

Adapting Medicaid CAHPS for Quality Improvement

Presented to the
2010 CAHPS – SOPS User Group Meeting
April 20 – 21, 2010

Mary Lischka, Quality Health Informatics
Mary Reed, Safety Net Clinical Services
John Bulger, Government Programs Call Center
For
Univera Community Health

Track: Improving Patients' Experiences With Care
Session: Using the CAHPS Health Plan Survey to Improve Quality for Medicaid Recipients.
Date & Time: April 21, 2010, 8:00 am
Track Number: CAHPS T2– S4-3

Presentation Outline

- ❑ Healthplan Overview
- ❑ CAHPS Health Plan Survey, use and changes
- ❑ QI Initiative example
- ❑ CAHPS and other measures
- ❑ Results used for improvement / impact patient experience
- ❑ Challenges and Lessons
- ❑ Plans

Healthplan Overview

Univera Community Health

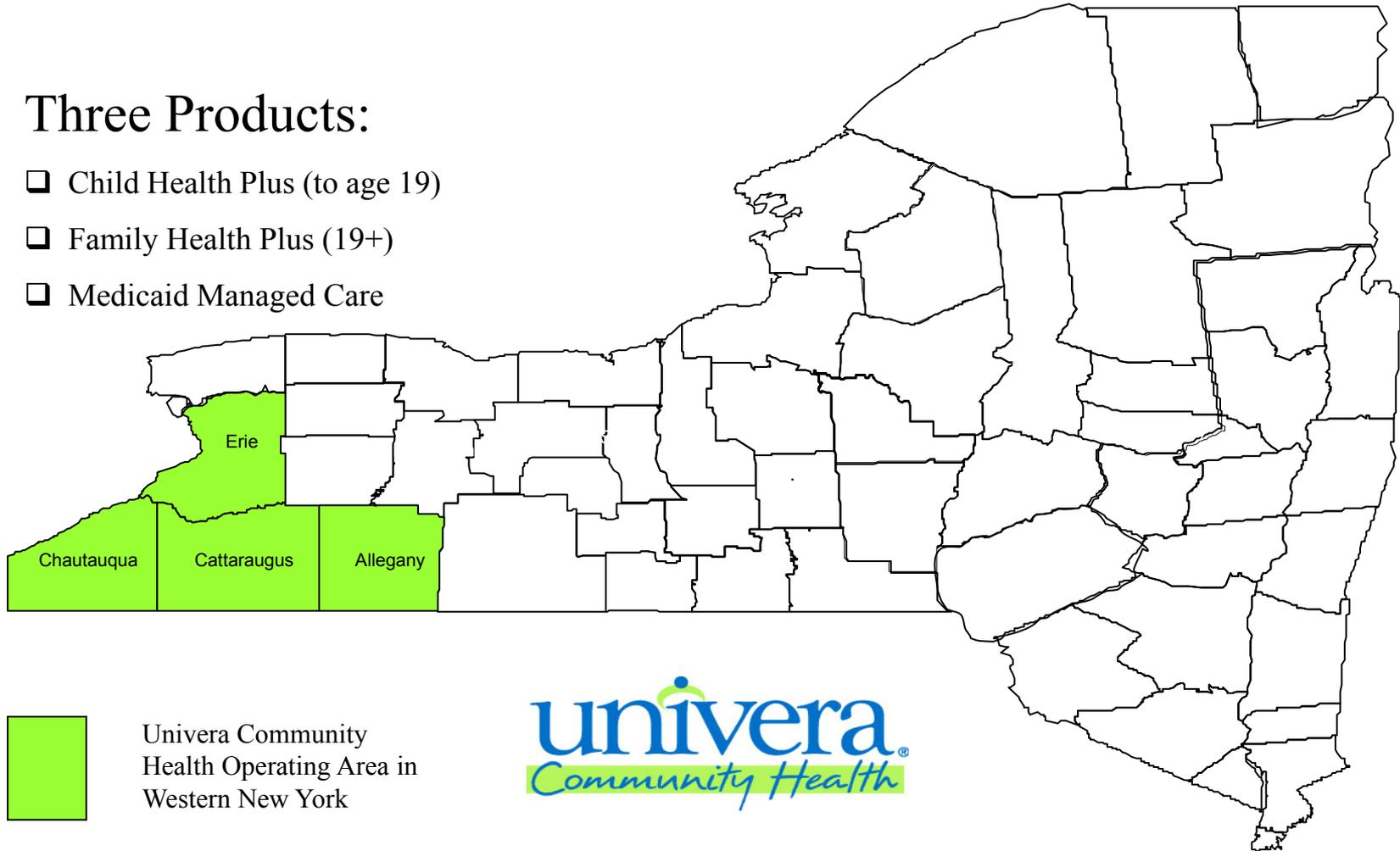
- ❑ Not-for-profit organization licensed as a Prepaid Health Services Plan (PHSP) on January 1, 1996.
- ❑ Mission Statement: The mission of Univera Community Health is to serve the needs of the under-served and uninsured in Western New York by ...:
 - ❑ ... improving the quality of care
 - ❑ ... increasing access to health care
 - ❑ ... providing affordable health insurance options
- ❑ 1 of 4 major Medicaid health plans operating in WNY

