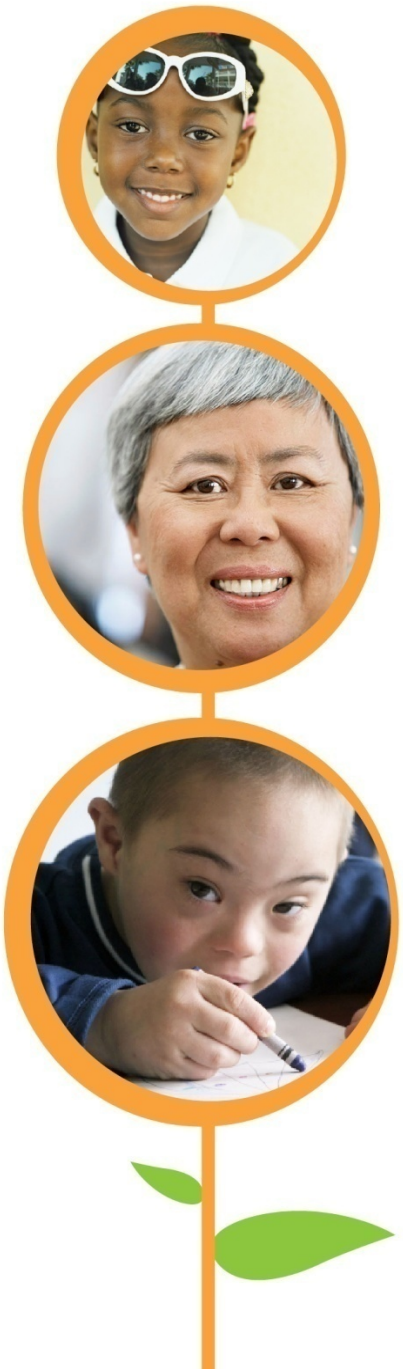

Accreditation of Medi-Cal, Healthy Kids and Healthy Families Program.

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

Session: **4162.0 Disability Section Poster Session #4**
Section: **Disability**
Topic: **Health & Wellness Promotion for People with Disabilities**

November 1, 2011

S. Rae Starr, M.Phil., M.OrgBehav.
Earl Leonard, M.S.
Healthcare Outcomes & Analysis
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).

Outline

I. Learning Objectives.

II. Background on L.A. Care Health Plan.

III. The Problem: Identifying Sender, Material, and Nature of Problem with Written Materials.

IV. Design: Adding Written Materials Questions to CAHPS to Determine Cause of Problems.

V. Findings -- Recap of Learning Objectives.

VI. Paths for Further Analysis.

VII. Actionability: Opportunities Going Forward.

Appendix. Sharing Knowledge on Quality Improvement.

I. Learning Objectives

1. Identify which health promotion and health plan materials cause the most problems.
2. Identify what kinds of problems are reported by patients with disabilities in seeking health care information.
3. Design an integrated bloc of questions for the patient / member survey to aid in targeting interventions to resolve problems in disseminating informational materials.
4. Discuss ways to improve annual CAHPS surveys to better capture data about the information and service needs of patients with disabilities.

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. Adding Questions to CAHPS to Determine Causes of Patients' Problems with Written Materials

- Problem: Medicaid members can receive health care mailings and forms from many sources: government agencies, L.A. Care, contracted provider groups, clinics, doctors, etc.
- Due to the size/complexity of the provider market in L.A. County, L.A. Care contracts with commercial insurers. Members may choose among those familiar health plans, and may receive printed materials from several sources.
- Staff have lacked a way to determine who sent problem materials, or to discern the extent to which members distinguish between L.A. Care materials and those from other organizations from which they receive services and materials.
- As a solution, three questions were added to CAHPS, probing which materials and sources presented the most problems for Medicaid members and parents.
- The findings are exploratory, illustrating the potential for guiding improvements:
  - Many of the questions had low response rates (hence potential for non-response bias).
  - Some items may exhibit patterned responses among related items, lowering sensitivity.
  - The following tables were all based on measures with denominators above 30.
- *Design:* The analysis compares problems reported by patients with disabilities versus those reported by other patients, to identify areas needing correction.

