Giving Voice to Older Patients in a Child-Rich Medicaid Health Plan: Using CAHPS Satisfaction Surveys to Identify Areas for Improvement in Health Services for Older Patients, 2006-2011

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

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L.A. Care HEALTH PLAN

Presenter Disclosures

Earl Leonard, M.S.

(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).

Outline

I. Objectives.
II. Background on L.A. Care Health Plan.
III. Adapting a Mom/Child-Based Medicaid Health Plan to Treat an Influx of Senior Patients (Medicare Advantage).
IV. CAHPS Results.
V. CAHPS: Comparing Quality of Services Ratings Between Medicare Advantage Seniors (65+) and TANF Members.
VI. Actionability -- Opportunities Going Forward.
VII. Ways to Improve Health Services through Surveys and Analysis of Administrative Data
VIII. Recap of Learning Objectives

Appendix. Sharing knowledge on quality improvement.

I. Learning Objectives

1. Compare differences between access barriers reported by older patients versus other patients to identify areas for improvement in services.
2. Identify reasons for older patients not seeking regular checkups.
3. Answer how often aged patients report that their doctors need training on working with older patients.
4. Describe and rank which value-added services older members would prefer to receive from health plans.
5. Discuss ways to improve methods for health promotion and communication of health information to older patients.

II. Background – L.A. Care Health Plan

Large, diverse membership in Los Angeles, California:

- Mostly Medicaid, urban, 2/3rd 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. Mom-child based Health Plan is being adapted to treat and influx of senior patients

- In 2008, L.A. Care senior management team made a decision to launch the Medicare Advantage product line.
- In November, 2010, the Federal Centers for Medicare and Medicaid Services (CMS) approved the State of California's proposal to restructure some of its public programs in order to improve the quality of healthcare, control healthcare spending, and help prepare the state for healthcare reform in 2014. One part of the waiver grants permission to the state Department of Health Care Services (DHCS) to move most Medi-Cal beneficiaries who are seniors and people with disabilities into Medi-Cal health plans.
- According to DHCS, approximately 172,000 Medi-Cal beneficiaries county-wide will be required to join a health plan.

  - L.A. Care is expected to enroll 120,000 through June 1st, 2011 through June, 2012.
- Since June 1st, 2011 approximately ten thousand seniors and patients with disabilities (SPD).

IV. CAHPS Results

- Senior Medicaid patients report receiving medical service as favorable as those reported by parents of children within LA Care Health Plan.
- In 2011, Senior Medicare Advantage patients report receiving medical services as favorable as those reported by parents of children within LA Care Health Plan
- Relative differences in satisfaction between sub-groups within a child-rich Medicaid health plan can be used to target interventions that improve quality of services and care for older senior members, and reduce cost.

V. CAHPS: Comparing Quality of Services Ratings between Medicaid Seniors and TANF Members

- Between 2006 and 2011, children rated LA Care Health care and health plan services more favorable than Adult patients (Age=50+).

Comparing percent of adults(age 50+) vs children rating service favorably:

(2006 - 2011)

Children aged 0-17.9: Parent is the survey respondent.

Senior	Children	RelRisk	P- value	Measure
73.0%	84.9%	1.16	< 0.0001	Rating: Health Plan Overall.
67.3%	78.1%	1.16	< 0.0001	Rating: All Health Care.
79.5%	83.7%	1.05	0.0154	Rating: Personal Doctor.
80.0%	80.4%	1.01	0.8590	Rating: Specialist.
78.9%	81.3%	1.03	0.5828	Rating: Pharmacy Services (non-NCQA).
84.0%	72.7%	0.87	0.0188	Customer Service: Easy getting appointments with a specialist.
78.6%	86.7%	1.10	0.8540	Customer Service: Got info. and help needed.
84.3%	93.3%	1.15	0.4787	Customer Service: Staff courteous / respectful

Tests w/i rows: Significantly lower , Significantly higher , Data pooled 2006-11. Percents: Diff. of prop. test; averages: t-test; (α=0.05). * = Breslow-Day test(Homogeneity or OR) was significant at α = 0.05, level.

