



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

Using Annual CAHPS Surveys to Determine the Health Information Needs, Challenges, and Preferences of Older Patients in a Large Medicaid Health Plan, 2006 - 2012

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Presenter Disclosures

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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:

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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 Causes of Problems.
 - V. Example of an Information Problem: Awareness of Generic Drug Alternatives.
 - VI. Findings -- Recap of Learning Objectives.
 - VII. Paths for Further Analysis.
 - VIII. Actionability: Opportunities Going Forward.
- Appendix. Sharing Knowledge on Quality Improvement.

I. Learning Objectives



1. Describe the communication preferences of seniors seeking health information.
2. Describe the information-seeking behavior and experience of older patients seeking health information.
3. Identify which health promotion and health plan materials cause the most problems for seniors.
4. Identify what kinds of problems are reported by seniors in seeking health care information.
5. Describe the degree to which seniors use non-printed forms of media (audio, video, Internet, text messaging).
6. Demonstrate use of annual CAHPS surveys to carry and integrated bloc of questions to identify and solve problems with informational material.

II. Background – L.A. Care Health Plan



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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, and Tagalog.
- Mostly urban and suburban; 1 semi-rural region in the high desert.
- Seniors 40 year and older comprise 35.3% of the L.A. Care member population while those 50 years and older, only 15.14%.

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: including government agencies, L.A. Care, contracted provider groups, clinics, doctors, etc.
- Due to the size and complexity of the provider market in L.A. County, L.A. Care contracts with provider groups, but also with other health plans. Members choose among 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 ranging from 115 to 2,836.
 - Data are pooled over several years to increase sample size and power.
- *Design:* The analysis focuses on problems reported by senior adult health plan members versus those reported by other non-senior members, to identify areas needing correction.

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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? (*Mark all that apply*)



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<u>Adult</u>	<u>Written materials with which member had a problem:</u>
57.5%	(a) Had no problem with paperwork or written materials.
49.0%	(b) Other printed material or paperwork: _____.
14.6%	(c) Forms for choosing a doctor or health plan.
14.4%	(d) Forms or reminder letters to renew Medicaid coverage.
13.4%	(e) Member Identification card.
11.7%	(f) Booklet explaining coverage or benefits (EOB).
9.5%	(g) Provider directory.
9.1%	(h) Newsletter.
8.9%	(i) Prescription slip or instructions for meds/bandages.
8.8%	(j) Appointment slip or appointment reminder letter.
7.5%	(k) Coupons or movie tickets.
5.7%	(l) Health questionnaire at a clinic.
5.5%	(m) Claim forms or billing forms.
3.8%	(n) Grievance or appeal form.

Pooling 2008-2009 tested via X².

Red or **green** denote significance (more, fewer) problems noted by adult members.

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? (*Mark all that apply*)

<u>Adult</u>	<u>The problem that members had with written materials</u>
32.1%	(a) The information was hard to understand.
28.4%	(b) The info wasn't printed in member's written language.
22.8%	(c) Other problem: _____.
17.7%	(d) Never received the written material that was requested.
15.3%	(e) After request, the info took more than 10 days to arrive.
12.1%	(f) The information was not correct.
10.7%	(g) Info. wasn't in the form needed (Braille, audio, video, etc.).
9.5%	(h) No problem with paperwork or written materials.
8.8%	(i) The printing was too small for to read.
7.9%	(j) The paperwork was not polite and respectful.
6.5%	(k) Paperwork had embarrassing questions or topics.

Pooling 2008-2009 tested via X².

Red or **green** denote significance (more, fewer) problems noted by adult members.

Who Sent the Written Materials That Had Problems?

#1. 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*)



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Adult	<u>Sender of written materials that had a problem</u>
47.9%	(a) L.A. Care Health Plan.
16.7%	(b) Contracted health plan #2.
14.6%	(c) County social worker or agency.
13.3%	(d) Contracted health plan #3.
10.8%	(e) Contracted health plan #1.
10.0%	(f) A hospital.
9.6%	(g) Patient's personal doctor or nurse
8.8%	(h) Medical group to which the member's doctor belongs.
8.3%	(i) A clinic.
8.3%	(j) Patient's pharmacy.
6.3%	(k) Other: _____.
6.3%	(l) Had no problem with paperwork or written materials.
4.6%	(m) Contracted health plan #4.
4.6%	(n) A California state health care agency.
4.6%	(o) Patient's specialist(s).
1.7%	(p) Enrollment clearinghouse for Medicaid in California.