IV. Design: Which Written Materials Posed Problems?

#j. In the last 6 months, did you have any problems with the following written materials or health care paperwork { _ / <u>for your child</u> }? (Mark all that apply)

Adult w/Disab.	Other Adult	Child w/Disab.	Other Child	Written materials with which member had a problem:
6.9%	7.1%	17.5%	23.8%	(a) Member Identification card.
11.2%**	4.3%**	26.3%	19.3%	(b) Booklet explaining coverage or benefits (EOB).
11.2%***	***4.0%******	10.5%	17.6%	**(c) Provider directory.**
6.0%*	2.1%*	19.3%**	8.3%**	(d) Grievance or appeal form.
0.9%*	4.2%*	14.0%	18.3%	(e) Appointment slip or appointment reminder letter.
7.8%*	3.1%*	**29.8%*** **	**11.9%*** **	**(f) Prescription slip or instructions for meds/bandages.**
7.8%* **	**2.2%*** **	19.3%*	8.6%*	**(g) Claim forms or billing forms.**
5.2%	2.4%	12.3%	8.8%	(h) Health questionnaire at a clinic.
3.5%	6.1%	19.3%	28.0%	(i) Forms or reminder letters to renew Medicaid coverage.
5.2%	6.6%	24.6%	26.3%	(j) Forms for choosing a doctor or health plan.
4.3%	4.0%	12.3%	13.9%	(k) Newsletter.
1.7%	5.0%	21.1%**	10.0%**	(l) Coupons or movie tickets.
17.2%**	28.5%**	7.0%	8.5%	(m) Other printed material or paperwork: _____.
47.1%*	54.5%*.	70.8%*	76.7%*	(n) Had no problem with paperwork or written materials.

Adult vs Child cohorts tested separately: ***Red*** or ***green*** denote signif. (more, fewer) problems noted by patients w/disability.

Pooling 2008-2009 tested via X^{**2}_{CMH}, then FET with Bonferroni-adjusted threshold at p>=0.000962 for mult. comparisons.

Non-bold/italic red vs green denote borderline tests w/o Bonf. adj. p<=0.05* <=0.01**, <=0.001***).

What Kinds of Problems with Written Materials?

#k. In the last 6 months, what kinds of problems did you have with written materials or health care paperwork <u>for your child</u>? (Mark all that apply)

Adult w/Disab.	Other Adult	Child w/Disab.	Other Child	The problem that members had with written materials
13.3%	15.7%	42.4%	37.8%	(a) The info wasn't printed in member's written language.
13.3%*	3.4%*	21.2%	13.2%	(b) Info. wasn't in the form needed (Braille, audio, video, etc.).
20.0%	16.6%	18.2%	27.9%	(c) The information was hard to understand.
26.3%* **	**3.7%*** **	5.3%	9.4%	**(d) The printing was too small for to read.**
4.4%	5.1%	27.3%	28.8%	(e) The information was not correct.
11.1%	7.7%	36.4%*	19.6%*	(f) After request, the info took more than 10 days to arrive.
17.8%	8.9%	45.5%*	26.6%*	(g) Never received the written material that was requested.
4.4%	2.1%	30.3%	18.0%	(h) The paperwork was not polite and respectful.
4.4%	3.0%	6.1%	7.5%	(i) Paperwork had embarrassing questions or topics.
11.1%	15.3%	15.2%	13.5%	(j) Other problem: _____.
9.6%	13.4%	16.5%	18.8%	(k) No problem with paperwork or written materials.

Adult vs Child cohorts tested separately: ***Red*** or ***green*** denote signif. (more, fewer) problems noted by patients w/disability.
Pooling 2008-2009 tested via X^{**2}_{CMH}, then FET with Bonferroni-adjusted threshold at a>=0.000962 for mult. comparisons.
Non-bold/italic red vs green denote borderline tests w/o Bonf. adj. p<=0.05* <=0.01**, <=0.001***).

Who Sent the Written Materials That Had Problems?

