
Medicare CAHPS™ Surveys

Presented by:

Ted Sekscenski

Centers for Medicare & Medicaid Services

Medicare CAHPS™ Fee-For-Service Survey

Medicare CAHPS™ Surveys

Three Parts

- ❖ Managed Care CAHPS™
- ❖ Managed Care Voluntary Disenrollee CAHPS™
- ❖ Medicare Fee-For Service CAHPS™



Medicare CAHPS™ Fee-For-Service Survey

What Does the Survey Tell Us?

- ❖ Consumer information: beneficiaries' experiences with their managed care plan or the Original Medicare health plan
- ❖ Reported on [Medicare.gov](https://www.medicare.gov) website including managed care and fee-for-service comparisons
- ❖ Available in greater detail for monitoring plan performance
- ❖ Quality improvement
 - Can analyze MFFS CAHPS™ measures with clinical measures including Medicare claims data.



Medicare CAHPS™ -FFS

- ❖ Required by BBA 1997
- ❖ Piloted in Six Sites, 1998-99
- ❖ Implemented Nationally Fall 2000
- ❖ Round 2 Implementation Fall 2001



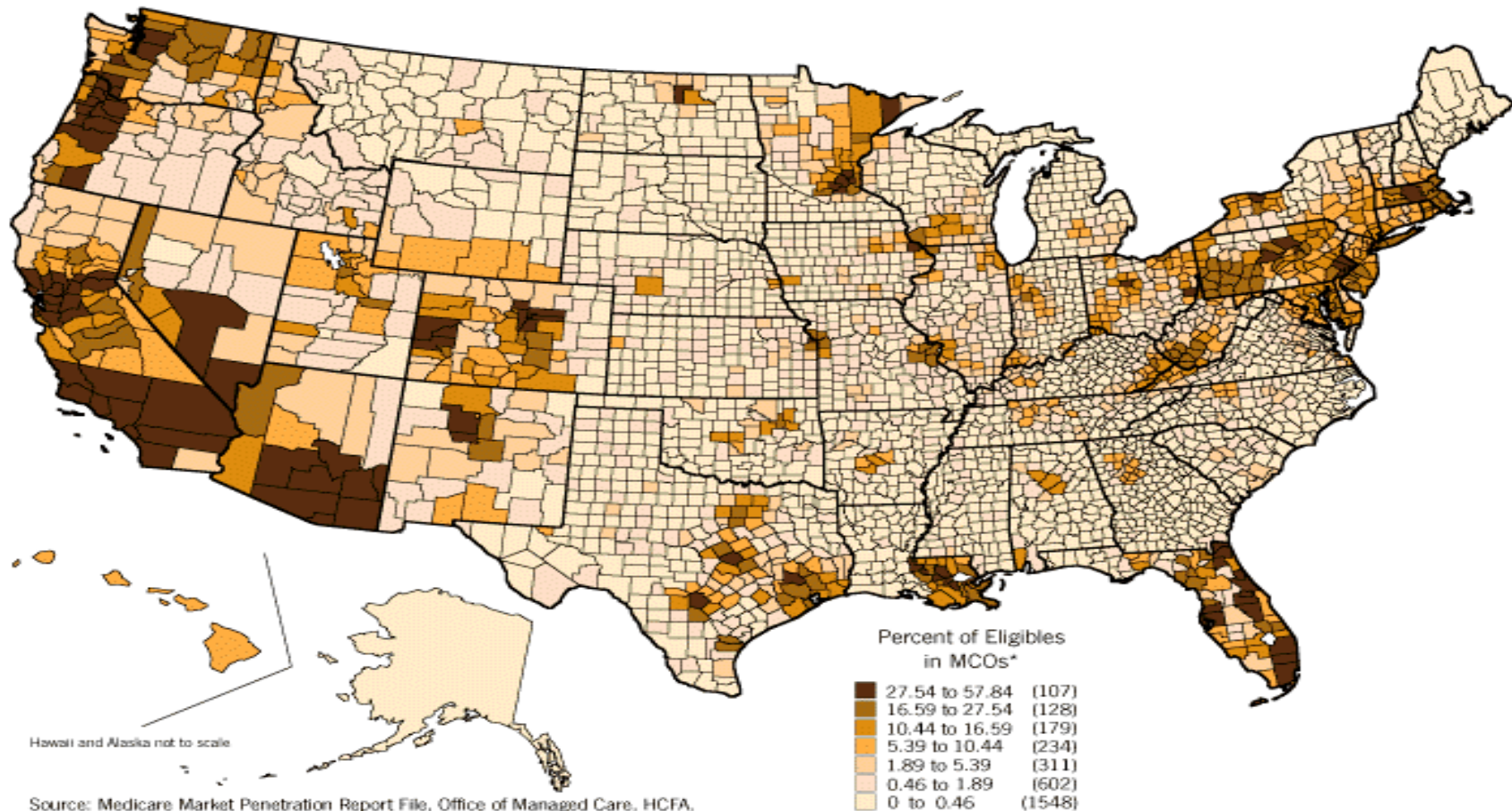
Medicare CAHPS™ Fee-For-Service Survey

2000 MFFS Data Collection

- ❖ National sample collected MFFS Data in 3,000+ counties in 50 states and is representative of 30+ million beneficiaries in Medicare
- ❖ 275 Reporting units were developed using MSA, HSA, & MCCSA boundaries
- ❖ All MFFS measures are based on responses of 300 to 600 beneficiaries in each reporting unit
- ❖ MFFS beneficiaries continually enrolled for 6+ mos., including those 65+ & under 65 years

County-Based Sampling Units

Medicare Fee-For-Service 2000



Source: Medicare Market Penetration Report File, Office of Managed Care, HCFA, US DHHS, 1997; Area Resource File, OHPAR, BHP, HRSA, PHS, US DHHS, February, 1997.

Produced by: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, with support from the Federal Office of Rural Health Policy, HRSA, US DHHS.

*Managed Care Organizations

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The Data

Presented By:

Larry Campbell

RTI

Medicare CAHPS[™] Fee-For-Service Survey

MFFS 2000 - The Data

- ❖ Sample Strategy & Substate Reporting Units
- ❖ MFFS 2000 Survey Data
- ❖ Reaggregating & Linking to Other Data

Sampling Goals

- ❖ Comparison of MFFS experience across both small and aggregated geographic areas
- ❖ Comparison of MFFS to MMC within small meaningful geographical areas with high MMC penetration
- ❖ Provide useful information for designing future MFFS samples