CAHPS: Comparing Medicaid Seniors and TANF Members on Provider Communication (Cont.)

- Adults reported faring well in communicating with their doctors compared with parents of Medicaid children.

Comparing percent of adults (50+) vs children rating services favorably:

(2006 - 2011)

Children aged 0-17.9: Parent is the survey respondent.

Senior N=484)	Children (N=3,180)	Rel. Risk	(CMH) P- value	Measure
90.3%	78.8%	0.97	0.0318	Communication: Doctor explained things well.
90.3%	85.0%	0.94	0.2966	Communication: Doctor listened.
95.2%	86.3%	0.91	0.0516	Communication: Doctor showed respect for what patient had to say.
87.1%	83.8%	0.96	0.3644	Communication: Doctor spent enough with patient.
81.8%	78.6%	0.96	0.8755	Communication: Personal Dr. seemed informed & up to date about care received.
2.3%	2.9%	1.26	0.7055	Shared Decision-making: Discussed Pros and cons of treatment choices.
9.8%	5.9%	0.60	0.5861	Shared Decision-making: Dr. discussed treatment choices.
78.1%	85.3%	1.09	0.8606	Health Ed.: Caregiver discussed how to prevent illness.

Tests w/i rows: Significantly lower , Significantly higher , Data pooled 2006-11. Percents: Diff. of prop. test; averages: t-test; (α=0.05). * = Breslow-Day test(Homogeneity or OR) was significant at α = 0.05, level.

CAHPS: Comparing Quality of Services Ratings between Medicare Advantage (MA) Seniors and TANF Members (Cont.)

- Children reported significantly more favorable health care and plan ratings than Medicare senior patients.

Comparing service ratings for 2011 Medicare Advantage seniors (65+) with 2011 children ratings:

Children aged 0-17.9: Parent is the survey respondent.

MA Seniors (N=187)	Children (N=584)	Rel. Risk	P- value (CMH)	Measure
73.3%	85.6%	1.17	< 0.0001	Rating: Health Plan Overall.
66.1%	77.4%	1.17	0.0021	Rating: All Health Care.
80.0%	83.2%	1.04	0.3467	Rating: Personal Doctor.
83.1%	78.4%	0.94	0.4354	Rating: Specialist.
75.8%	81.3%	1.07	0.1053	Rating: Pharmacy Services (non-NCQA).
72.6%	75.0%	1.03	0.7771	Customer Service: Easy getting appointment w/spec
90.0%	60.4%	0.67	0.0002	Customer Service: Got info. and help needed.
80.0%	77.1%	0.96	0.5833	Customer Service: Staff courteous / respectful
78.2%	71.4%	0.91	0.1025	Services: Forms were easy to fill out.

Tests w/i rows: Significantly lower , Significantly higher , Data pooled 2006-11. Percents: Diff. of prop. test; averages: t-test; (α=0.05). * = Breslow-Day test(Homogeneity or OR) was significant at α = 0.05, level.

CAHPS: Comparing Provider Communication Ratings between Medicare Advantage Seniors and TANF Members

- With the exception of spending time with patients, Medicare Seniors and Children reported communication with their doctor equally favorable.

Comparing service ratings for 2011 Medicare Advantage seniors (65+) vs. 2011 children ratings:

Children aged 0-17.9: Parent is the survey respondent.

Medicare Seniors	Children	Rel. Risk	P-value	Measure
80.8%	83.0%	1.03	0.3750	Communication: Doctor explained things well.
91.9%	90.0%	0.98	0.8336	Communication: Doctor listened.
87.6%	90.3%	1.03	0.1728	Communication: Doctor showed respect for what patient had to say.
76.9%	69.2%	0.90	0.0058	Communication: Doctor spent enough time with patient.
73.7%	67.5%	0.92	0.1990	Communication: Personal Dr. seemed informed and up to date about care received

Tests w/i rows: Significantly lower , Significantly higher , Data pooled 2006-11. Percents: Diff. of prop. test; averages: t-test; (α=0.05). * = Breslow-Day test(Homogeneity or OR) was significant at α = 0.05, level.