#I. In the last 6 months, who sent or gave you the materials or paperwork that you or your child had a problem with? (Mark all that apply)

Adult w/Disab.	Other Adult	Child w/Disab.	Other Child	Sender of written materials that had a problem
41.9%*	25.4%*	58.6%	63.1%	(a) L.A. Care Health Plan.
9.3%	2.5%	6.9%	4.4%	(b) Contracted health plan #1.
11.6%	8.2%	24.1%	13.5%	(c) Contracted health plan #2.
2.3%	10.3%	6.9%	7.8%	(d) Contracted health plan #3.
0.0%	3.7%	6.9%	7.6%	(e) Contracted health plan #4.
7.0%	5.3%	10.3%	9.6%	(f) Patient's personal doctor or nurse
0.0%	2.1%	6.9%	5.5%	(g) Patient's specialist(s).
7.0%	3.7%	13.8%	10.3%	(h) Medical group to which the member's doctor belongs.
7.0%	4.1%	10.3%	11.2%	(i) A clinic.
7.0%	4.1%	3.5%	6.1%	(j) A hospital.
7.0%	3.3%	3.5%	8.1%	(k) Patient's pharmacy.
0.0%*	10.2%	13.8%	8.2%	(l) County social worker or agency.
0.0%	2.0%	0.0%	1.4%	(m) A California state health care agency.
0.0%	2.1%	0.0%	6.9%	(n) Enrollment clearinghouse for Medicaid in California.
0.0%	6.2%	13.8%	7.5%	(o) Other: _____.
8.0%	11.1%	16.2%	15.2%	(p) Had no problem with paperwork or written materials.

Correlates w/enrollment data, and points efforts to improve written material originating in-house.

Some indications of patterned response.

Adult vs Child cohorts tested separately: ***Red*** or ***green*** denote signif. (more, fewer) problems noted by patients w/disability.
Pooling 2008-2009 tested via X^{**2}_{CMH}, then FET with Bonferroni-adjusted threshold at a>=0.000962 for mult. comparisons.
Non-bold/italic red vs green denote borderline tests w/o Bonf. adj. p<=0.05* <=0.01**, <=0.001***).

Which of the Following Would Help With Written Material?

#m. Which of the following would help you to better understand { your / your child's } health plan's materials? (Check all that apply.)

Adult w/Disab.	Other Adult	Child w/Disab.	Other Child	Desired formats and options for receiving info
37.2%* **	**52.3%*** **	67.4%	73.1%	**(a) Having the materials in member's/parent's language.**
37.8%* **	**19.8%**	21.0%	20.6%	**(b) Having the materials in large print.**
18.0%* **	**6.5%** **	8.8%	8.6%	**(c) Having Audio information (CDs or tape).**
12.2%	9.7%	12.7%	12.8%	(d) Having video information (DVD or tape).
0.6%	1.8%	1.1%	2.1%	(e) Having the materials in Braille.
6.4% **	**14.8%** **	14.9%	15.1%	**(f) Having the information on the Internet.**
22.4%	22.8%	23.2%	23.6%	(g) Having fewer and shorter materials.
11.5%	8.8%	5.5%*	10.6%*	(h) Having longer, more thorough materials.
32.7%	29.0%	39.2%*	31.8%*	(i) Have staff at health plan to answer questions by phone.
17.3%	13.2%	15.5%	15.1%	(j) Attending an introductory class offered by health plan.
5.8%	6.9%	8.8%	5.9%	(k) Other: _____.

- *Agrees with findings on prior slides. Although language is not a disparity issue for adults with disabilities, at 37.2% prevalence, it is nevertheless one of the largest barriers.*

Adult vs Child cohorts tested separately: ***Red*** or ***green*** denote signif. (more, fewer) problems noted by patients w/disability.
Pooling 2008-2009 tested via X^{**2}_{CMH}, then FET with Bonferroni-adjusted threshold at a>=0.000962 for mult. comparisons.
Non-bold/italic red vs green denote borderline tests w/o Bonf. adj. p<=0.05* <=0.01**, <=0.001***).