Sampling Strategy

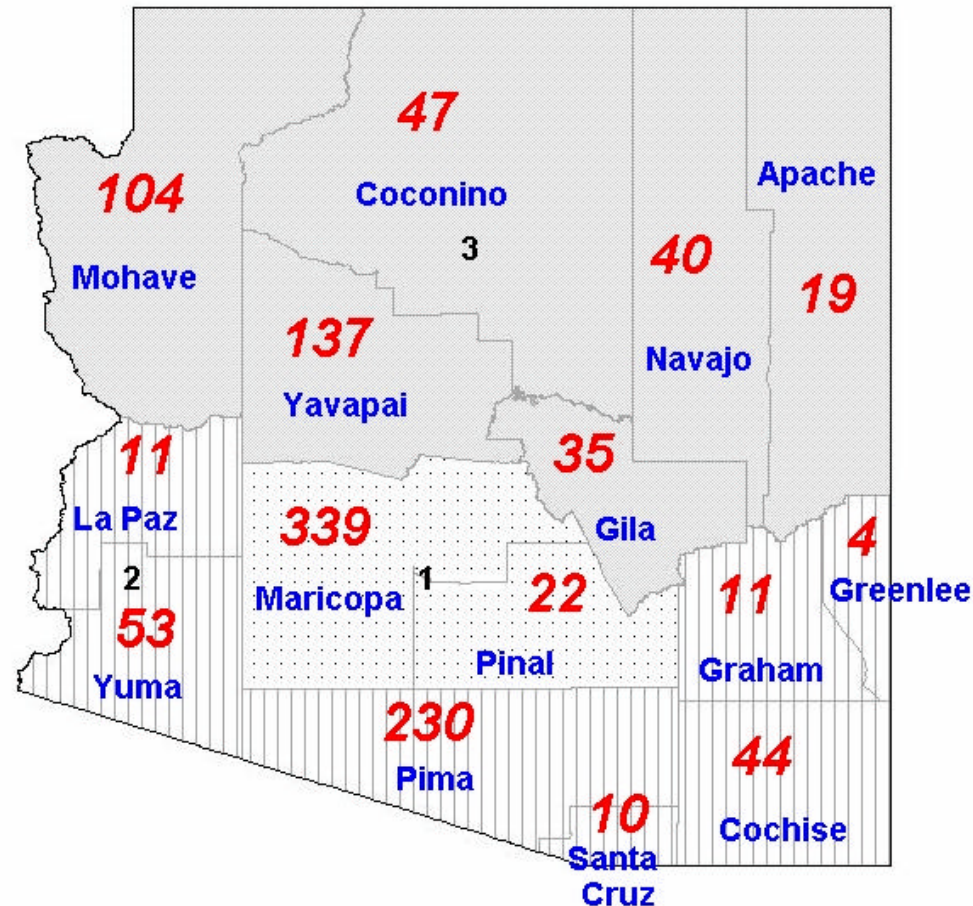
- ❖ Quasi-proportionate sampling within counties within states
- ❖ Group counties into substate reporting units (i.e., reporting units within states), in decreasing priority, by:
 - Contiguity
 - Contract Area boundaries
 - MSA boundaries
 - HSA boundaries

What does all this mean?

- ❖ Data is available at county level
- ❖ Approximately proportionate to size of county
- ❖ Reasonable amounts of sample data is available for analysis at the substate reporting unit level where target was 300 responses
- ❖ CAHPS[™] macros can be run to compare groups where there are at least 300 cases per group but can be run with fewer under some circumstances

ARIZONA

- Number of respondents



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What data is available?

- ❖ SAS datasets by state containing:
 - HIC number
 - Demographics
 - CAHPS questionnaire responses
- ❖ Frequencies on SAS datasets by:
 - State
 - CMS Region
 - Nation

| Order | Variable Name | Variable Type | Variable Length | Variable Label | Format name | Variable Format |
|-------|---------------|---------------|-----------------|--|-------------|---|
| | | | | | | 3 = "3=Not a problem" |
| 269 | QA39 | Num | 4 | How often get prescription medicine? | Q39A | 1 = "1=Never" 2 = "2=Sometimes" 3 = "3=Usually" 4 = "4=Always" |
| 270 | QA40 | Num | 4 | Did you have paperwork for Medicare? | YN. | 1='1=Yes' 2='2=No' |
| 271 | QA41 | Num | 4 | Problem with paperwork for Medicare? | Q41A | 1 = "1=A big problem" 2 = "2=A small problem" 3 = "3=Not a problem" |
| 272 | QA42 | Num | 4 | Look for written info from Medicare? | YN. | 1='1=Yes' 2='2=No' |
| 273 | QA43 | Num | 4 | Prob finding/understanding written info? | Q43A | 1 = "1=A big problem" 2 = "2=A small problem" 3 = "3=Not a problem" |
| 274 | QA44 | Num | 4 | Call Medicare customer service? | YN. | 1='1=Yes' 2='2=No' |
| 275 | QA45 | Num | 4 | Problem getting help from customer serv? | Q45A | 1 = "1=A big problem" 2 = "2=A small problem" 3 = "3=Not a problem" |
| 276 | QA46 | Num | 4 | Rate all your experience with Medicare? | Q46A | 0 = "0=Worst health plan possible" 10 = "10=Best health plan possible" |

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The FREQ Procedure

Rate all your experience with Medicare?

| QA46 | Frequency | Percent | Cumulative Frequency | Cumulative Percent |
|-------------------------------|-----------|---------|-------------------------|-----------------------|
| 0 =Worst health plan possible | 9 | 0.86 | 9 | 0.86 |
| 1 | 2 | 0.19 | 11 | 1.05 |
| 2 | 2 | 0.19 | 13 | 1.24 |
| 3 | 8 | 0.76 | 21 | 2.00 |
| 4 | 12 | 1.14 | 33 | 3.15 |
| 5 | 64 | 6.10 | 97 | 9.25 |
| 6 | 32 | 3.05 | 129 | 12.30 |
| 7 | 81 | 7.72 | 210 | 20.02 |
| 8 | 183 | 17.45 | 393 | 37.46 |
| 9 | 221 | 21.07 | 614 | 58.53 |
| 10 =Best health plan possible | 435 | 41.47 | 1049 | 100.00 |

Frequency Missing = 57

Medicare CAHPS™ Fee-For-Service Survey

Reaggregating & Linking to Other Data

- ❖ Common linking variables:
 - HIC Number
 - Geographical area
- ❖ Potential sources for linking data:
 - CMS files (e.g., claims data)
 - Census data (e.g., Area Resource File)
 - Other CAHPS[®] data (e.g., MMC data)

Go to: <http://cahps-ffs.rti.org/data>

The screenshot shows the homepage of the Medicare CAHPS™ Fee-For-Service Survey website. At the top, a dark blue banner contains the text "Medicare CAHPS™ Fee-For-Service Survey". Below this, a light blue bar features the text "Click Here to Find Out What's New!". On the left side, there is a vertical navigation menu with blue buttons for: Home, Summary Information, Guidelines for Data, Health Services Research Data Links, Conference and Meeting Links, Other Quality of Care Links, Discussion Forum, Frequently Asked Questions, Your Feedback, Center for Medicare & Medicaid Services, and RTI International. The main content area features a large image of a man in a white surgical cap and mask. To the right of this image, a white circular graphic contains the text "Welcome to the Medicare CAHPS™ Fee-For-Service Survey Website". Below the main image is a horizontal strip of smaller photos showing diverse individuals. A text block below the strip reads: "Welcome to the Medicare CAHPS™ Fee-for-Service Survey Website. The site is dedicated to assisting PROs who want to learn more about using CAHPS™ data in their quality improvement activities. This site will show you what the CAHPS™ and other data can contribute to an improved understanding of Medicare beneficiaries' view of the quality of their health care experiences." At the bottom of the main content area, a red italicized line of text says: "PRO Listserve coming soon! Talk to other PROs about quality data."