Healthplan Overview

Licensed in Western New York

Three Products:

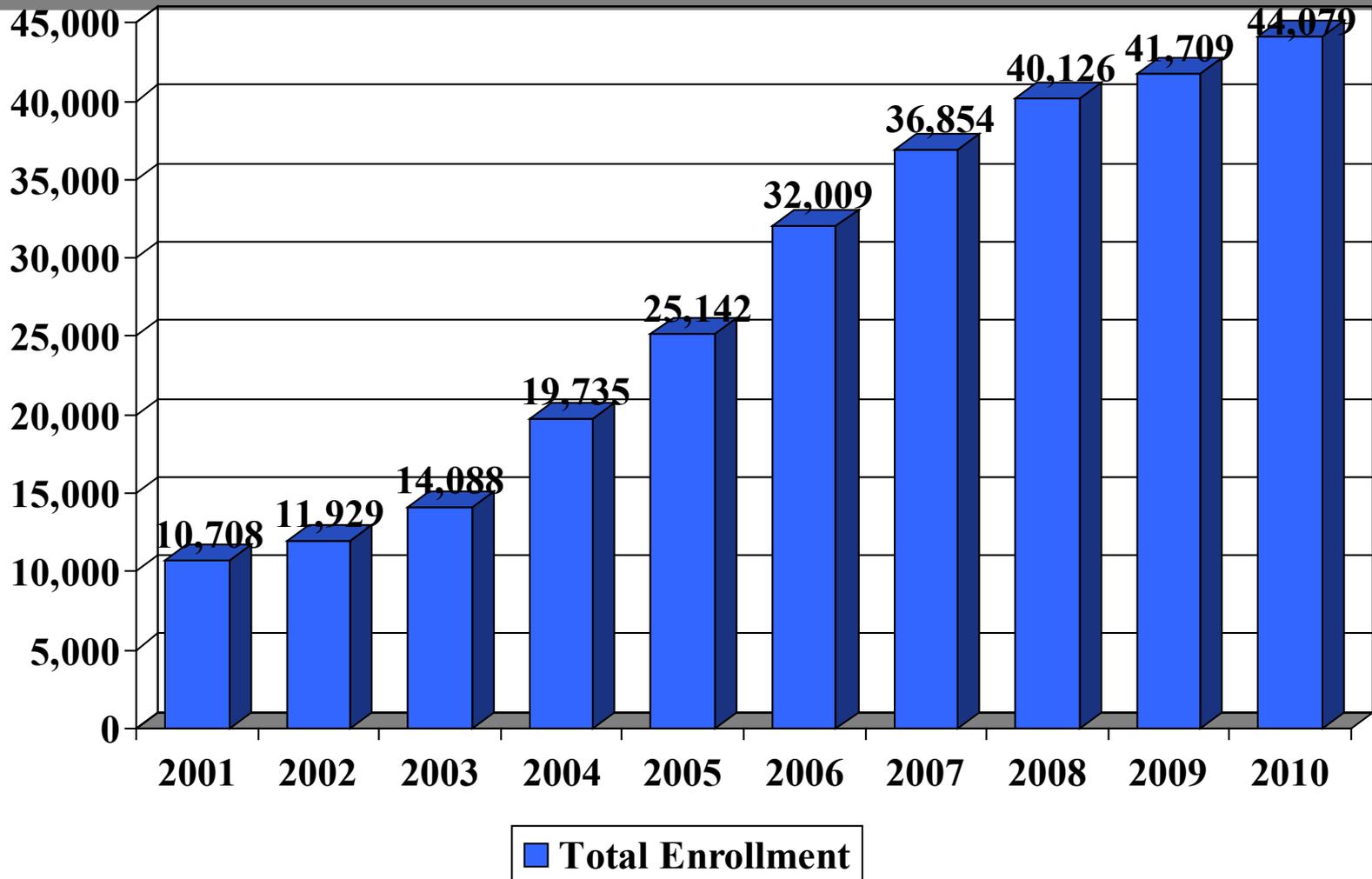
- ❑ Child Health Plus (to age 19)
- ❑ Family Health Plus (19+)
- ❑ Medicaid Managed Care



