



Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

Annual Provider Training Webinar

CAHPS Team
September/October 2022



Our Family of Brands



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Agenda

CAHPS® Survey

Provider-Influenced Measures

CAHPS® Survey Questions

Patient Communication

Improving Patient Experience

Questions and Conclusion



CAHPS[®] Survey



Introduction to the CAHPS® Survey

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

- CAHPS® is a survey tool that asks members/patients to evaluate their experience with their health plan and at the providers' offices.
- The CAHPS® survey is sent to a *random sample* of health plan members in the spring of each year.
- Responses are anonymous.

WHAT CAHPS® IS:

Required by NCQA for accreditation and by CMS for Star Ratings

Uses standardized NCQA questions

Provides a broad-based view of member issues & concerns

WHAT CAHPS® ISN'T:

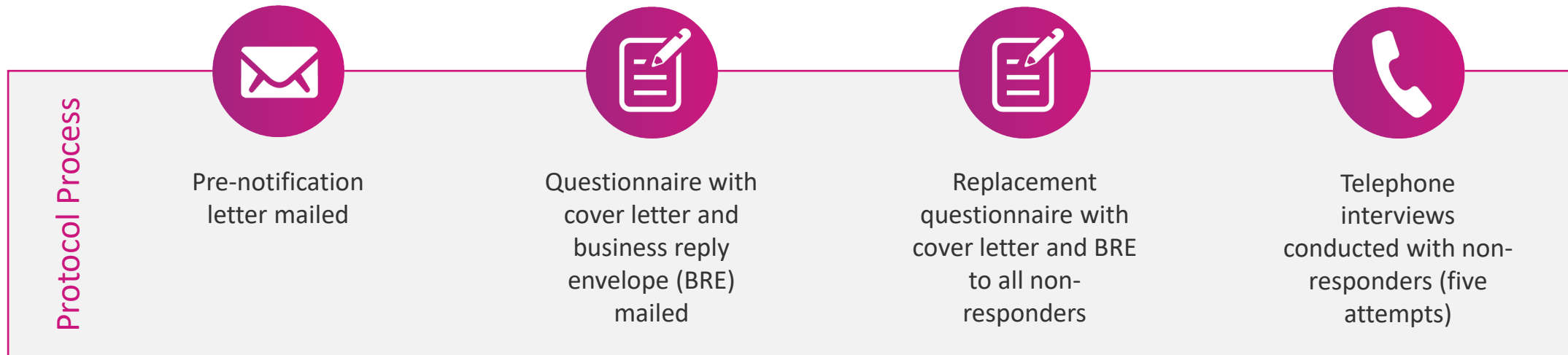
Health plans do not have the ability to ask custom questions

Health plans cannot go into detail on member characteristics

Health plans cannot explore the details of member issues & concerns



CAHPS® Protocol & Timing



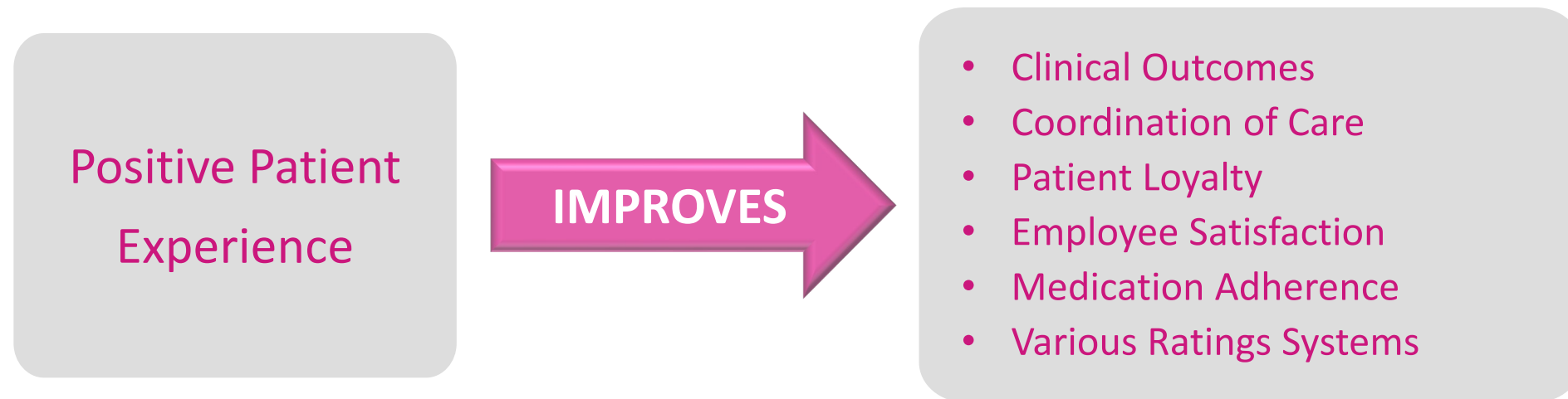
ESTIMATED TIMELINE	MEDI-CAL/ COMMERCIAL	EXCHANGES	MEDICARE
Pre-notification letter/postcard	February	February	March
Mailed Surveys	February - March	February - March	March - April
Telephone Collection	Early April	Early April	Late April
Initial CAHPS® Results	July	July	August
Final CAHPS® Results/Ratings	October (OPA) November (NCQA)	October (QRS)	August (STARS)



Importance of CAHPS®

Patient experience is becoming increasingly important in the health care industry.