CAHPS: Comparing Quality of Access to Care Between Medicare Advantage Seniors and TANF Members

- Senior Medicare patients reported getting needed care through a specialist approximately 12% more favorable than Children. Although this result was not statistically significant, it is clinically relevant, but under powered because of small samples (N=213 sample between groups).

Comparing service ratings for 2011 Medicare Advantage seniors (65+) versus 2011 Medical children ratings:

Children aged 0-17.9: Parent is the survey respondent.

MA Seniors	Children	Rel. Risk	P- value	Measure
72.6%	60.2%	0.83	0.0574	Got Needed Care: Specialist Appointments.
68.2%	68.1%	1.00	0.9813	Got Needed Care: Care, Tests, Treatment.
74.5%	75.4%	1.01	0.7890	Got Urgent Care Quickly.
67.8%	68.8%	1.02	0.9328	Got Routine Care Quickly.

Tests w/i rows: Significantly lower , Significantly higher , Data pooled 2006-11. Percents: Diff. of prop. test; averages: t-test; (α=0.05). * = Breslow-Day test(Homogeneity or OR) was significant at α = 0.05, level.

VI. Actionability

CAHPS provides evidence that seniors rate services less favorably than parents of Medicaid children.

- Drilldown analysis may help determine whether this reflects different expectations by older members, or actual deficiencies in service.

A key challenge in 2011 is California's effort to control costs and improve quality of care by moving many senior patients and patients with disabilities from Fee-For-Service (FFS) care into managed care.

- Accommodating large numbers of members in transition.
- Maintaining and coordinating care during the transition.
- Stabilizing members whose conditions weren't well-managed under FFS care.
- Augmenting provider networks to handle complex cases.
- Patient sensitivity trainings for providers and office staff.
- Educating new members on how to navigate managed care and get familiar services.
- Educate providers on more effective ways for interacting with older patients.

Opportunities Going Forward

In an economic environment of tight resources (staff, budgets), actions should focus first on targets of opportunity: Improvements piggybacked on projects and processes that will be occurring anyway.

Information venues:

- Place senior-related content on annual surveys required by agencies.
- Present findings to internal and external committees. For seniors, the Utilization Management committee is an important venue because it covers case management services, and authorizations for specialists and other treatments used more heavily by seniors than pediatric patients.
- Member newsletters may help educate members how to navigate the system: How to use services like Nurse Advice Lines to help determine which conditions need urgent attention, and which conditions can be dealt with in a primary care setting.
- Make member aware of Company website and information portals.

VIII. Ways to improve health services through Surveys and Analysis of Administrative Data

Administrative variables are available for drilldown to identify barriers for various demographic groups:

- RCAC region, SPA, age, ethnicity, zip code, SES, PPG.
- Target large under performing groups for intervention.
- Compare under performing groups with primary plan members.
- Pool data across multiple survey years to increase sample size and power of your test.

Add flag variables classifying members covered by special programs or utilizing program services:

- Protect patient anonymity by categorizing variables that put patients at risk.
- Add conceptual supplemental questions to CAHPS survey which measure behavioral causal relation to outcome variables.

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Related briefings:

Using Annual CAHPS Surveys for Root Cause Analysis: Problems With Informational Materials Reported by Medicaid Patients Living With Disabilities 2008-2009.

Analyzing Access Barriers: Issues Reported on CAHPS by Patients With Disabilities in a Large Urban Medicaid Health Plan, 2008-2011.

Online discussion on using CAHPS to improve quality of service:
http://groups.yahoo.com/group/member_satisfaction
member_satisfaction-subscribe@yahoogroups.com