Healthplan Overview

Plan Enrollment 2001-2010

2001 – 2010 Positive Growth Trend



Care Management

Robust Care Management Programs

- Prevention messages and preventive care
- Disease and Care Management
 - Asthma
 - Behavioral Health
 - Diabetes
 - Heart Disease
 - Prenatal
- Medical Director led, RN directed programs with support from social workers and other outreach to physicians and members

Adult Medicaid CAHPS

CAHPS is used in the Quality Program

- ❑ Plan conducts CAHPS Health Plan Survey for adult Medicaid/FHP population annually
- ❑ Results reported to oversight committees
- ❑ Additional reporting by topic, for example Getting Needed Care measures on pre-auth and referral are part of UM reporting
- ❑ CAHPS measures are incorporated as metrics in the quality workplan

Adding to the Core Questionnaire

- ❑ Started adding questions to AM CAHPS in 2007
 - ❑ CAHPS customized questions and added drill-down
 - ❑ Single year snapshot or multi-year trend questions
 - ❑ Member Services and Access to Care
 - ❑ Customer Service improvements
- ❑ Process
 - ❑ Involve stakeholders from medical care and operations.
 - ❑ Stakeholders review and select questions each year based on program development
 - ❑ Process finalized with CAHPS vendor and NCQA review
 - ❑ Results reported to the stakeholders

