



Accreditation of Medi-Cal, Healthy Kids  
and Healthy Families Program.

# Using CAHPS and HEDIS to Identify Access Barriers: Assessing the Quality of Care and Health Services Received by Immigrant Children of Indeterminate Status in a Large Urban Medicaid Health Plan, 2008-2010

**Session:** 4191.0, Best Practices of Chronic and Infectious Disease  
Management Among Immigrants and Refugees  
to Promote Healthy Communities

**Section:** Caucus on Refugee and Immigrant Health

**Topic:** Barriers and Enablers that Promote or Impede Health  
of Immigrants and Refugees

**November 1, 2011**

Maryam Maleki

Irene Lee

Shawnalynn Smith Thomas, MPIA

S. Rae Starr, M.Phil., M.OrgBehav.

L.A. Care Health Plan



**L.A. Care**  
HEALTH PLAN®



# Presenter Disclosures

**S. Rae Starr**



**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

I am employed as a Senior Biostatistician at L.A. Care Health Plan – the Local Initiative Health Authority of Los Angeles County, California.

L.A. Care is a public entity competing with commercial insurers in the Medicaid and S-CHIP markets in L.A. County.

**Notes:**

CAHPS® is a registered trade name of the Agency for Healthcare Research and Quality (AHRQ).  
HEDIS® is a registered trade name of the National Committee for Quality Assurance (NCQA).

For a **Healthy Life**

*Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status*

# Outline

- I. Learning Objectives.
  - II. Background on L.A. Care Health Plan.
  - III. Background Literature on Healthy Kids.
  - IV. CAHPS Results: Quality of Service.
  - V. HEDIS Results: Quality of Care.
  - VI. Interpretation of Findings.
  - VII. Recap of Learning Objectives.
  - VIII. Actionability: Opportunities Going Forward.
- Appendix. Sharing Knowledge on Quality Improvement.



# I. Learning Objectives



1. Evaluate differences in health care and health services received among low-income populations, comparing immigrant children versus other pediatric patients.
2. Describe which measures of clinical quality (HEDIS) differentiate between quality of service received by immigrants versus other groups.
3. Describe which measures of health care service quality (CAHPS) differentiate between quality of service received by immigrants versus other groups.
4. Identify which barriers to health care access for low-income patients are more frequently reported by parents of immigrant children versus other parents.

## II. Background – L.A. Care Health Plan



**L.A. Care**  
HEALTH PLAN®

Large, diverse membership in Los Angeles, California:

- Mostly Medicaid, urban, 2/3<sup>rd</sup> pediatric, often Spanish-speaking.
- Roughly 21% of Medicaid managed care population in California.
- Roughly 2.1% of Medicaid managed care population in the U.S.
- Roughly 1-in-14 L.A. County residents is an L.A. Care member.
- Mostly Medicaid, some S-CHIP, SNP, and special programs.
- Serves 10 distinct language concentrations ("threshold languages"): Spanish, English, Armenian, Korean, Cambodian, Chinese, Russian, Vietnamese, Farsi, Tagalog.
- Mostly urban and suburban; 1 semi-rural region in the high desert.

### III. What Is 'Healthy Kids'?



- *Who is covered:* A set of programs in California counties designed to fund healthcare for children in low income families not otherwise eligible for public health coverage.
- *Funding:* These programs were originally funded by tobacco tax money and other sources.
- *Organization:* Usually coordinated by local community coalitions. Initially, this population was covered by CalKids.

# Healthy Kids in Various California Counties



- “Initiatives to expand children’s health insurance in California are evolving primarily at the county level, through joint efforts involving locally focused health plans and foundations, county health and children’s officials, and key stakeholders such as organized labor.”  
<http://www.csulb.edu/~jfrates/docs/Health%20Affairs%20article%20.pdf>
- “Santa Clara and San Francisco have implemented ‘Healthy Kids’ subsidized plans for any children in families with incomes under 300 percent of poverty, and several other counties are developing coverage expansion initiatives that may cover undocumented immigrant children.”  
<http://www.csulb.edu/~jfrates/docs/Health%20Affairs%20article%20.pdf>
- The eligibility requirements for Healthy Kids include the working poor up to 300% Federal Poverty Level (FPL). L.A. Care does not ask the immigration status of the children in the Healthy Kids program.