Last Updated: January 25, 2002 12:52 PM

Medicare CAHPS™ Fee-For-Service Survey

Analyses of Variation in the MFFS CAHPS™ Data

Presented By:

Shulamit L. Bernard, Ph.D., RN

RTI

Medicare CAHPS™ Fee-For-Service Survey

Questions Addressed by Analysis

Examples

- ❖ How do CAHPS™ ratings and composites vary among geographic areas?
- ❖ Do CAHPS™ ratings and composites differ by beneficiary characteristics, including race, health status, insurance?
- ❖ Do CAHPS™ ratings and composites differ among beneficiaries enrolled in Managed Care and those in FFS?
- ❖ Do beneficiaries in poor health who are enrolled in Managed Care rate their experience with their health plan differently than beneficiaries in poor health who are in FFS?

Performance Indicators

Ratings

- ❖ Rate Personal Doctor
rating of personal doctor or nurse
- ❖ Rate Specialist (0-10)
rating of specialist seen most often in past 6 months
- ❖ Rate Health Care (0-10)*
all care in last 6 months from all doctors or other providers
- ❖ Rate Medicare (0-10)*
all experience with Medicare

**ratings reported on the Medicare Compare website*

Performance Indicators

Composites

1. Needed Care Composite*
2. Good Communication Composite*
3. Care Quickly Composite*
4. Respectful Treatment Composite
5. Medicare Customer Service Composite

**reported on the Medicare Compare website*

Performance Measures

Flu Shot Indicator

Not a CAHPS[™] measure -but is used for MFFS and MMC comparisons based on self-report

Did you get a flu shot last year at any time from September to December 1999?

Individual-Level Analysis

- ❖ **Descriptive data analysis**
- ❖ **Cross-tabulations**
- ❖ **Multivariable models**
dependent variables included ratings and indicators from composites reported on the Medicare & You website

Findings from Individual-level Analysis

- ❖ Younger beneficiaries give more negative ratings and composites than older beneficiaries - particularly <65
- ❖ Being male is associated with lower ratings
- ❖ Low education is associated with higher ratings
- ❖ Better health is associated with higher ratings
- ❖ Having a personal doctor is associated with higher ratings
- ❖ Rural residence is associated with higher ratings
- ❖ Higher MMC penetration is associated with higher ratings

Findings Related to Insurance

Findings are not consistent:

- ❖ Both dual eligibility and those with no additional insurance report more problems with items in the *“Needed Care Composite”* but, Not having additional insurance is associated with lower ratings for *“Rate Health Care”* and *“Rate Medicare”*, while...
- ❖ Dual eligibles are more likely to report problems in the *“Care Quickly Composite”* and, they are also more likely to give higher ratings for *“Rate Medicare”*.

MFFS and MMC Comparisons

- ❖ Comparisons include 42 states and the District of Columbia
- ❖ Indicators include:
 - Rate Health Care
 - Rate Medicare
 - Needed Care Composite
 - Good Communication Composite
 - Care Quickly Composite
 - Flu Shot
- ❖ Results are weighted and case-mix adjusted

MFFS/MMC Comparisons

Key Findings

- ❖ More MFFS beneficiaries gave positive responses (“*not a problem*”, “*always*” or “*10*”) to:
Needed Care Composite and *Rate Medicare*
- ❖ More MMC beneficiaries gave positive responses to:
Good Communication Composite and *Flu Shot*

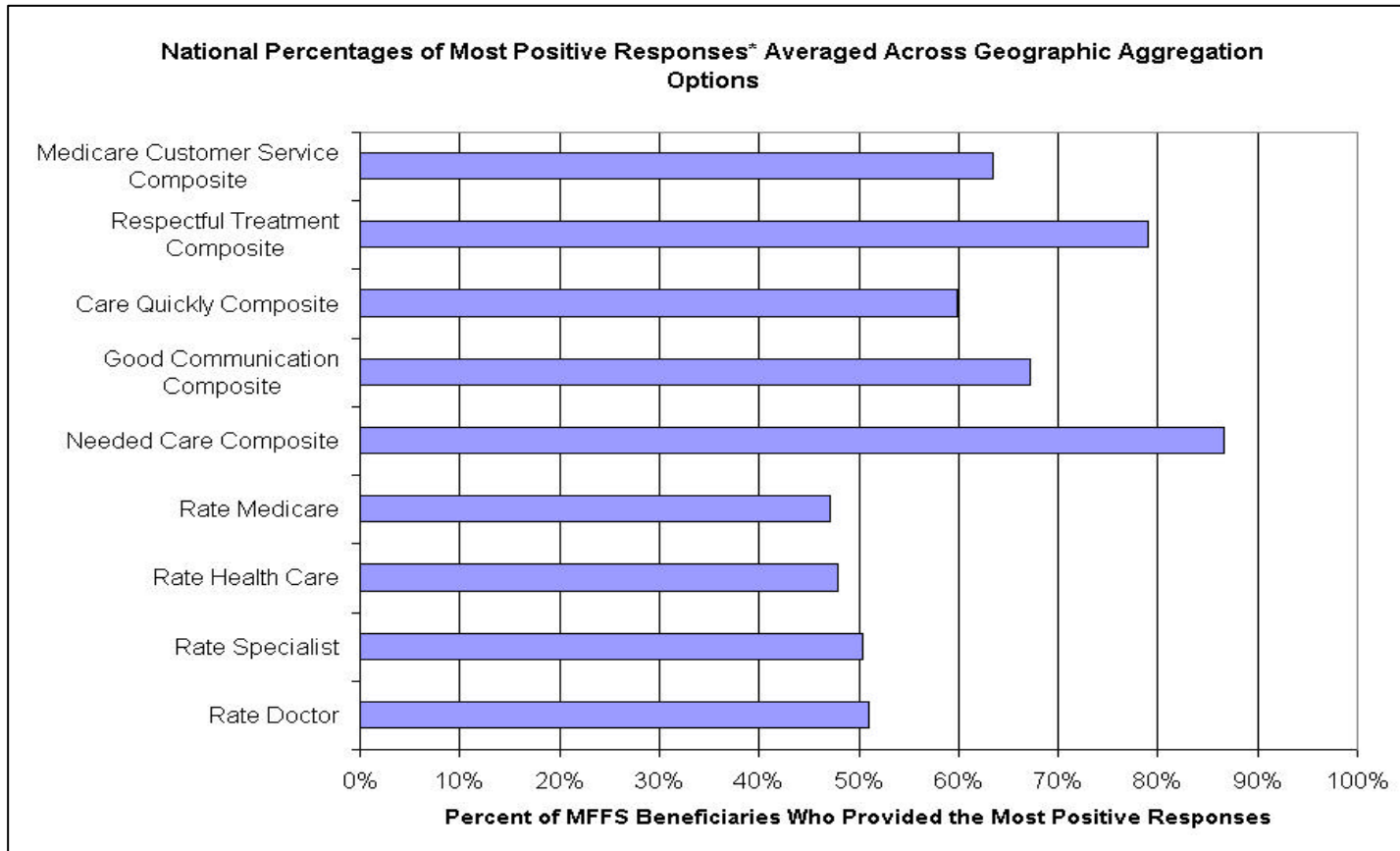
MFFS/MMC Comparisons

Differences by Health Status

- ❖ Beneficiaries who self-report being in poor or fair health in general, give higher ratings if they are enrolled in MFFS
- ❖ Beneficiaries who self report being in excellent or very good health in general, give same or higher ratings to MMC