QI Initiative

Problem: High Emergency Department (ED) Utilization

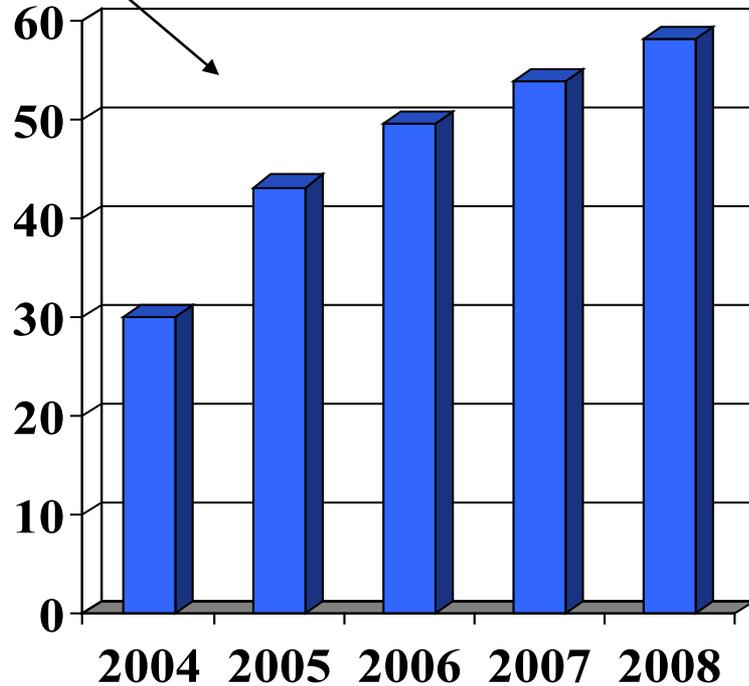
- ❑ About 40% of ED visits are due to emergent need (upstate NY estimate based on 2008 claims)
- ❑ Rate of utilization is higher for Medicaid than Commercial
 - ❑ Problems may include lack of personal physician, transportation and knowledge on how to access the health care system
- ❑ Inappropriate ED use is associated with
 - ❑ Delays in care
 - ❑ Lack of continuity and care management
 - ❑ Pressure on hospitals

QI Initiative

Emergency Department Utilization

HEDIS Use of Services shows the trend .. but the true utilization is higher

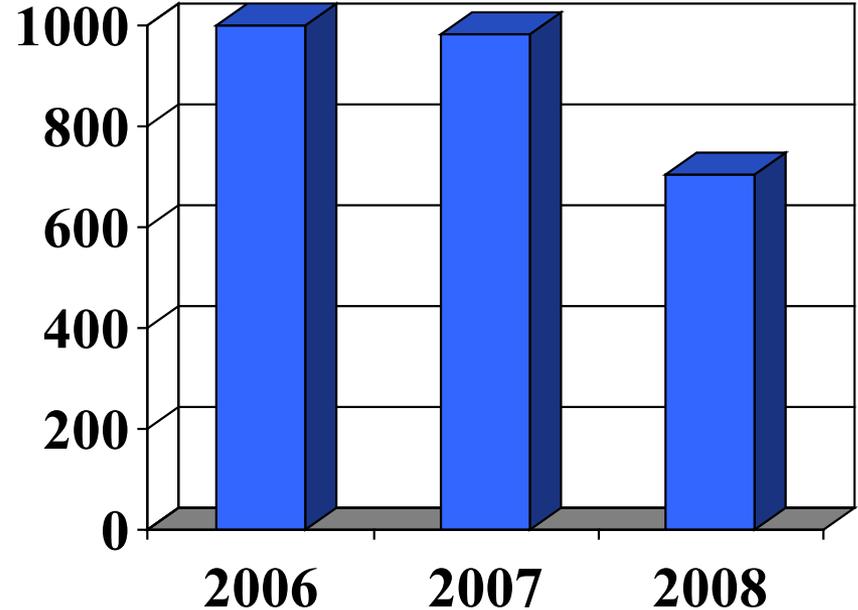
For Continuously Enrolled Members



ER visits / 1000 Members

Experience Years

For All Members



ER Visits / 1000

NYS Encounter Data

Program Addressing Non-Emergent ED Use

- ❑ Daily or weekly hospital shared ED data and claims data is analyzed for emergent and urgent need
- ❑ Care Management reaches out to members based on needs:
 - ❑ Review and follow-up on discharge orders and other needs
 - ❑ Enroll members in care management programs
 - ❑ Non-emergent and no chronic needs – outreach to educate
- ❑ Customer Service Reps and Care Managers educate members on how to access their benefits and find a doctor
 - ❑ 3-way calls with member, provider to get appointment
 - ❑ Scripting to teach members how to get appointment