# Literature: Needs Facing the Healthy Kids Population



Compared to documented immigrants from Mexico, undocumented immigrants were 27% less likely to have seen a doctor in the prior year, and 35% less likely to have a usual source of care.

Bustamante *et al*, 2010, CHIS 2007 data. <http://www.ncbi.nlm.nih.gov/pubmed/20972853>

Immigration status is associated with poorer access to insurance and care for children. However, access to care for immigrant children in California rose from 2001 to 2005. Stevens *et al*, 2008, CHIS 2005 vs CHIS 2001 data. <http://www.ncbi.nlm.nih.gov/pubmed/18780183>

Even when insured, immigrant children fared worse than non-immigrants on access and utilization measures.

Guendelman *et al*, 2005, CHIS 2001 data. <http://www.ncbi.nlm.nih.gov/pubmed/16292496>

Expanded insurance coverage improved health status among children enrolled without reference to immigration status.

Howell *et al*, 2010. <http://www.ncbi.nlm.nih.gov/pubmed/20453380>

*Paradox: Immigrant children have less access, yet better-than-expected health outcomes.* Mendoza, 2009. <http://www.ncbi.nlm.nih.gov/pubmed/19861469>

Relationship of immigrant status to health measures is complex: fewer symptoms, worse access, lower perceived health status.

Javier *et al*, 2007. CHIS 2001, 2003 data, children w/asthma. <http://www.ncbi.nlm.nih.gov/pubmed/17996835>



# Refugee and Immigrant Health -- Factors That Affect the Healthcare Received by Immigrants and Refugees: L.A. Care Findings



- Compared to Medicaid and CHIP, parents of Healthy Kids members gave higher assessments of the health plan, health care, and specialist access measured in CAHPS.
- It is unknown whether Healthy Kids members were getting better services or are simply more appreciative of the care they are receiving -- recognizing it is care they would not otherwise get from federal and state funded sources.
- For HEDIS measures (quality of service), Healthy Kids generally scored worse than the Medicaid and CHIP programs.

## IV. CAHPS Results – Ratings (Pooled 2006-2011)

- Healthy Kids patients got same or better service as Medicaid and CHIP.
- Among members giving the worst scores, the contrast is more distinct.



	<u>Health Plan</u>	<u>Health Care</u>	<u>Doctor</u>	<u>Specialist</u>	<u>Pharmacy</u>
Percent Favorable (giving a favorable rating)					
Healthy Kids	<b>90.5%</b>	78.6%	81.8%	<b>85.0%</b>	77.9%
S-CHIP	<b>85.8%</b>	<b>74.4%</b>	81.3%	79.9%	78.1%
S-CHIP (CHP)	83.3%	<b>80.5%</b>	83.2%	82.9%	77.5%
Medicaid	82.8%	<b>75.6%</b>	81.3%	<b>75.3%</b>	78.8%
Percent Giving Most Unfavorable Ratings (“Who is falling through the cracks?”)					
HKID	0.4%	<b>1.5%</b>	1.6%	<b>1.5%</b>	1.9%
S-CHIP	<b>1.1%</b>	1.5%	<b>1.0%</b>	1.5%	2.2%
S-CHIP (CHP)	1.2%	1.9%	1.7%	1.9%	2.0%
Medicaid	1.6%	<b>2.6%</b>	<b>2.0%</b>	<b>4.6%</b>	2.3%

**Green** = Significantly better than some other population in the table

**Red** = Significantly worse than some other population in the table

**Bold Italic** = Global best -- significantly better, and has the overall high score

**Bold** = Global worst -- significantly worse, and has the overall low score

**Bold Black** = Mixed case: Significantly better and significantly worse than some other population in the table

For a **Healthy Life**

Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status

## CAHPS Results – Composites (Pooled 2006-2011)

- Healthy Kids patients got no different service than Medicaid and CHIP.
- They rate the Health Plan well, but rate specific services less favorably.



