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"In an experience with an in-home provider, I was surprised how much they covered. She made me comfortable."



Getting Care Quickly: Attribute Questions

Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?







Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?



CMS	84.1
SPH	83.0
2017	77.4
2018	77.0
2019	79.4



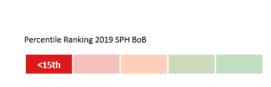
Q8. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?

52.7



CMS	63.2
SPH	61.8
2017	51.3
2018	50.6
2019	52.7

2040





- Discuss scheduling best practices and how to improve access to routine/urgent care.
 Consider online scheduling or scheduling routine appointments well in advance (e.g., 12 months). Provide tools, resources, support, and assessment.
- Inform patients of expected wait times during check-in. Keep them informed if there is a delay. Communicate delays apologetically and offer to reschedule if necessary.
- Support, encourage and assist in approaches toward open access scheduling. Allow a portion of each day to remain open for urgent care and/or follow-up care.
- Contract with additional providers for urgent and after-hour appointments/availability.



Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"If I feel it is critical to get in, I may explain to the receptionist my concerns. Usually, they are willing to work around or into schedules."



- Explore partnering with 24-hour urgent care or walk-in clinics.
- Educate staff about health plan and regulatory appointment wait time requirements or standards (i.e., CAHPS, CMS, states, etc.). Identify opportunities for improvement.
- Provide patients streamlined tools and resources (i.e., web resources, apps) about:
 - o Benefits
 - o Providers
 - o Referrals
 - Scheduling appointments
 - o Costs
- Consider alternative convenient sources of information (e.g., newsletter inserts, refrigerator magnet) for patients.



Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"An ideal process would be setting up appointments online, for both in-office and telemedicine appointments."



Care Coordination Attribute Questions

Q18. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?





CMS



Percentile Ranking 2019 SPH BoB

Q20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?



2019	72.4
2018	76.6
2017	76.6
SPH	83.6





<15th

Q21. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?



CMS	84.6
SPH	84.1
2017	76.3
2018	76.8
2019	72.8





Care Coordination Attribute Questions

Q23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?



CMS	82.0
SPH	82.7
2017	81.3
2018	80.0
2019	79.8



Q26. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?



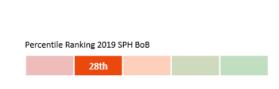
CMS	87.2
SPH	86.5
2017	81.4
2018	81.7
2019	84.9



Q32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?



CMS	80.3
SPH	80.7
2017	80.6
2018	79.4
2019	79.0





Coordination of Care: Improvement Strategies

- Inform, support, and remind providers about coordination of care expectations, timely notification requirements, and standards of care for post-visit follow up to all PCPs.
- All provider communications should focus on the vital communications between PCPs and specialists. Explore options to support and facilitate these vital communications.
- Support and facilitate a patient-centered care management approach within and across provider networks.



Getting Care Quickly: Coordination of Care

Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"My doctors do have access to my previous records. Unfortunately, they all do not read up on it before your appointment. You spend 30 minutes answering questions in the office and most of the time no one reads it."



Coordination of Care: Improvement Strategies

- Potential improvement strategies:
 - Discuss the pros and cons of each medication before prescribing.
 - Listen to patient medication feedback.
 - o Partner with patients on a medication treatment plan.
 - Recognize that cost may be an issue, give members alternatives, resources and methods to address.
 - Encourage patients to bring a list of all medications, including dosage and frequency to all appointments.
- Encourage providers to prompt patients and patients to speak up when seeing providers (i.e., mutual interactions that review and discuss care, tests and/or treatments involving other providers).
- Ask patients to share specific details about recent specialty care since their last visit.



Getting Care Quickly: Coordination of Care

Voice of the Member (SPH National Sample)

Recommended actions for improvement based on comments from adult consumers across the country with health insurance coverage.

"Currently, each provider has a unique records system and they do not talk to each other. Some of them send copies to my PCP but most do not."



Resources

HPP hosts regular webinars for our provider network. Visit **hpplans.com/webinars** to view our previous webinars, including Customer Service and Redesigning Access webinars.

Other Resources

- Customer Service Tip Sheet: <u>hpplans.com/customerservice</u>
- Redesigning Access Tip Sheet: <u>hpplans.com/access</u>
- Member Engagement: Quality Improvement Checklist: hpplans.com/checklist

Talk to your NAM for more information and details about our quality and member satisfaction initiatives.



Questions?

HPP staff can discuss all strategies, data, and other CAPHS-related topics mentioned in this webinar with provider offices.

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