V. Findings -- Recap of Learning Objectives

1. Identify which health promotion and health plan materials cause the most problems for members with disabilities.
   - Provider directory. Prescriptions, claims/billings (possibly when doctors write prescriptions not on formulary).
   - Parents, more so than adult members, were more likely to note problems.
   - The analysis explores whether members with disabilities have disparate problems. Topics with no serious disparities, include some serious problems, such as language access, where solutions can benefit all.
2. Identify what kinds of problems are reported by patients with disabilities in seeking health care information.
   - Small print was the most noticeable problem for members with disabilities.
   - Have different info needs: Large print, audio, more so than Internet.
   - No immediate logical connection between “problem materials” and “problems noted’. Further analysis will correlate the two variables.
   - Consider whether the questions are capturing patients’ frustration with the policy content conveyed by the paperwork and printed material.
   - Survey to ask patients what they were expecting from the written materials.

Recap of Learning Objectives (Cont.)

3. Design an integrated bloc of questions for the patient / member survey to aid in targeting interventions to resolve problems in disseminating informational materials.

   Targeting requires asking and linking three questions:

   a. What problem did the patient experience?

   b. Which materials had that problem?

   c. Who (what organization) produced and sent the problem materials?
   Results confirmed that patients recognize the health plan, and are giving feedback pertaining to written materials from the health plan.

4. Discuss ways to improve annual CAHPS surveys to better capture data about the information and service needs of patients with disabilities.

   - In many states, patients living with disabilities are a small subset among total members. Getting usable statistics requires oversampling in CAHPS survey..
   - Vague and arbitrary anonymity rules on some CAHPS protocols make tracking small populations like Aged, Blind and Disabled (ABD) or Seniors and People living with Disabilities (SPD) infeasible.
   - Test whether the surveys' promise of anonymity is even trusted by members, to determine if it is required to maintain response rates.

VI. Paths for Further Analysis

- The preceding tables identify types of materials and categories of problems that members with disabilities reported having with written materials.
  - Further analysis will focus on correlating the problems with the materials, to discern what aspects of the materials led to the problems.
  - One approach is to add follow-up questions to the survey. A more efficient approach is to use the findings to devise questions for focus groups, discuss and observe the problems they are having with written materials.
  - Three key questions to ask about the written materials that members request:
    - "What decision were you trying to make based on reading this material?"
    - "What question were you trying to answer?"
    - "What should the material have contained that would have helped?"
- Analysis by demographic group:
  - *Age:* The needs identified by adults were different from those named by parents – particularly regarding print size.
  - *Language?:* Because disabilities usually compound other access problems, we were surprised that "language" wasn't a prominent problem among members with disabilities. Analysis by member language may reveal special needs.

VII. Actionability: Opportunities Going Forward

In an economic environment of tight resources (staff, budgets) "working smart" implies focusing on improvements piggybacked on projects and processes that will be occurring anyway.

- Information venues: process owners inside the health plan, wherever they have touch-points with members and providers:
  - Departments that develop written materials.
  - Departments providing health education content and translations.
  - Briefings to contracted entities.

Using CAHPS to Track Information Needs of Displaced Populations:

In June 2011, California began gradually transitioning most Fee-For-Service (FFS) Medicaid enrollees to Managed Care (MC):

- New members receive written materials and other help in navigating managed care.
- FFS enrollees will transition based on birth month from 06/2011 to 05/2012, so tracking is possible using the policy date and absence of member history.
- Only the leading edge (June and July 2011) of that cohort will have sufficient enrollment time to be eligible for Medicaid CAHPS 2012. CAHPS 2012 will function as a baseline, and the brunt of the transition will appear in CAHPS 2013.
- Health plans should monitor this cohort to assess the effectiveness of their transition.

Contact Information

S. Rae Starr, M.Phil., M.OrgBehav.
RStarr@LACare.org, rae_starr@hotmail.com
213-694-1250 x-4190

Earl Leonard, M.S.
ELeonard@LACare.org, ballers4christ@yahoo.com
213-694-1250 x-4190

Senior Biostatisticians
Healthcare Outcomes & Analysis
L.A. Care Health Plan

Related presentation:

Analyzing access barriers: Issues reported on CAHPS by patients with disabilities in a large urban Medicaid health plan, 2008-2011.
APHA 11/02/2011, Disability Section, Session 5039.0 Health Status and Health Service Access for Persons with Disabilities.

Online exchange on analytics and quality improvement:

http://groups.yahoo.com/group/member_satisfaction
member_satisfaction-subscribe@yahoogroups.com