Non-Emergent ED Use Program

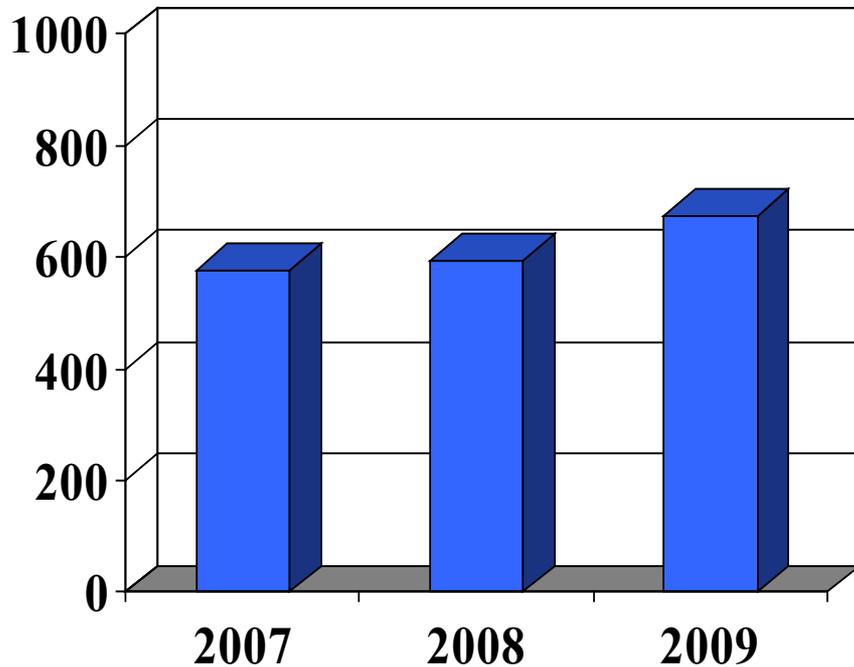
Available data:

- Program counts of # of members outreach and % of non-emergent ED visits.
- Utilization
- Survey
 - CAHPS 1+ doctor visits and member rating of access
 - Customer Service questions on First Call Resolution, CS treats with respect
 - Single item questions added to CAHPS in 2007, 2008, 2009