Performance Measures

National Estimates

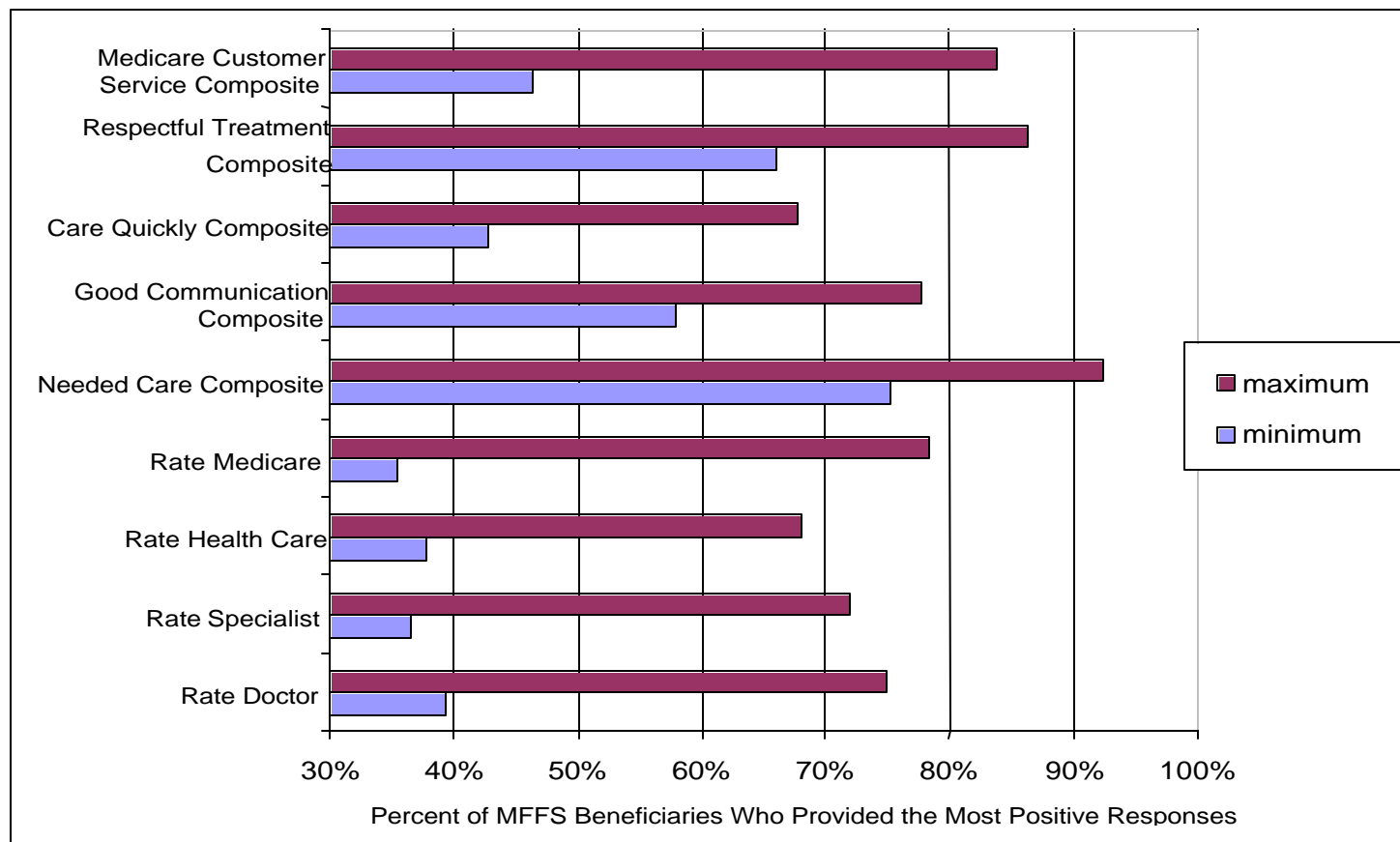


* Most positive responses include a rating of 10, or answers of "always" or "not a problem."

Medicare CAHPS™ Fee-For-Service Survey

Geographic Variation: Key Findings

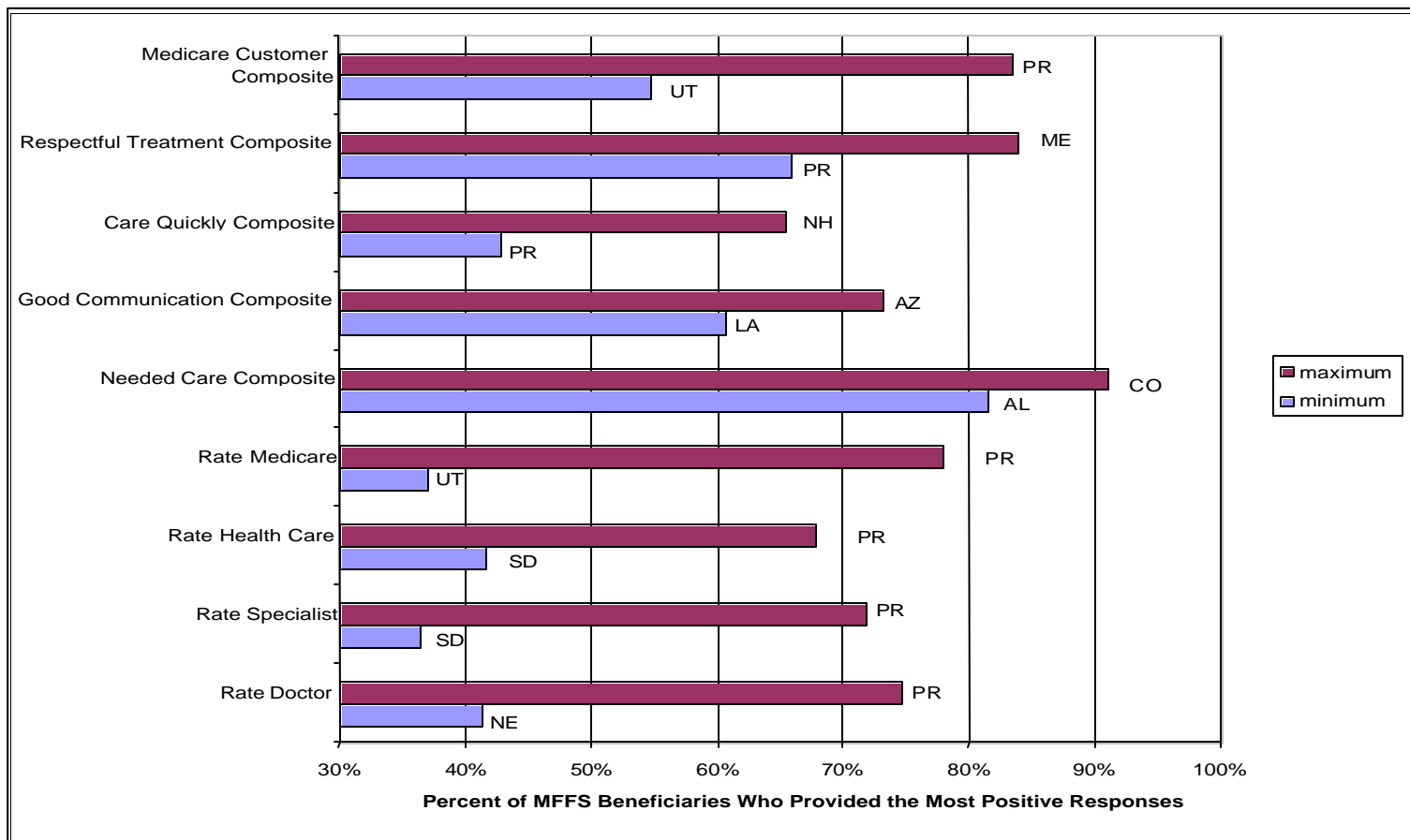
Range of Most Positive Responses* Across Geographic Areas



* Most positive responses include a rating of 10, or answers of "always" or "not a problem."

