

**Track Name:** The Evolution of CAHPS Surveys  
**Session Name:** Customizing Surveys for Populations With  
Mobility and Sensory Impairments  
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## **Capturing the Health Care Experiences of People With Mobility Impairments With CAHPS Supplemental Items**

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# Acknowledgements

- CAHPS PWMI Development Team
- Center for Survey Research, University of Massachusetts Boston
- Dr. Pengsheng Ni, Boston University School of Public Health
- MA, CA and WI Medicaid programs



# Development of PWMI Supplement

- Technical expert panel (TEP) and cognitive testing helped with initial development of items
- Now, moving into field testing to understand how items perform

# Screening Items Field Testing

- The screening items performed well in two field tests with Massachusetts Medicaid recipients
  - Equipment question alone was not sufficient to ID PWMI
  - Chronic conditions screeners also identified a different population

# What can we learn if we include items that ask about the health care experiences of PWMI?



PWMI items were included in the CAHPS survey of Wisconsin Medicaid Supplemental Security Income (SSI) recipients who were:

- living in Dane, Kenosha, Racine or Waukesha Counties and
- eligible for SSI managed care enrollment during the time period of 9/01/2005 through 04/30/2006

# People who identified as MI

**55%** of respondents had impaired mobility  
(n=1398)

- 20% used mobility equipment
- 41% unable to walk ¼ mile
- 37% have difficulty/need assistance to walk

# Wisconsin SSI Survey

- PWMI were significantly more likely to be:
  - older
  - female
  - African-American,  
and to have
    - less education
    - poorer self-rated physical health
    - poorer self-rated mental health

# Key findings

## Among PWMI:

- 1/4 reported physical barriers that made it hard to get into their doctors' office
- 1/5 reported physical barriers that made it hard or impossible to move around the doctors' office
- 1/8 were unable to get on the examination table, even with assistance from another person

# Mobility Equipment

- Getting mobility equipment
  - Usually or always easy – 58%
  - Never easy – 34%
- Repairing or replacing equipment
  - Usually or always easy – 34%
  - Never easy – 54%

# Statistical Analyses of ratings

- Logistic regression models of categorical survey items and linear regression models of ratings of satisfaction with care were constructed
- All models were adjusted for age, sex, race/ethnicity, education, overall physical and mental health
- Items that were statistically significantly different between PWMI and non-MI are reported

# PWMI had more impairments and health problems

- Pain limits ability to do things (62% PWMI versus 22% non-PWMI)
- Physical or medical condition limits ability to work (89 vs 68%)

# More Health Care needs

- Need for PT or OT (30% vs 22%)
- Need for home health care (18% vs 3%)
- Needed immediate care in last 6 months (55% vs 34%)
- Made appointment to see specialist in last 6 months (56% vs 38%)

# Dental Care

- Less likely to see a dentist (29% vs 37%)
- Easy to get dental care (53% vs 65%)



# Areas were PWMI rated care more highly

PWMI were more likely to report:

- Doctor says that there is more than 1 treatment available (50% vs 38%)
- Doctor talking to them about exercise (78% vs 66%) \*

\* Not significantly different when adjusted for covariates

# Areas with no differences between groups

No differences between PWMI and non-MI:

- Doctor spending time
- Showing respect
- Involved in decision making
- Understanding how health affects everyday life

# Health Care Ratings

- In unadjusted analyses, PWMI rated their overall healthcare (8.07 vs 8.29) and dental care lower (6.32 vs 7.33) than non-MI
- After adjusting for demographic and health status variables, no significant differences were found

# Other testing of PWMI items

- Sue Palsbo, CAHPS PWMI team member, had a separate project funded to develop, cognitively test and field a complete survey (110 items) to assess the care experiences of people a broad range of disabilities (including mental health, learning disabilities, sensory impairments)
- Many CAHPS PWMI items or potential additional PWMI items were included
- Survey was fielded to 3 groups of Medicaid recipients in California

# Additional field testing

- This work helped us to refine the wording of several items
- In addition, based on her work there are 5 care co-ordination items that the PWMI team will include in future versions of the PWMI supplement

- have a Case Manager (CM)
  - Yes / No
- help you get care
- know important information about your medical history
- take into account what you wanted to do
  - Never / Sometimes / Usually / Always
- Rating CM
  - 0-10

# Future work with PWMI Survey

- Inclusion of PWMI items in more surveys will provide us with the chance to increase our understanding of how the items perform in different populations and assist with the development of summary scores for the supplemental items
- The CAHPS PWMI team would welcome the opportunity to work with any groups who want to include these items in a CAHPS survey

# Summary

- The CAHPS PWMI supplement provides the opportunity to capture health experiences of PWMI with an additional 21 items added to a standard CAHPS survey

# Thank you

