The Medicare Health Outcomes Survey Program (HOS)

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What is the Medicare HOS?

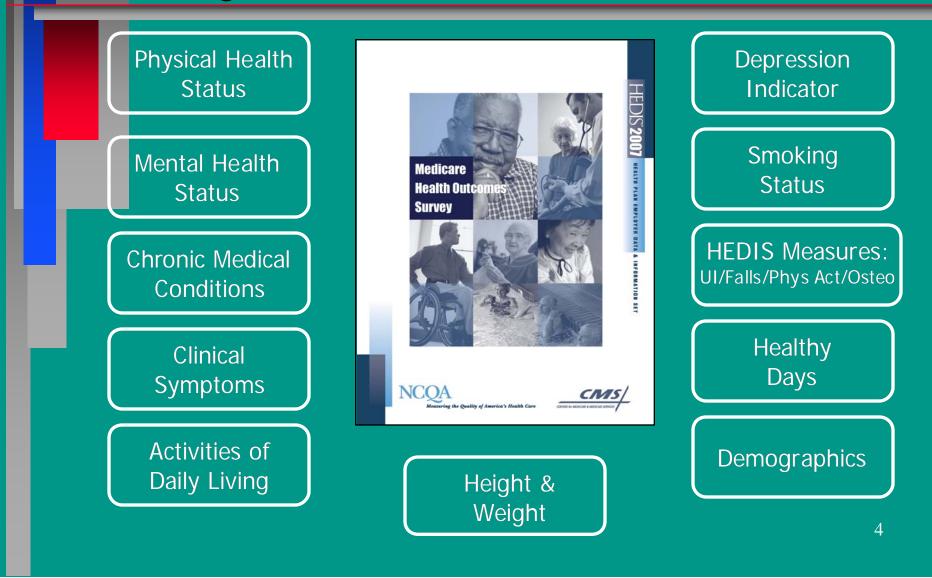
 Medicare HOS Program of CMS since 1998
 Annual survey of 1,200 randomly selected (non-ESRD) Medicare beneficiaries in EACH managed care plan under contract to CMS
 Collects longitudinal health status data (remeasurement at 2 years)
 Solf administered mail survey with telephone

Self-administered mail survey with telephone follow-up

Goal of HOS Program

Collect Valid and Reliable Data That May Be Used To Promote:
Managed Care Performance Assessment
Quality Improvement
Beneficiary Choice
Outcomes Research

Survey Content



HOS Outcome Measure

% whose physical and mental health improved over two years;

% whose physical and mental health remained the same over two years; and,

% whose physical and mental health declined over two years.

* All numbers are case-mix and risk adjusted for valid comparison between health plans.

Health Outcomes Survey-Modified (HOS-M)

Shorter, modified version of HOS instrument

- 12 item Health Survey
- Activities of Daily Living
- Memory Loss Question
- UI Question

Allows CMS to adjust payment for specialized Medicare managed care plans treating vulnerable enrollees at greatest risk for poor outcomes

Survey Response Rates

Average national sample approximately 200,000 Medicare managed care enrollees each year

Average response rates (excl. HOS-M)

Baseline – 66%

Follow up (at 2 years) – 83%

Over one-million enrollees surveyed since inaugural year

Key Program Improvements

2003

- New HEDIS Measure Management of Urinary Incontinence in Older Adults
- Add CDC's BRFSS Healthy Days Measure
- Retire Advising Smokers to Quit Battery
- 2005
 - New HEDIS Measure Physical Activity in Older Adults
 - HOS-M implemented

Key Program Improvements (cont.)

2006

- Sample size increased from 1,000 to 1,200
- Core health status questions changed from MOS 36 item Health Survey to Veterans RAND 12 item Health Survey
- 2 New HEDIS Measures Fall Risk Management; Osteoporosis Testing in Older Women
- Add height & weight questions for BMI
- Retired 3 questions on UI and stroke complications

Uses of HOS Data

By CMS to:

- Monitor health plan performance
- Reward top performing plans with regulatory relief
- Construct a frailty adjustor for payment purposes (HOS-M)
- Inform agency programs and priorities (e.g., disabled, health care disparities)

Uses of HOS Data (cont.)

By Medicare managed care plans and Quality Improvement Organizations to target quality improvement activities and resources

By other stakeholders (i.e., federal agencies, advocacy groups, health services researchers) to monitor health of Medicare population, including vulnerable subgroups, and evaluate treatment outcomes

HOS Resources

Email: <u>hos@cms.hhs.gov</u> Web: <u>www.hosonline.org</u>