Data are pooled from 2008-2009.

Red or **green** denote significance (more, fewer) problems noted by adult members.

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Which of the Following Would Help With Written Materials?

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



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%	Diff in Percent %		Desired formats and options for receiving info
	Adult	Age 40+ Age 50+	
27.4%	8.5%	5.8%	(a) Having the materials in member's/parent's language.
15.7%	1.8%	1.3%	(b) Have staff at health plan to answer questions by phone.
11.9%	-0.7%	-0.6%	(c) Having fewer and shorter materials.
11.0%	8.1%	10.3%	(d) Having the materials in large print.
7.2%	----	----	(e) Having the information on the Internet.
7.2%	1.2%	0.4%	(f) Attending an introductory class offered by health plan.
7.1%	-0.6%	1.1%	(g) Having staff at Family Resource Center to answer questions
5.6%	2.0%	1.1%	(h) Having video information (DVD or tape).
5.3%	-0.4%	0.4%	(i) Having longer, more thorough materials.
3.9%	1.7%	1.6%	(j) Having Audio information (CDs or tape).
3.0%	-1.0%	-0.1%	(k) Other: _____.
1.1%	0.0%	-0.3%	(l) Having the materials in Braille.

- Although language is not a disparity for adults, at 27.4% prevalence, it is the third largest barrier for members to understand health information.
- Large print is an increasing barrier for older senior, whereas, having materials in member's language is a decreasing barrier . (Note: Data are pooled 2008-2012.)

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V. Example Of An Information Problem: Awareness of Generic Drug Alternatives



Problem: Physicians occasionally prescribe brand-name drugs that are not covered by insurance because a generic drug is available.

- The member may waste a trip to the pharmacy.
- Or the member may pay full price for the prescription drug, not realizing that a generic drug was available at a much lower co-pay.
- This problem arises, even for Medicaid plans where there is no copay, and paying out of pocket is a hardship.
- Health plans often have a procedure for getting a brand name drug put on formulary, if no generic equivalent is available.
- Or the patient goes without the medication.

We studied this problem by adding CMS-reviewed questions to the Medicare MA-PD CAHPS survey, and using some questions added to L.A. Care's MA-PD CAHPS 2012 survey, with CMS approval.

Information on Generic Drugs (Cont.)

Some statistics on the problem from the Medicare Advantage CAHPS:

- 22% of L.A. Care Medicare Advantage members reported being prescribed medicine not covered by the drug plan.
- Among those members, 97% reported contacting the health plan to ask that the prescription be covered.
- 10% reported that it was not easy to get the prescription filled.



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When members were offered a generic alternative to a prescribed medication, these were the sources that offered that solution:

- 26% of the time: Pharmacist.
- 25% of the time: Other providers.
- 21.7% of the time: A doctor.
- 7.1% of the time: The health plan.

For medicines on formulary, members reported being offered a choice between a brand name drug and a generic alternative at the following rates:

- 92.9% of the time: The health plan.
- 78.3% of the time: A doctor.
- 75.0% of the time: Other providers.
- 74.5% of the time: A pharmacist.
- Or the patient goes without the medication.

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Information on Generic Drugs (Cont.)

Additional findings:

- Members unaware of generic alternatives were 1.43 times more likely to not report needing a professional interpreter in the last 12 months, than those who had knowledge of generics ($p=0.0006$).
- Members unaware of generics tended to be less educated, and non-English speakers.
- Not surprisingly, members lacking knowledge of generics tended to have less than high school education ($OR=1.34$, $p=0.0008$).
- There was no association between doctors offering a generic choice and the member asking for an interpreter.
- Doctors tended to more thoroughly counsel patients when the medicine was not on formulary. However, more thorough counseling to members came from the health plan when the medicine was on formulary.
- L.A. Care Medicare members lacking knowledge of generics tended to be age 18-64 years old (presumably SSI), of non-Hispanic origin ($OR=1.27$, $p=0.0011$). Given that services in conversational English and Spanish are widely available in the County, these might be the subset of members who are fluent in neither.