L.A. Care  
HEALTH PLAN

	<u>Approvals for Care</u>	<u>Timely Care</u>	<u>Provider Commun.</u>	<u>Customer Service</u>	<u>Shared Decision Making</u>
--	-------------------------------	------------------------	-----------------------------	-----------------------------	-----------------------------------

Percent Favorable (giving a favorable rating)

Healthy Kids	67.8%	72.9%	83.6%	87.7%	61.7%
S-CHIP	<b>71.4%</b>	<b>69.8%</b>	84.5%	<b>89.8%</b>	62.0%
S-CHIP (CHP)	62.0%	75.7%	84.3%	81.8%	58.7%
Medicaid	<b>62.3%</b>	<b>76.1%</b>	84.2%	<b>79.6%</b>	63.6%

Percent Giving Most Unfavorable Ratings (“Who is falling through the cracks?”)

HKID	<b>32.2%</b>	27.1%	16.4%	<b>12.3%</b>	11.8%
S-CHIP	28.6%	<b>30.2%</b>	15.5%	<b>10.2%</b>	11.4%
S-CHIP (CHP)	38.0%	24.3%	15.7%	18.2%	13.0%
Medicaid	<b>37.7%</b>	<b>23.9%</b>	15.8%	<b>20.4%</b>	10.3%

**Green** = Significantly better than some other population in the table

**Red** = Significantly worse than some other population in the table

**Bold Italic** = *Global best -- significantly better, and has the overall high score*

**Bold** = Global worst -- significantly worse, and has the overall low score

**Bold Black** = Mixed case: Significantly better and significantly worse than some other population in the table

For a **Healthy Life**

Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status

## V. HEDIS: Well Care (WC) Visits / Weight Counseling (WCC)

- Healthy Kids performed significantly worse than Medicaid and CHIP.
- The differences are large and clinically meaningful.



	<b><u>Adolescent Well Care</u></b>	<b><u>WC 15 Months</u></b>	<b><u>WC 3 to 4 Years</u></b>
Percent Favorable (giving a favorable rating in 2011):			
Healthy Kids	44.28%	26.32%	<b>63.99%</b>
HFAM	46.96%	23.08%	69.59%
MCAL	51.30%	N/A	<b>79.42%</b>
	<b><u>WCC BMI</u></b>	<b><u>WCC - Nutrition</u></b>	<b><u>WCC - Physical</u></b>

Percent Favorable (giving a favorable rating in 2011)

Healthy Kids	<b>27.49%</b>	<b>31.87%</b>	<b>26.76%</b>
HFAM	25.55%	30.90%	25.06%
MCAL	<b>59.08%</b>	<b>61.99%</b>	<b>51.09%</b>

**Green** = Significantly better than some other population in the table

**Red** = Significantly worse than some other population in the table

**Bold Italic** = *Global best -- significantly better, and has the overall high score*

**Bold** = Global worst -- significantly worse, and has the overall low score

**Bold Black** = Mixed case: Significantly better and significantly worse than some other population in the table

For a **Healthy Life**

Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status

# HEDIS: Healthy Kids Childhood Immunization Status



- Similar story on immunizations: Healthy Kids performed significantly worse than Medicaid and CHIP.

	<u>Immunization Status-Combo 2</u>	<u>Immunization Status-Combo 3</u>	<u>Immunization Status-Combo 10</u>
Percent Favorable (giving a favorable rating)			
Healthy Kids	62.73%	<b>58.18%</b>	13.64%
HFAM	62.50%	59.03%	20.14%
MCAL	N/A	<b>74.88%</b>	N/A

**Green** = Significantly better than some other population in the table

**Red** = Significantly worse than some other population in the table

**Bold Italic** = *Global best -- significantly better, and has the overall high score*

**Bold** = Global worst -- significantly worse, and has the overall low score

**Bold Black** = Mixed case: Significantly better and significantly worse than some other population in the table

# Intrinsic & Extrinsic Barriers To Well-Care Visits, Medicaid vs. Healthy Kids



**L.A. Care**  
HEALTH PLAN®

- Reasons of personal choice far outweigh traditional barriers to getting visits.

