



Partners in Performance Webinar

FOCUSING ON THE CAHPS UPDATE

Presented by

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*Coverage for
every stage of life™*



Introduction to the CAHPS Survey



CAHPS Timeline



Provider-Influenced Measures



CAHPS Questions



Communication Skills



Improving Member Experience



Resources

Introduction to the CAHPS® Survey



CAHPS = Consumer Assessment of Healthcare Providers and Systems

- CAHPS is a survey tool which asks members to evaluate their experience with their health plan and healthcare received.
- The CAHPS® survey is sent to a **random sample** of health plan members from all lines of business, starting in February - March of each year.
- Results are anonymous, and member details are not available.

WHAT CAHPS IS:

Required by NCQA for accreditation and by CMS for Star Ratings

Uses standardized NCQA questions

Provides a broad-based view of member issues & concerns

WHAT CAHPS ISN'T:

Health plans do not have the ability to ask custom questions

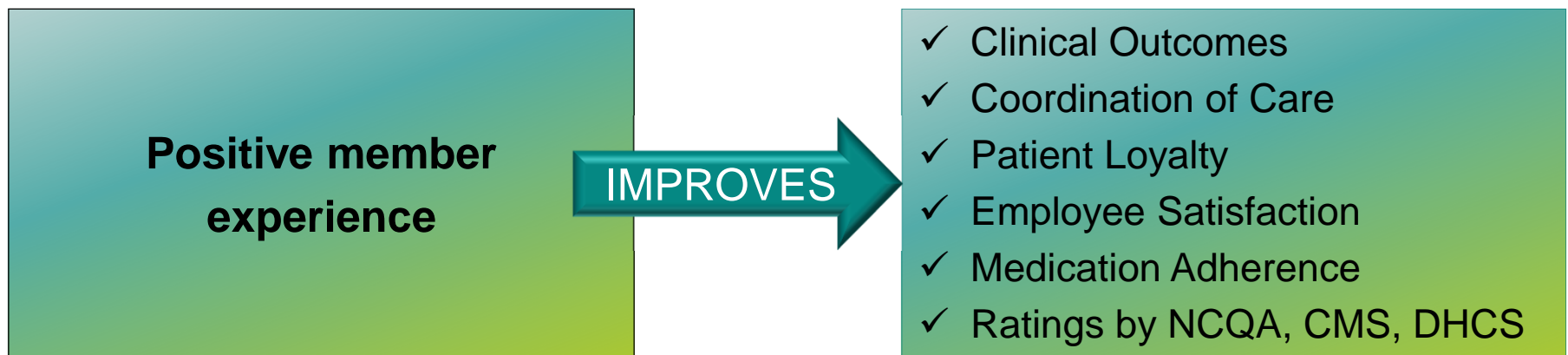
Health plans cannot go into detail on member characteristics

Health plans cannot explore the details of member issues & concerns

Importance of CAHPS

Member experience is becoming increasingly important in the health care industry.

- Positive experience has been shown to improve important clinical outcomes, including prevention and disease management.
- Improving member experience requires a holistic view into the members' care, impacting all aspects of health and ultimately improving quality of life.
- CMS will be increasing the weight given to member experience measures for the Medicare Star Rating, reinforcing the importance of patient/member experience to our regulators.
- **Any interaction with a provider and provider office staff can impact member experience and perceived access to care.**



CAHPS® Survey Overview



TOPICS INCLUDED IN CAHPS SURVEY:



- Access to **routine** and **urgent** care
- Getting appointments with specialists
- How well doctors communicate
- Care coordination
- Ease of getting prescription drugs
- Annual flu and pneumonia vaccine
- Overall rating measures