Geographic Variation: Key Findings

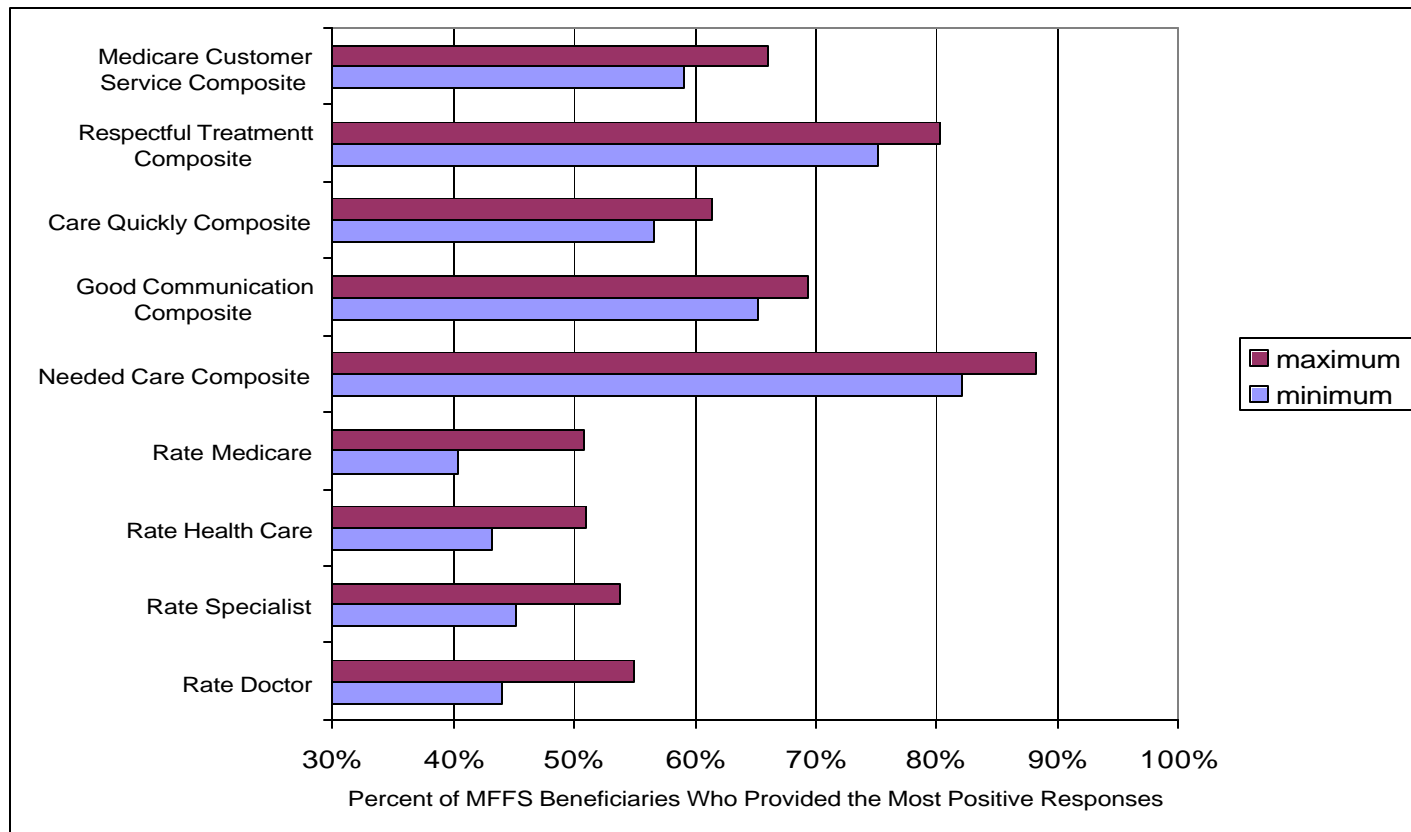
Range of Most Positive Responses* Across States



* Most positive responses include a rating of 10, or answers of “always” or “not a problem.”

Geographic Variation: Key Findings

Range of Most Positive Responses* Across CMS/HCFA Regions

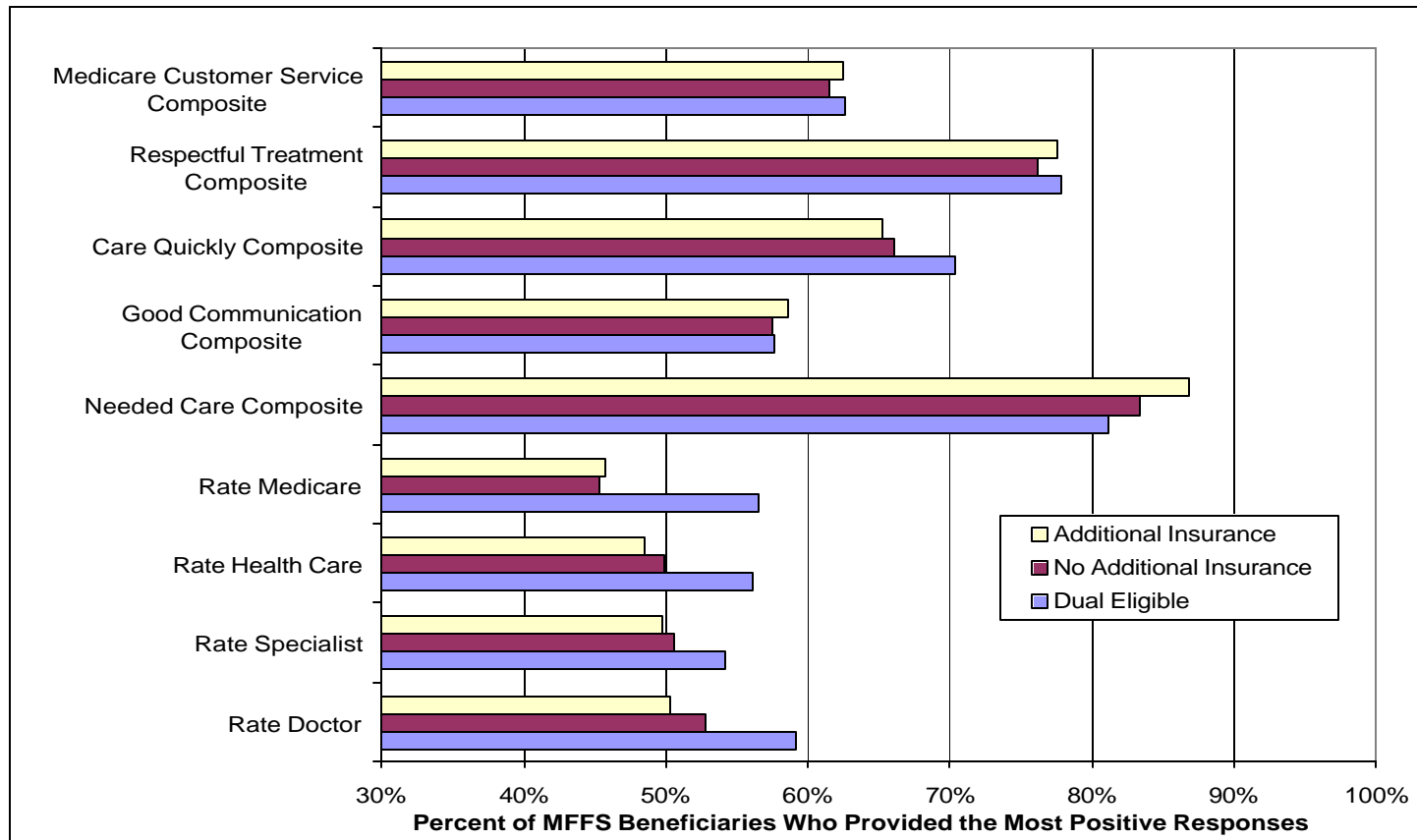


* Most positive responses include a rating of 10, or answers of "always" or "not a problem."