- Positive experience has been shown to improve important clinical outcomes.
- Centers for Medicare & Medicaid Services (CMS) will be increasing the weight given to patient experience measures for the Medicare Star Rating, reinforcing the importance of patient experience to our regulators.
- ***Any interaction with a provider and/or provider office staff can impact patient experience and perceived access to care.***



Importance of CAHPS®

Line of Business	Public Reporting			Performance Standard
	Rating	NCQA Accred.	Performance Guarantee	
Medicare	Star Ratings	✓	✓	4 Star rating
Commercial	Office of the Patient Advocate (OPA)	✓		3 Star rating
Medi-Cal		✓		
Exchanges/ Marketplace	Quality Rating System (QRS)		✓	3 Star rating
Exchanges/ Marketplace	Quality Rating System (QRS) Performance & Removal Policy (25-2-2)		✓	2 CAHPS measures included in Policy. Both must be at or above 25 %tile



Provider-Influenced Measures

CAHPS® Measures



CAHPS® Measures that impact plan ratings vary by Line of Business

- Getting Appointments & Care Quickly
- Getting Needed Care
- Care Coordination
- How Well Doctors Communicate
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Healthcare Quality
- Getting Needed Prescription Drugs
- Annual Flu Vaccine
- Shared Decision Making
- Rating of Health Plan
- Customer Service
- Access to Information
- Rating of Drug Plan





Measures Impacted by
Providers and Office Staff


CAHPS Survey Questions






Composite Measures: Access to Care

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>Getting Needed Care</p> 	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did you get an appointment to see a specialist as soon as you needed it? 2. How often was it easy to get the care, tests, or treatment you needed? 	<ul style="list-style-type: none"> • Help patients schedule appointments with <ul style="list-style-type: none"> ○ Primary Care Physician (PCP): <ul style="list-style-type: none"> • Urgent: Same day/within 48 hours • Routine: Within 10 business days ○ Specialist: <ul style="list-style-type: none"> • Urgent: Within 96 hours • Routine: Within 15 days
<p>Getting Care Quickly</p> 	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. When you needed care right away, how often did you get care as soon as you needed it? 2. How often did you get an appointment for a check-up or routine care as soon as you needed it? 3. How often did you see the person you came to see within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Offer early morning walk-in or evening appointments at least 1x/week. • Review, monitor, and audit prior authorization and referral practices, and evaluate how decisions are communicated to the patient. • Communicate provider delays at time of appointment. • Patient experience with provider and provider office staff, including communication and treated with courtesy/respect, can impact patient's perception of access to care.

Composite Measures: Care Coordination

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>Care Coordination</p> 	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did your doctor have your medical records or other information about your care? 2. How often did someone from your personal doctor’s office follow up to give you test results? 3. How often did you get those test results (blood test, x-ray, or other tests) as soon as you needed them? 4. How often did you and your personal doctor talk about all the prescription medicines you were taking? 5. Did you get the help you needed from your personal doctor’s office to manage your care among these different providers and services? 6. How often did your personal doctor seem informed and up-to-date about the care you got from specialists? 	<ul style="list-style-type: none"> • Providers should encourage provider office staff engagement with the patient. Ask questions about past care and treatment, discuss Rx, include patients in decision making, and have relevant information and medical history during appointments. • Ensure patients are called about test results and/or any delays. • Encourage PCP groups to set up patient portals where patients can easily access test results and communicate with providers. • Monitor prior authorization and referral practices. • Share results with all applicable providers. • Help schedule appointments with specialists.

Overall Rating Measures

CAHPS® Measure	CAHPS® Survey Question(s)	Recommendations & Best Practices
<p>Rating of Personal Doctor</p> 	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>doctor</u>?</p>	<ul style="list-style-type: none"> Any interaction with a provider and/or provider office staff can impact patient experience and perceived access to care. Educate all providers and office staff on the importance of patient experience and its impact on CAHPS® scores.
<p>Rating of Specialist</p> 	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>specialist</u>?</p>	
<p>Rating of Healthcare Quality</p> 	<p>1. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate your <u>health care</u>?</p>	



Patient Communication



Patient Communication

HEALTH LITERACY

- Plain and simple language
- Repeat important information
- Not just about understanding information – patients should be able to use the info to make “well-informed” decisions around their health care