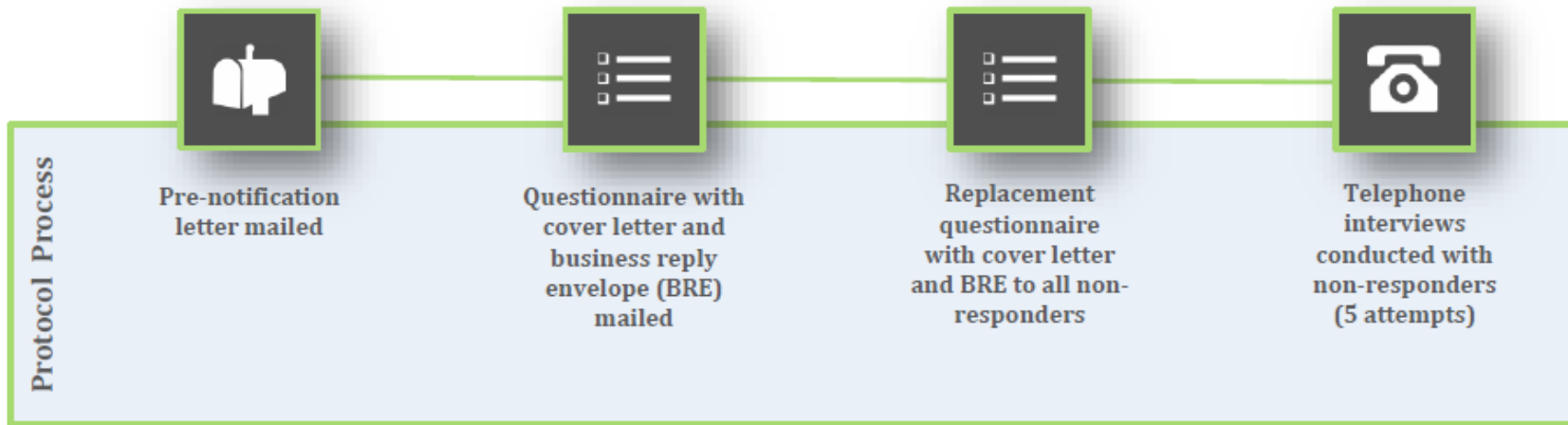
SURVEY CONTENT:

- Core survey cannot be modified in any way. Health Plans can add supplemental questions from a CMS-approved list.

LANGUAGES:

- Health plans have the option to field surveys in English, Spanish, Chinese (and Vietnamese for Medicare).
- A toll-free telephone number is included on the pre-notification letter and survey cover letter for members to call with questions, to take the survey over the phone, and to request the survey in another language.

CAHPS® Survey Protocol



Source: Morpace 2018 CAHPS Summary Report

Estimated Timeline	
February	CAHPS postcard sent
March	Mailed surveys sent
May	Telephone collection
August	Initial CAHPS results
October	Final ratings

For Health Net, the CAHPS Survey is distributed to Medicare, Medi-Cal, Commercial, and Exchange members. Timeline varies slightly by line of business.



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CAHPS Measures

CAHPS measures that impact plan ratings vary by LOB

- Customer Service
 - Access to Information
 - Rating of Health Plan
 - Getting Needed Prescription Drugs
 - Rating of Drug Plan
- 
- Getting Needed Care
 - Getting Appointments and Care Quickly
 - Care Coordination
 - How Well Doctors Communicate
 - Shared Decision Making
 - Rating of Healthcare Quality
 - Rating of Personal Doctor
 - Rating of Specialist
 - Annual Flu Vaccine

**Impacted
by
Providers**

Provider-Driven CAHPS Measures



GETTING NEEDED CARE

Measures how easy it was for patients to get appointments with specialists and treatment believed necessary



GETTING APPTS & CARE QUICKLY

Measures how often patients received urgent and routine care as soon as needed, and appointment wait time



CARE COORDINATION

Measures how often care was coordinated for members, including follow-up for tests, doctors informed of medical records, coordination with specialists



RATING OF HEALTHCARE QUALITY

Measures the members' views of the quality of care they received



ANNUAL FLU VACCINE

Asks patients if they had their flu vaccine since July of the previous year



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Composite Measure: Access to Care

GETTING NEEDED CARE

In the last 6* months...

1. How often did you get an appointment to see a specialist as soon as you needed it?
2. How often was it easy to get the care, tests, or treatment you needed?

GETTING CARE QUICKLY

In the last 6* months...

1. When you needed care right away, how often did you get care as soon as you needed it?
2. How often did you get an appointment for a check-up or routine care as soon as you needed it?
3. How often did you see the person you came to see within 15 minutes of your appointment time?

* 6 month look-back for Medicare , Medi-Cal, and Exchanges CAHPS Surveys

* 12 month look-back for Commercial CAHPS Survey

Composite Measure: Care Coordination

CARE COORDINATION

In the last 6* months...

1. How often did your doctor have your medical records or other information about your care?
2. How often did someone from your personal doctor's office follow up to give you test results?
3. How often did you get those test results (blood test, x-ray, or other tests) as soon as you needed them?
4. How often did you and your personal doctor talk about all the prescription medicines you were taking?
5. Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
6. How often did your personal doctor seem informed and up-to-date about the care you got from specialists?