Variation of Measures

Insurance

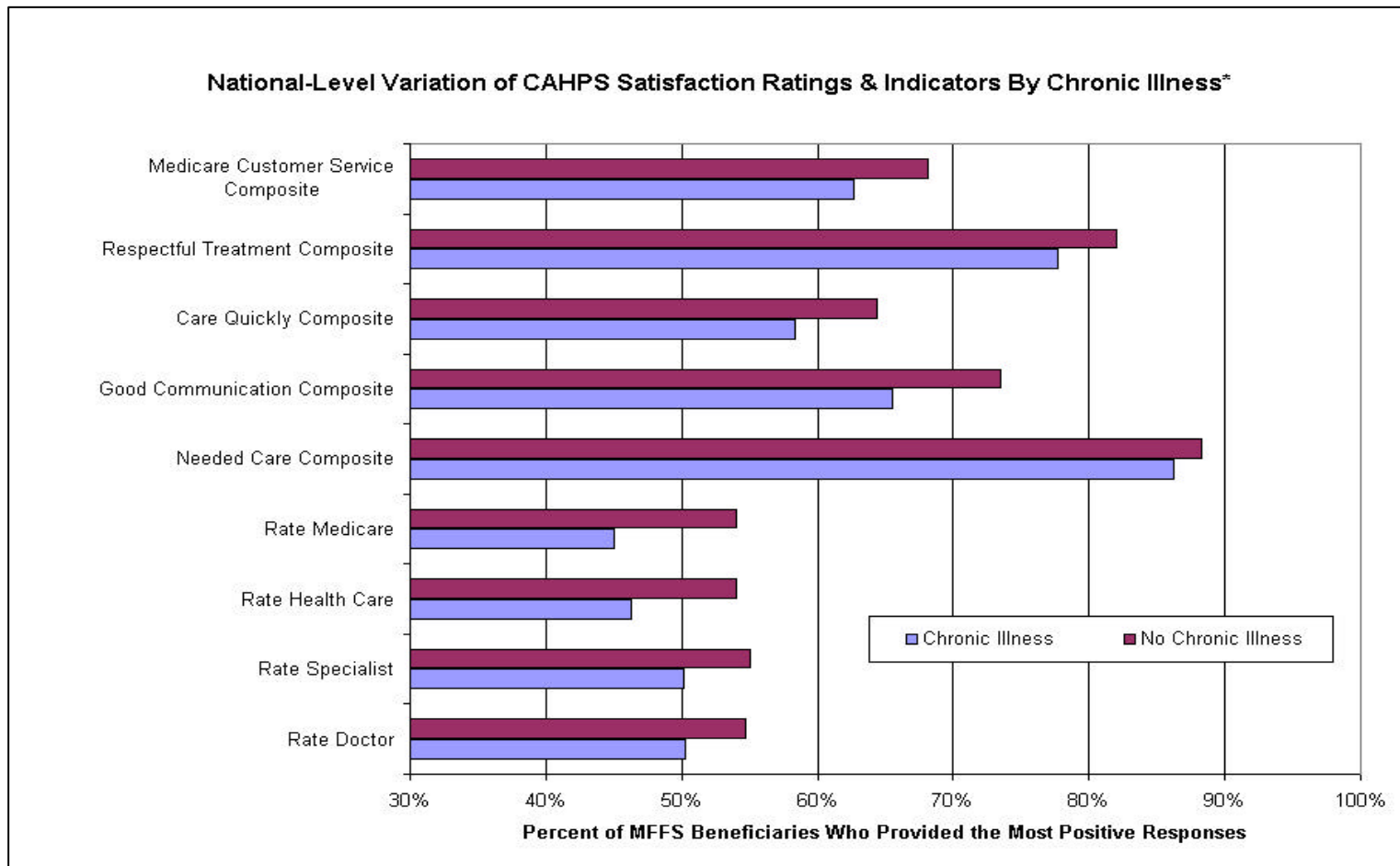
National-Level Variation of CAHPS Satisfaction Ratings and Composites By Type of Insurance*



* Estimates are weighted and case-mix adjusted.

Variation of Measures

Presence of Chronic Illness



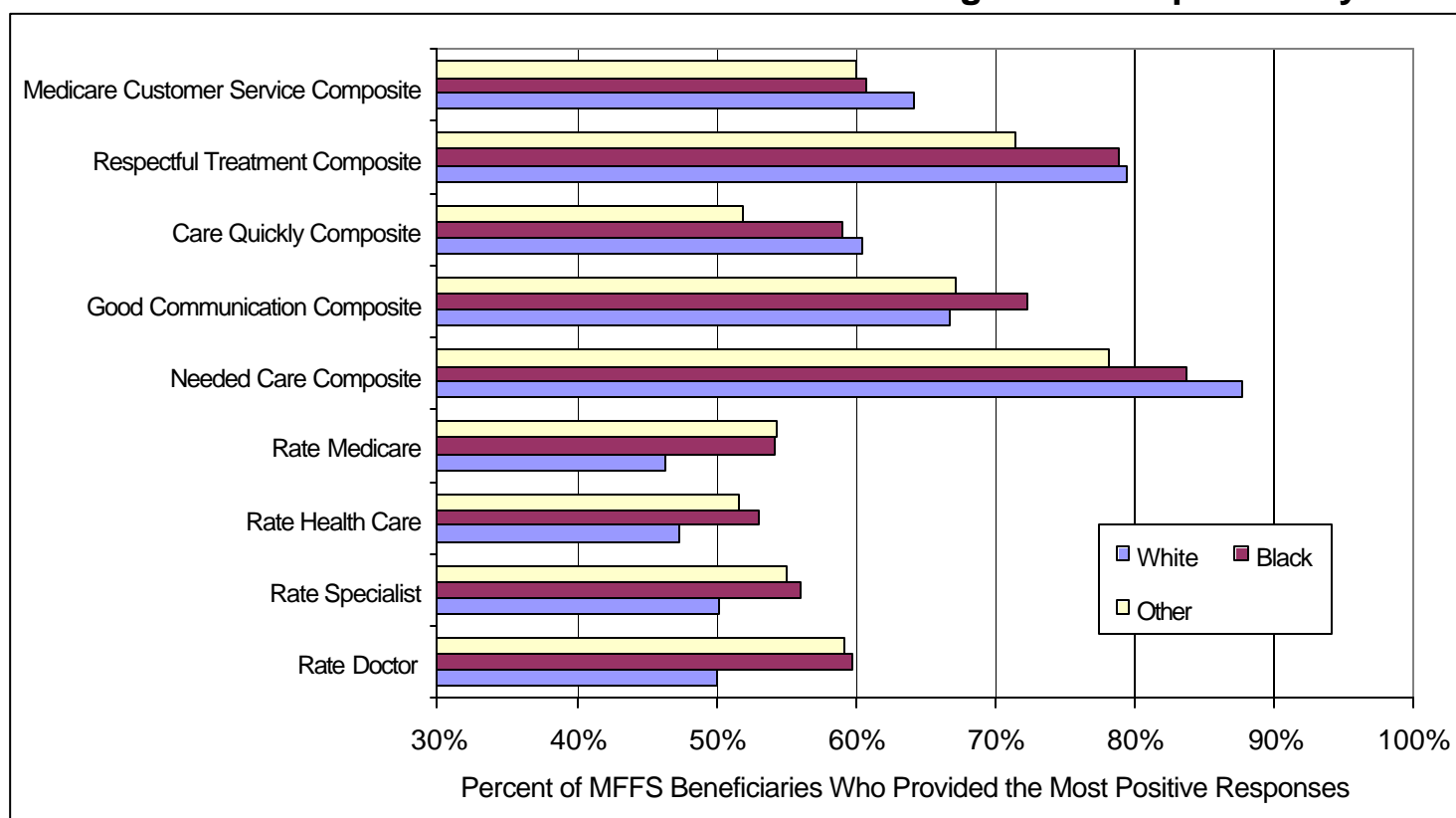
* All estimates are weighted.