VI. Findings -- Recap of Learning Objectives



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1. Describe the communication preferences of seniors seeking health information.
 - Seniors preferred having written materials provided by their health plans in their native language.
 - Wanted their health plan to have staff readily available to answer their questions by telephone.
 - Wanted information shortened with large print. Desire for large print is naturally associated with increasing age for seniors.
2. Describe the information-seeking behavior and experience of older patients seeking health information.
 - Small print was the most noticeable problem for senior adults. Fine print on medications is sometimes too small even for prescription lenses.
 - Seniors have diverse 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. Identify which health promotion and health plan materials cause the most problems for seniors.
 - Understanding written materials provided by the health plan is the greatest challenge for adult members.
 - L.A. Care has a diverse population with over 10 distinct language concentrations, most of which materials are not available. All vital health care materials determined by the State of California and CMS are made available in the member's primary language. Members are given the opportunity to request information in 1 of the 10 languages.
 - Non-standard forms provided by the health plan cause the most problems for adults and seniors. These include surveys, promotional information; information that may change on a monthly to annual basis, which increases chance of error.
4. Identify what kinds of problems are reported by seniors in seeking health care information.
 - Receipt of written materials is a barrier for adults, along with timeliness of receiving materials.
 - Since seniors (50 and older) comprise less than 16% of the health plan's current membership, materials are less likely to be distributed to convenience aged adults.



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4. Continued...

- Size of print is not a major barrier for the health plan's aged adults, but increasing font size and condensing information is member preference.

5. Describe the degree to which seniors use non-printed forms of media (audio, video, Internet, text messaging).

- Fewer than 4% of Seniors reported that non-printed forms of media (audio, DVD, and CD's) would be effective for distributing information.
- Although fewer than 14% of Seniors report having looked for information on the Internet regarding the health plan, over 70% report that the written material or Internet provides the information they needed on how the health plan works.

6. Demonstrate use of annual CAHPS surveys to carry and integrated bloc of questions to identify and solve problems with informational material.

- Identifying and solving problems requires asking and linking three questions:
 - What problem did the member experience? Which materials had that problem? Who (what organization) produced and sent the problem materials?
- Results confirmed that patients recognize the health plan's name, and are giving feedback pertaining to written materials sent by the plan, not by other health care organizations with which they receive care.
- Investing in language translation services to provide members with the option of obtaining written materials through their health plan's website can be beneficial and a plan satisfier for members with web access.



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VII. Paths for Further Analysis

- The preceding tables identify types of materials and categories of problems that older members 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 young and aged adults differ with regard to print size and print in member written language.
 - *Language?*: A large percentage of members of the Plan are non-English speaking Hispanic patients. Previous studies have found that language is a problem among members with disabilities. Analysis stratified by member language may reveal disparities among SNP members.
 - Investing in language translation services to provide members with the option of obtaining written materials through their health plan’s website can be beneficial and a plan satisfier for members with web access.



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VIII. 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 for older patients.
 - Departments providing health education content and translations.
 - Briefings to contracted entities.
- Using MA-PD CAHPS to Track Information Needs of Medicare Members: Medicare beneficiaries who have limited income and resources are now able to get help from Medicaid (Dual-eligibles). These include members entitled to Medicare Part A (65 and older) and/or Part B (certain disabled individuals) with insured status SSI or Railroad Retirement.
 - Adding a field to the MA-PD CAHPS survey that identifies Medicare coverage group will allow plans to contrast beneficiary groups and compare information needs.
 - Add questions on information access needs to guide customer service.
 - Prescription drug questions: ask patients to assess prescription drug information received from their health plan.

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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.

Using Annual CAHPS Surveys for Root Cause Analysis: Problems With Informational Materials Reported by Medicaid Patients Living With Disabilities, 2008-2009. APHA 11/01/11, Disability Section, Session 4162.0 Disability Health & Wellness Promotion for People with Disabilities

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