* 6 month look-back for Medicare , Medi-Cal, and Exchanges CAHPS Surveys

* 12 month look-back for Commercial CAHPS Survey

Composite Measure: Doctors Communication

HOW WELL DOCTORS COMMUNICATE

In the last 6* months...

1. How often did your personal doctor explain things in a way that was easy to understand?
2. How often did your personal doctor listen carefully to you?
3. How often did your personal doctor show respect for what you had to say?
4. How often did your personal doctor spend enough time with you?

* 6 month look-back for Medicare , Medi-Cal, and Exchanges CAHPS Surveys

* 12 month look-back for Commercial CAHPS Survey

Overall Rating Measures

OVERALL RATING MEASURES

Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible...

1. What number would you use to rate all your health care in the last 6* months?
2. What number would you use to rate your personal doctor?
3. What number would you use to rate the specialist you saw most often in the last 6* months?

** 6 month look-back for Medicare , Medi-Cal, and Exchanges CAHPS Surveys*

** 12 month look-back for Commercial CAHPS Survey*



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Provider-Influenced Measures



CAHPS Questions



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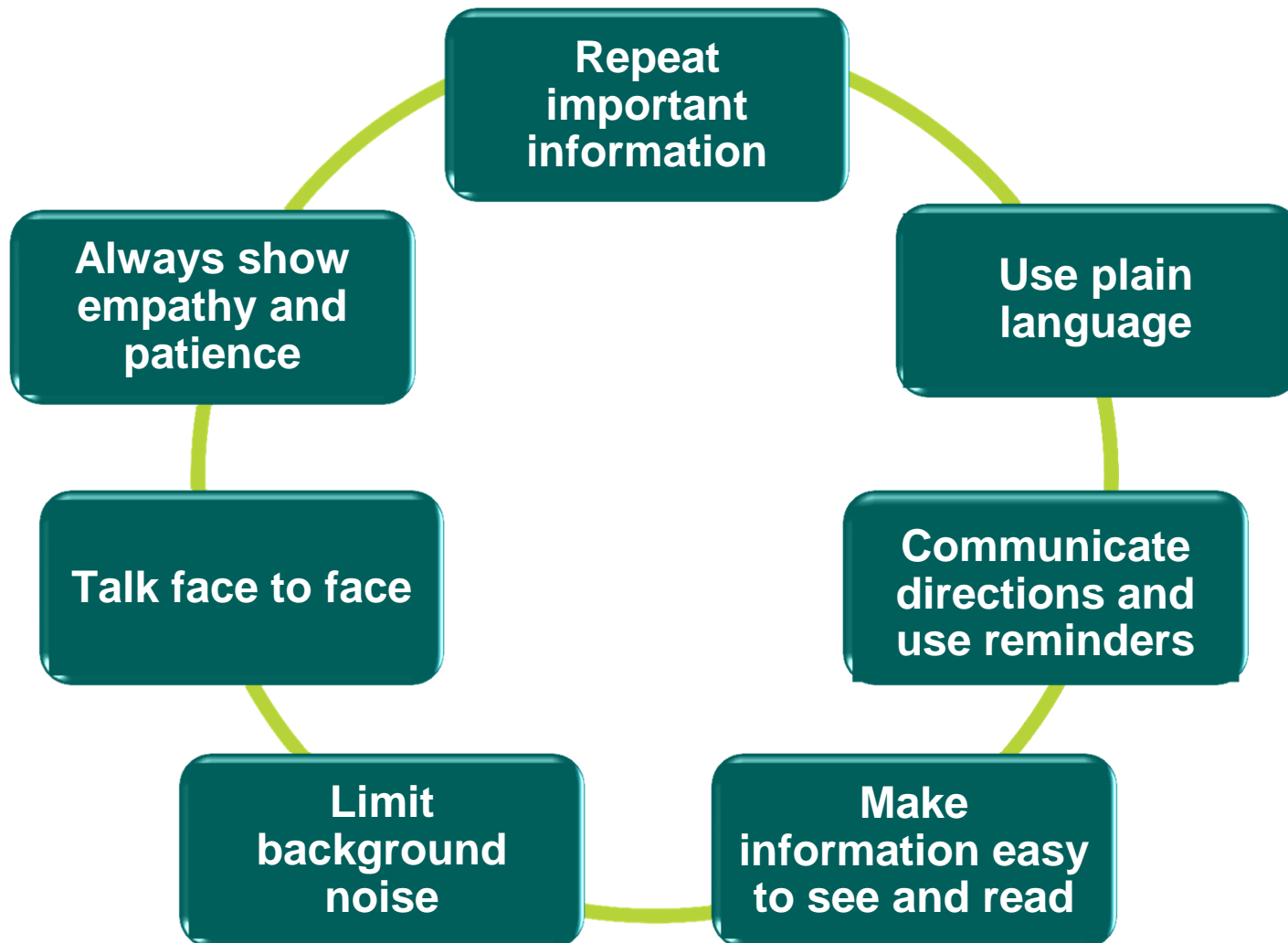