Data Sources

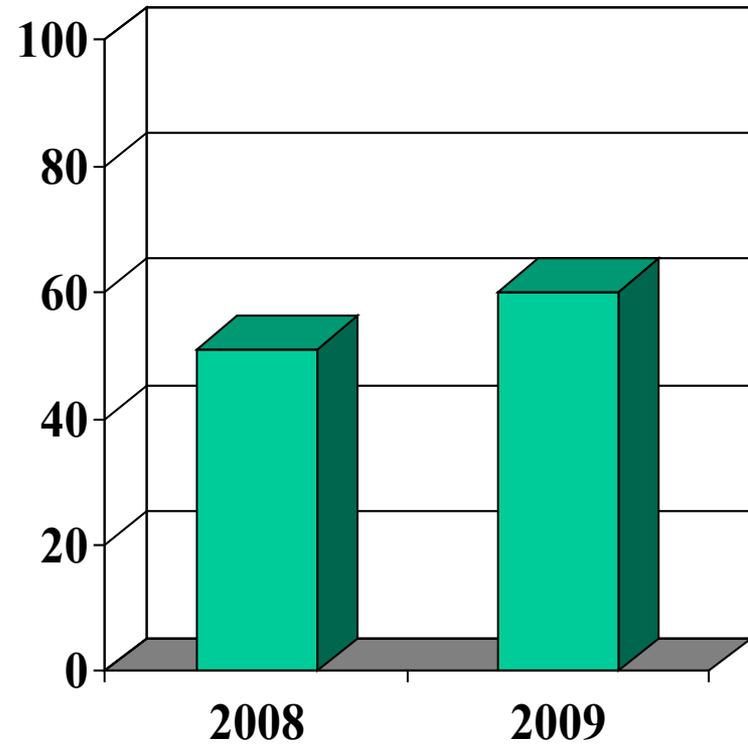
Rates of 600/1000 overall

Utilization Data



■ ER visits / 1000 Members, from Q2 claims minus flu in 2007 - 2009

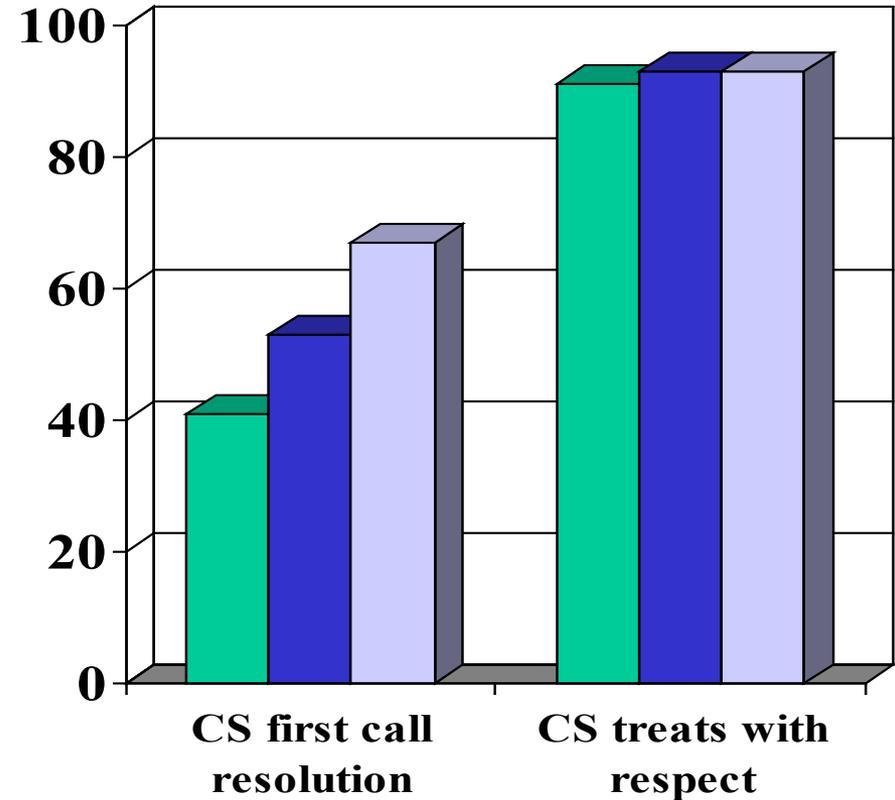
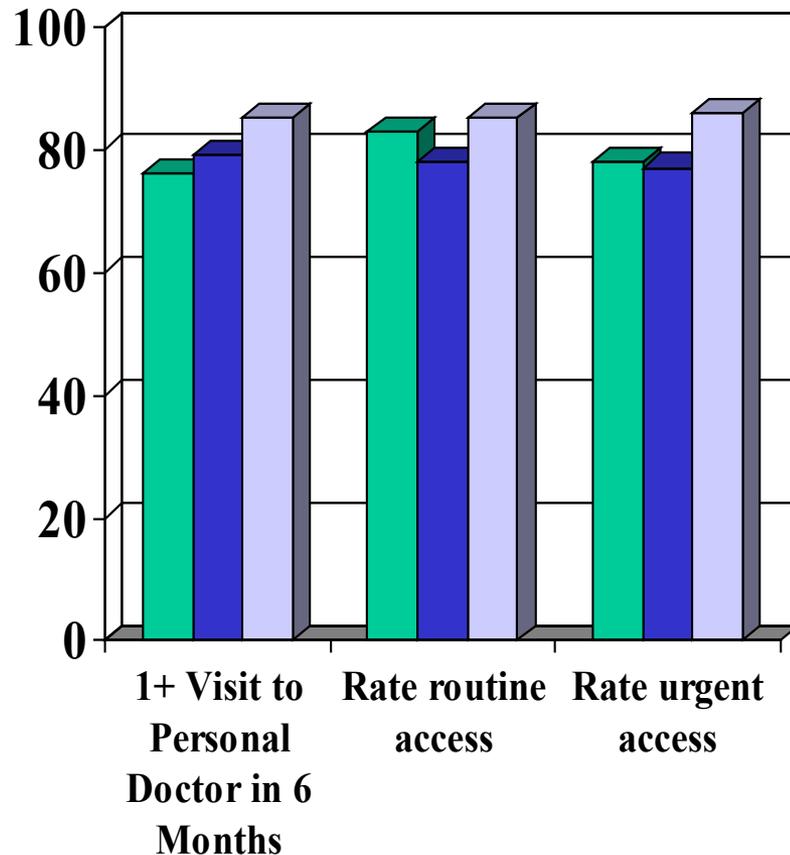
CAHPS Survey Question