LAC Child MCAL Pooled % 2006-2010	Healthy Kids Pooled % 2006-2010	BARRIER	Question #	REASONS FOR NOT GETTING CHILD WELL-CARE
3,827	4,813	-	-	N: Sample size
53.9%	54.9%	-	g.14	I / We have not had any problem making or keeping an appointment with my child's personal doctor or nurse.
53.3%	49.9%	-	h.13	I / We have not avoided an appointment with my / my child's personal doctor or nurse for any reason.
47.9%	60.7%	<i>Intrinsic</i>	h.2	I / My child was not sick in the last 12 months.
37.7%	47.9%	<i>Intrinsic</i>	g.1	No doctor, nurse, or clinic staff, asked me to schedule my child's next visit.
40.0%	37.6%	<i>Mixed</i>	g.11	At the clinic, I / we spend too much time waiting to be seen by my / my child's doctor or nurse.
25.7%	22.9%	<i>Mixed</i>	g.6	I / We cannot get an appointment at a good time of day.
27.5%	20.6%	<i>Intrinsic</i>	h.5	The doctor's office or clinic is crowded or uncomfortable.
21.1%	17.3%	<i>Extrinsic</i>	g.7	The doctor doesn't speak our language.
19.8%	16.8%	<i>Intrinsic</i>	g.2	I / We cannot take time away from work or school.
18.0%	14.6%	<i>Intrinsic</i>	h.3	I / We often get seen by someone other than my child's personal doctor or nurse.
17.8%	12.5%	<i>Intrinsic</i>	h.10	I / My child does not like being physically examined by doctors or nurses.

For a Healthy Life

# Intrinsic & Extrinsic Barriers To Well-Care Visits, Medicaid vs. Healthy Kids (Cont.)



LAC Child MCAL Pooled % 2006-2010	Healthy Kids Pooled % 2006-2010	BARRIER	Question #	REASONS FOR NOT GETTING WELL-CARE
17.4%	10.9%	<i>Extrinsic</i>	<i>h.7</i>	The doctor's office or clinic is not clean and safe.
16.6%	13.2%	<i>Intrinsic</i>	<i>g.8</i>	The appointments are too far in the future.
15.5%	12.2%	<i>Intrinsic</i>	<i>h.1</i>	I / We cannot find a doctor that my child and I both like.
12.5%	7.4%	<i>Extrinsic</i>	<i>g.4</i>	We cannot find or afford transportation to the doctor's office.
11.4%	10.0%	<i>Intrinsic</i>	<i>g.12</i>	I cannot find my child's Member Identification card.
10.0%	8.5%	<i>Intrinsic</i>	<i>g.5</i>	I / We have to change buses or trains too many times to reach the doctor's office.
10.0%	9.0%	--	<i>h.12</i>	Other reason.
9.7%	8.9%	--	<i>g.13</i>	Other problem.
9.2%	3.8%	<i>Intrinsic</i>	<i>h.6</i>	I can't afford for my child to be sick right now.
8.2%	6.8%	<i>Intrinsic</i>	<i>h.4</i>	I / We don't have time to look for health problems that might not exist.
7.9%	5.4%	<i>Extrinsic</i>	<i>g.3</i>	I cannot find or afford child care for my other children.
6.6%	3.8%	<i>Intrinsic</i>	<i>h.11</i>	The doctor or nurse gives health advice that is hard to follow.
5.5%	1.6%	<i>Intrinsic</i>	<i>h.8</i>	My child's doctor or nurse has questions and advice about personal or family choices that I do not want to discuss.
3.8%	2.2%	<i>Intrinsic</i>	<i>h.9</i>	The doctor or nurse finds health problems that we cannot do anything about.