Improving Member Experience



Resources

Communicating with Older Adults



Sensory, Cognitive, and Health Literacy Concerns

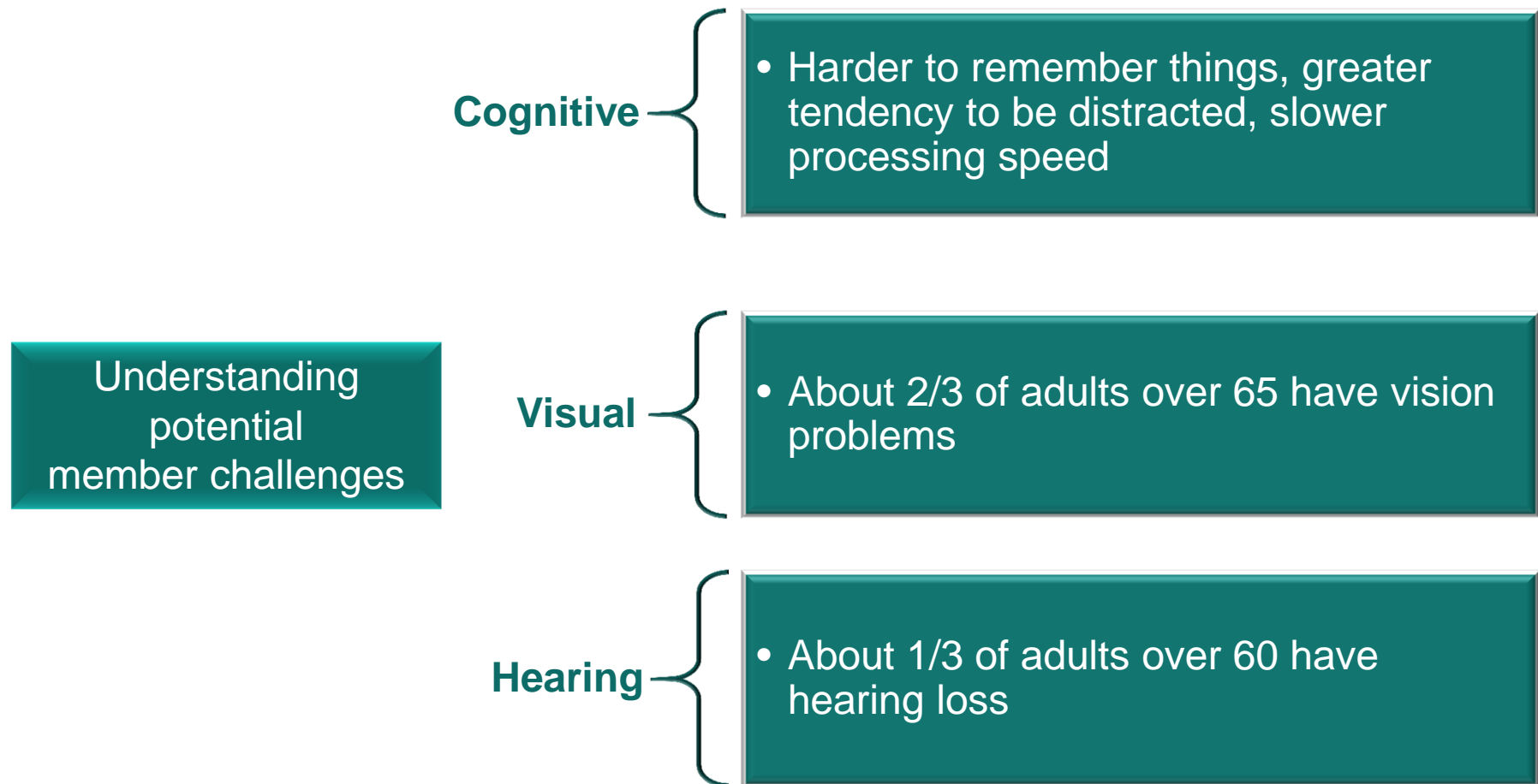
71% of adults older than 60 had difficulty using print materials