Medicare CAHPS™ Fee-For-Service Survey

Variation of Measures

Race

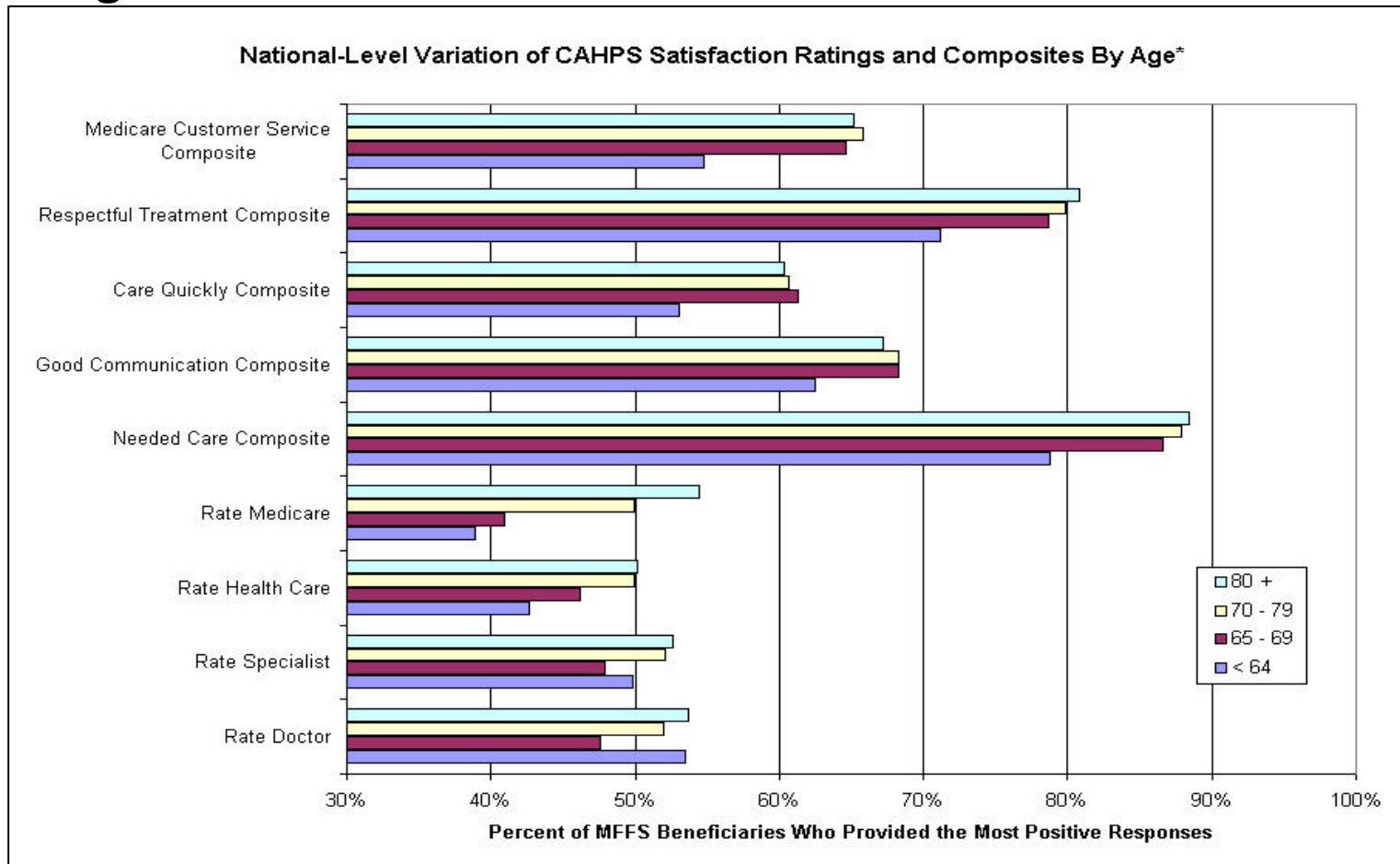
National-Level Variation of CAHPS Satisfaction Ratings and Composites By Race*