For a **Healthy Life**

Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status

## VI. Interpretation of Findings



- In CAHPS results, Healthy Kids performed *better* than Medicaid and CHIP – possibly because enrollment for Healthy Kids is handled directly by L.A. Care.
- In HEDIS, Healthy Kids performed *worse* than Medicaid and CHIP.
- We believe those data are accurate, but they point in different directions in terms of interpretation and action.
- Healthy Kids parents are highly responsive on surveys and give relatively good overall ratings on CAHPS measures of service quality; perhaps reflecting awareness that this is insurance coverage they would not otherwise have.
- One unknown with HEDIS data: Are the visits not occurring or are the documents not being captured? Evidence suggests the former is the problem.
- Healthy Kids members had somewhat greater concentration at Safety Net clinics (which have a simpler reporting process for clinical encounters than the public clinics do). So Healthy Kids should have better data capture than Medicaid.
- *Evidently, Healthy Kids members have access barriers that we do not yet understand. Their responsiveness may make them a good testbed for projects.*
- As funds become more limited, the Healthy Kids population has been shrinking, with fewer members being seen at Safety Net clinics.

For a Healthy Life



## VII. Recap of Learning Objectives



1. Evaluate differences in health care and health services received among low-income populations, comparing children of unknown immigrant status to other pediatric patients.

Healthy Kids members gave more favorable overall ratings for services. However, tended to perform worse than other pediatric groups. Notably, many members in Medicaid and CHIP have language preferences suggesting immigrant origins. Thus, immigration status by itself does not explain the difference in performance.

2. Describe which measures of clinical quality (HEDIS) differentiate between quality of service received by these immigrant children versus other groups.

The measures examined included routine Well Care visits, Weight Counseling, and Childhood Immunization Status. Healthy Kids performed worse than Medicaid or CHIP, across the board.

## Recap of Learning Objectives (Cont.)



3. Describe which measures of health care service quality (CAHPS) differentiate between quality of service received by different population groups of children.

Healthy Kids members outscored other groups on CAHPS main measures (ratings and composites) across the board.

4. Identify which barriers to health care access for low-income patients are more frequently reported by parents of children of unknown immigrant status versus other parents.
  - Healthy Kids members' and Medicaid members were about the same proportionally in reporting no barriers.
  - Healthy Kids parents were less likely to miss well care visits for reasons of personal choice.
  - However, some reasons given where Healthy Kids was ahead of Medicaid include that the child wasn't sick and that there was no request by the doctor's office for another visit.

## VIII. Actionability: Opportunities Going Forward



In the budget climate facing health plans serving low-income patients, “working smarter” implies seeking ways to piggyback initiatives onto existing improvement activities and processes:

1. Monitoring and reporting member survey results to process owners.
2. Triaging findings to functional departments which offer training to providers and clinic staff; language services, etc.
3. Attaching variables to the sampling frames to indicate which members used clinics that received training, language services, etc. Use these variables to evaluate whether the training improved services rated by members.

Seek venues in which to apply and report findings:

4. Give positive feedback to team that assists members in re-enrolling.
  - Use re-enrollment touch-point to ask members how services can improve.
5. In a dashboard environment, consider adding a countdown clock noting days remaining to make a difference in HEDIS and CAHPS measurements.

For a **Healthy Life**

*Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status*

## Contact Information

Maryam Maleki, B.S.

Coordinator

L.A. Care Health Plan

[MMaleki@LACare.org](mailto:MMaleki@LACare.org)

213-694-1250 x-4267

S. Rae Starr, M.Phil, M.OrgBehav.

Senior Biostatistician

L.A. Care Health Plan

[RStarr@LACare.org](mailto:RStarr@LACare.org), [rae\\_starr@hotmail.com](mailto:rae_starr@hotmail.com)

213-694-1250 x-4190



### Acknowledgements:

Eleanor Young, MPH, Director of Healthcare Outcomes & Analysis, for programmatic support of the HEDIS and CAHPS surveys used in this report.

Raheleh Barznia, MPH, Project Specialist, Project Administration / Product Management Department at L.A. Care, and the Children's Health Initiative (CHI) of Greater Los Angeles, which supports the Healthy Kids insurance program in Los Angeles County.

### Online discussion on using CAHPS to improve quality of service:

[http://groups.yahoo.com/group/member\\_satisfaction](http://groups.yahoo.com/group/member_satisfaction)  
[member\\_satisfaction-subscribe@yahoogroups.com](mailto:member_satisfaction-subscribe@yahoogroups.com)

For a **Healthy Life**

*Using CAHPS and HEDIS to Assess Quality of Health Care to Children of Indeterminate Immigrant Status*