90% had difficulty using documents (e.g., forms, charts)

68% had difficulty with interpreting numbers and doing calculations

Meet
Communication
Needs

Sensory, Cognitive, and Health Literacy Concerns





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Improving Member Experience



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Improving Member Experience

ACCESS & AVAILABILITY

- Help members schedule same day appointments for urgent issues. If there are limitations, explain in a way that is easy to understand and with empathy.
- Offer early morning walk-ins/ evening appointments.
- Be consistent with appointment reminder system.
- Communicate any provider delays at time of appointment.

CARE COORDINATION

- Share blood tests, x-rays, and lab results with members.
- If the results are delayed, communicate that to the patient.
- Share results with all applicable providers.
- Help schedule appointments with specialists.
- Discuss medications.

Improving Member Experience

COMMUNICATION

- Ensure provider **and provider office staff** is trained to handle sensitive situations.
- Treat patients with empathy and respect. Listen carefully and express understanding.
- Sitting down during an appt can give the perception of patience.
- Ask questions about past care and treatment.
- Make eye contact.

PRIOR AUTHORIZATIONS AND REFERRALS

- Follow appropriate processes and turnaround times.
- Delays in these areas results in member grievances, complaints, and overall dissatisfaction.
- Explain next steps to patient in a way that is easy to understand.
- Utilize Health Net as a resource to provide any tip sheets would be helpful.

Improving Member Experience

SET EXPECTATIONS

- Inform the member of appropriate and expected timeframes for routine appointments and test results.
- Be familiar with nuances of Health Net's services (e.g., refer to in-network specialists, obtaining diabetic supplies).
- Explain what you are doing during the exam/procedure and involve patient in decision making.
- Recap the visit.

MONITOR EXPERIENCE

- Conduct your own surveys to assess member experience.
- Provide high quality experience so patients show up to appointments and are committed to their care.
- Year-found focus.
- Add patient experience and communication as topic to staff meetings.
- Monitor complaints and identify areas of improvement/additional training.



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Provider Resources


Provider Portal

 Member Experience Toolkits, Tip Sheets, & After-Hours Script
www.healthnet.com

Motivational Interviewing and Cultural Sensitivity

 Website: www.calquality.org
Website: www.iceforhealth.org

Teach Back Method

 SHARE Approach Toolkit www.ahrq.gov

CAHPS and HOS Surveys

 Website: www.ma-pdpcahps.org
Website: www.cms.gov
Website: www.ahrq.gov/cahps/surveys
Website: <http://hosonline.org>



Q&A



Thank you





Appendix



Educational Resources

There are numerous resources available for our providers including CAHPS educational resources, Member Experience toolkits, Behavioral Health materials, and Cultural Diversity Resources. Links are provided in the upcoming slides.



Resources

Providers NOT serving Individual Medicare Advantage (MA) and Individual Family Plan (IFP) products should use the following instructions:

- Log on to Health Net's provider portal at Provider.healthnet.com and follow the path > Working with Health Net > Quality > Quality Improvement Corner, then scroll down to the sections
 - **CAHPS tip sheet** found under the **Provider Tip Sheets**> Consumer Assessment of Healthcare Providers (CAHPS), then select line of business
 - **Member experience tool kit**: found under **Patient Experience Provider Toolkit** section, then select the PDF materials for the desired LOB
 - **After-hours script** can be found on above link in the **Patient Experience Provider Toolkit**> Access to Care section

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 - **ICE booklet** is not ours and no longer branded but is the PDF from that group and is under the **Patient Experience Provider Toolkit**> DOCTOR-PATIENT COMMUNICATION REFERENCE DOCUMENTS
 - **Provider BH Resources** listed in **Behavioral Health Resources for Health Net Providers** as PCP tools for Coordinating Care

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Providers serving individual Medicare Advantage (MA) and Individual Family Plan (IFP) products should use the following instructions:

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