* Estimates are weighted and case-mix adjusted

Variation of Measures

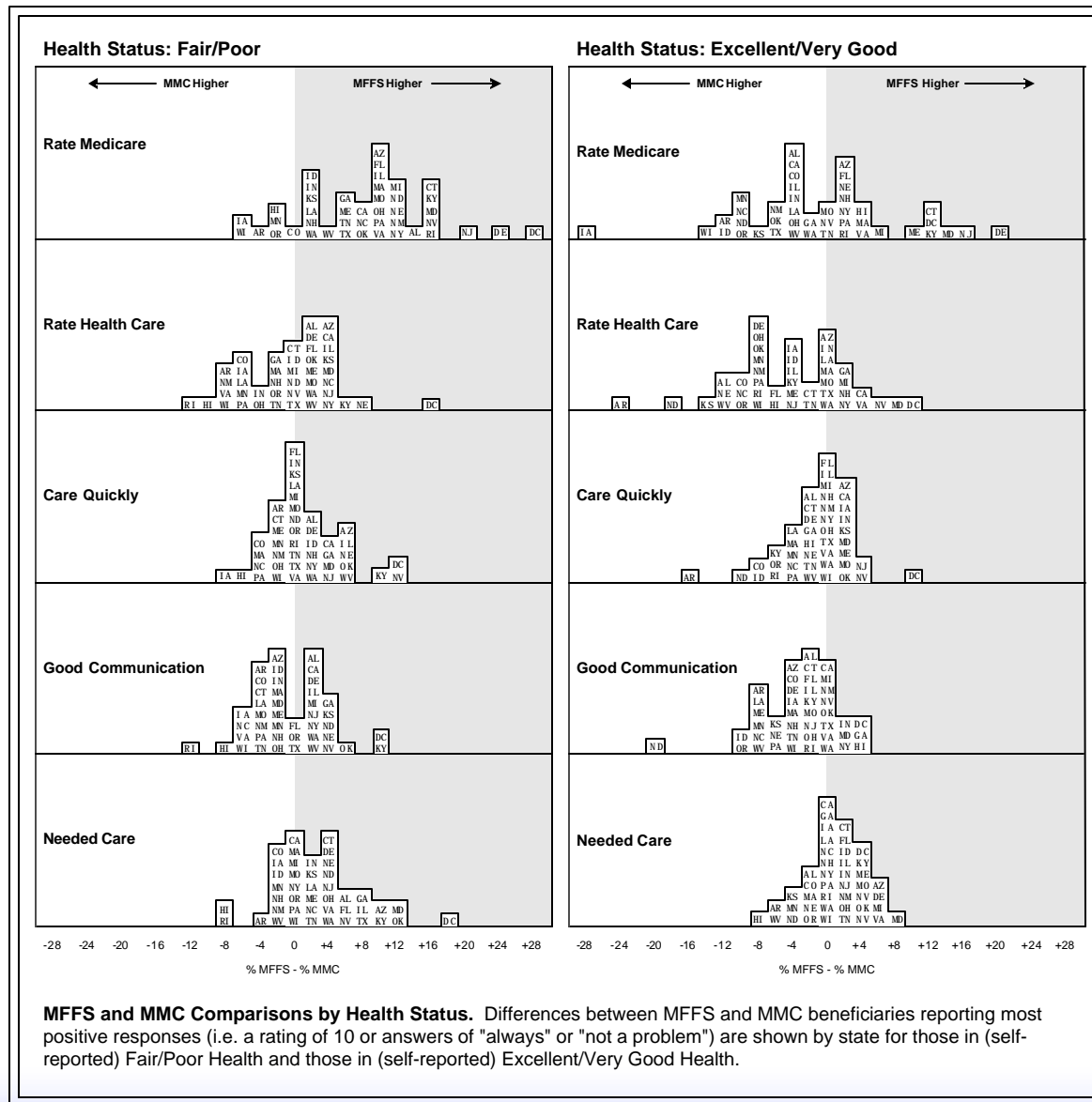
Age



* All estimates are weighted.

Medicare CAHPS™ Fee-For-Service Survey

Medicare Fee-For-Service and Medicare Managed Care Comparisons by Health Status



Can MFFS CAHPS™ Data Be Used to Improve the Quality of Clinical Care?

Presented By:

Arthur J. Bonito, Ph.D.

RTI

Medicare CAHPS™ Fee-For-Service Survey

Background and Context

- ❖ Task Goal
 - Encourage and facilitate use of MFFS CAHPS™ data for quality improvement
- ❖ PRO/QIO Situation
 - Limited familiarity with CAHPS™ data
 - Little experience using CAHPS™ data
 - Little active interest in using CAHPS™ data
 - Absence of administrative or clinical focus
 - No established paradigm for using CAHPS™ in PRO/QIO quality improvement projects

Our Research Questions

- ❖ Do rates of flu shot use differ by the quality rating of office staff helpfulness and courtesy? Same for MD communication?
- ❖ Do rates of pneumonia immunization differ by the quality rating of office staff helpfulness and courtesy? Same for MD communication?
- ❖ Are any of the service use rate differences eliminated by adjusting for confounding variables related to immunization rates?
- ❖ How do the differences in service use rates associated with service quality measures compare with differences in service use rates associated with the confounders?

Analytic Approach Employed

- ❖ Nationally weighted sample of the Medicare fee-for-service beneficiary population
- ❖ N = 93,000 + Medicare beneficiary responses
- ❖ All had at least one medical visit
- ❖ All were at least 65 years of age
- ❖ Preventive service measures self-reported
- ❖ Model preventive service use (flu shot and pneumonia shot) as a function of provider service quality, patient socio-economic and health characteristics, and geographic factors.

CAHPS™ Measures of Service Quality

❖ Physician's Staff Helpfulness

- Treated with courtesy and respect
- Helpful

❖ Physician's Communications Skill

- Listens
- Explains things
- Respects what you say
- Spends time

CAHPS™ Measures of Clinical Quality

- ❖ **Use of Preventive Services/Compliance with Preventive Services Recommendations**
 - Ever received a pneumonia immunization
 - Obtained a flu shot this year

Other CAHPS™ Measures

Socio-Economic and Geographic

- ❖ Gender
- ❖ Age group
- ❖ Health status
- ❖ Number of visits
- ❖ Race and ethnicity
- ❖ Educational level
- ❖ U S Census division

Comparison of Raw and Adjusted Rates

Influenza and Pneumonia Immunization According to Staff Helpfulness

❖ Raw Flu Shot Rate

- Highest Staff Helpfulness 76%
- Lower Staff Helpfulness 69%

❖ Raw Pneumonia Shot Rate

- Highest Staff Helpfulness 65%
- Lower Staff Helpfulness 58%

❖ Adjusted Flu Shot Rate

- Highest Staff Helpfulness 76%
- Lower Staff Helpfulness 70%

❖ Adjusted Pneumonia Shot Rate

- Highest Staff Helpfulness 65%
- Lower Staff Helpfulness 59%

Comparison of Raw and Adjusted Rates

Influenza and Pneumonia Immunization According to MD Communication

❖ Raw Flu Shot Rate

- Highest MD Communication 74%
- Lower MD Communication 71%

❖ Raw Pneumonia Shot Rate

- Highest MD Communication 63%
- Lower MD Communication 61%

❖ Adjusted Flu Shot Rate

- Highest MD Communication 75%
- Lower MD Communication 72%

❖ Adjusted Pneumonia Shot Rate

- Highest MD Communication 63%
- Lower MD Communication 61%

Range of Flu Shot Rates

Adjusted for Other Significant Variables and Staff Helpfulness Score

❖ Gender

- Female 74%
- Male 73%

❖ Health status

- Excellent 63%
- Good 74%
- Poor 78%

❖ Race/ethnic group

- NH Black 57%
- Hispanic 65%
- NH White 75%

❖ Age group

- 65-69 years 66%
- 80 + years 77%

Range of Flu Shot Rates

Adjusted for Other Significant Variables and Staff Helpfulness Score (cont.)

❖ Educational level

- College graduate 79%
- High school graduate 73%
- 8th grade or less 66%

❖ Number of MD visits

- 1-3 visits 74%
- 4+ visits 72%

❖ U S Census division

- Middle Atlantic 71%
- East North Central 73%
- New England and West North Central 77%
- South Atlantic and East South Central 72%
- West South Central and Pacific 74%
- Mountain 76%

Conclusions

- ❖ Dimensions of CAHPS™ service quality are associated with the use of clinical preventive services.
- ❖ The relationship between service quality and clinical service use is not an artifact of associations with other seemingly important correlates of clinical preventive service use.
- ❖ Increases in the use of clinical preventive services may be achieved by efforts that target low using patient populations defined by socio-economic and geographic characteristics.
- ❖ Additional approaches to increasing the use of clinical preventive services should include efforts that seek to improve dimension of provider's service quality.

Medicare CAHPS™ FFS Survey Website

Go to: <http://cahps-ffs.rti.org/data>

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