■ Did you go to the Emergency Room?

CAHPS – Access and CS Measures

Room for Improvement on Reaching Care



■ 2008 ■ 2009 ■ 90th percentile or industry benchmark

CAHPS Survey

2007 Added Items and Results

2007:

Did you need to visit ... for after hours care?

Yes = 14 %

How easy was it to get after hours care?

Always / Usually = 78%

What was the main reason you had a problem? Top Reason = The only place I could get after hours care was the Emergency Room

CAHPS Survey

2008 Added Items and Results

2008:

Did you go to the ER?

Yes = 51%

What time of day?

Evening = 49%

Did your health plan's customer service know how to help you when you contacted them? Yes = 84%

How many calls to get the help you needed? 1=41%

Extended Hours Needed

CAHPS Survey

2009 Added Items and Results

2009:

- Did you go to the emergency room
Yes = 60%
- Could you have gone to an urgent care center instead?
Yes = 26%
- Why did you call customer service?
For information about covered benefits = 47%
To check on eligibility or recertification = 38%
To find a doctor = 35%
- How many calls to get help? 1 = 53%

Members Need to Know How to Access Benefits

Results and Impact on Patient Experience

Results

- ❑ Approximately 28,000 ED visits reviewed in 2009
- ❑ 6,300 urgent, non-emergent visits (22% of total)
- ❑ Referrals from ED utilization:
 - ❑ 500 members engaged in care mgmt from ED program in 2009
 - ❑ Members enrolled in disease mgmt program demonstrate reduced ED use and return (as expected) to outpatient physician utilization
 - ❑ Social workers provide educational outreach to non-chronic members

Results and Impact on Patient Experience

How Results Have Been Used

- ❑ Q4 2009 - Health center re-opened an urban after hours care center
- ❑ Expanded the care management program to add coordinators for community outreach to educate providers about care management programs and member benefits
- ❑ Operations – call center supports the message with member education
- ❑ Providers are reminded about the need for referrals for access to specialists
- ❑ In process: Contracting changes to increase access

Learning

We are learning to get the most out of CAHPS results:

- ❑ Additional drill-down is helpful to interpret results in context
 - ❑ Supplemental questions get buy-in to survey process, results

Challenges:

- ❑ Income eligibility basis of membership, churning membership makes it hard to see progress in quality efforts
- ❑ Coordination of Care – plan, doctor, facility
- ❑ Data lag time, annual survey
- ❑ Some items not benchmarked

Member-Provider Interaction

- ❑ Getting this information has opened new questions about members' access to routine care and relationship with primary care:
 - ❑ Quality improvement group is adding supplemental and additional items about finding, calling, talking to the doctor
 - ❑ Continue to educate members on how to access visits
 - ❑ Continue to educate providers on member benefits