BUILD CONNECTION

- Talk face-to-face; make eye contact (when culturally appropriate)
- Allow ample time for patient to ask questions
- Alternate formats (i.e. large font)
- ★ Have translated materials in most commonly used languages
- ★ Assist in setting up any needed interpreter or sign language services



Domain	Definition	Cultivated Skills/Actions
<p>Cultural Competency</p>	<ul style="list-style-type: none"> Ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients.⁽¹⁾ 	<p>Knowledge of Patients</p> <ul style="list-style-type: none"> Pursues understanding of patient cultures Learns from other cultures
<p>Cultural Humility</p>	<ul style="list-style-type: none"> Commitment to developing mutually beneficial & non-paternalistic clinical and advocacy partnerships.⁽²⁾ Three tenets: <ol style="list-style-type: none"> Lifelong learning & Critical self-reflection Recognizing & challenging power imbalances for respectful engagement Institutional accountability 	<p>Attitude Towards Diversity</p> <ul style="list-style-type: none"> Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures. <p>Practice Related Behaviors</p> <ul style="list-style-type: none"> Flexibly adapts communication, inter-actions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
<p>Structural Competency</p>	<ul style="list-style-type: none"> Capacity for health professionals to recognize & respond to health & illness in the context of broader social, economic, & political impacts.⁽³⁾ Integrated, patient-centered approach. 	<p>Practice Perspective</p> <ul style="list-style-type: none"> Incorporates cultural insights into practice where appropriate.



Communication Across Various Populations

Knowledge of Patients

- Get to know your patients on a more personal level - learn about their background, culture, beliefs, religious practices, etc.

Diversity

- No two patients are the same
- Have an open attitude to diversity

Practice Related Behaviors

- Flexibly adapts communication, inter-actions to different cultural situations
- Can negotiate culture-based conflicts in beliefs and perspectives

Practice Perspective

- Incorporates cultural insights into practice where appropriate
- Practicing cultural awareness allows you to better understand patients' perspectives on their health care needs
- Patients report increased trust and confidence in their providers when they can connect through cultural understanding.

See Appendix for more details, best practices, and available resources



Communication Across Various Populations

Multi-cultural

- May prefer non-Western approaches to health care
- Discuss options that would be culturally acceptable
- Be respectful of patients' beliefs and care preferences
- Ensure materials are culturally appropriate

LGBTQIA+

- Not comfortable disclosing sexual orientation due to fear of discrimination, substandard care, disrespect, shaming
- Create a welcoming environment
- Include LGBTQIA+ relevant brochures
- Ask questions respectfully if you are unsure

Unhoused

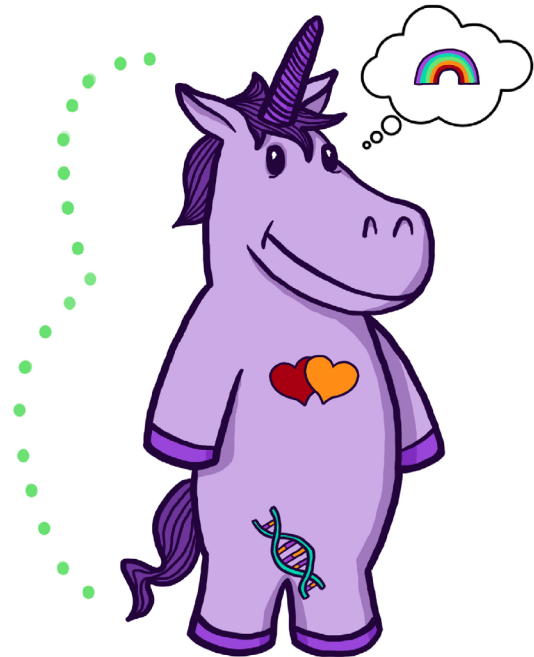
(Persons Experiencing Homelessness)

- May not have a stable address or phone number
- Limited access to medications, ability to store, and take on a regular basis
- Try not to change or reschedule the appointment

Migrants & Refugees

- May not understand U.S. health care system
- May prefer non-Western approaches to health care before seeking care in U.S model
- Wary of confidentiality forms
- Discuss options that would be culturally acceptable

The Gender Unicorn



 Gender Identity

 Gender Expression

 Sex Assigned at Birth

 Physically Attracted to

 Emotionally Attracted to

Gender Identity: How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender Expression: The ways you present your gender, through your actions, dress, and demeanor. Those presentations are generally interpreted by society based on gender norms.

Sex Assigned at Birth: Assignment and classification based on a combination of anatomy, hormones, and chromosomes. This does not always determine genitalia, sex, or gender.

Physical Attraction: Who you are sexually attracted to (nobody, women, females, femininity, men, males, masculinity, or a combination). Also known as "sexual orientation".

Emotional Attraction: Romantic or emotional orientation. Physical and Emotional attraction are just 2 common forms of attraction; others exist as well.

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Graphic by:
TSER
Trans Student Educational Resources



Gender Pronouns

Subjective	Objective	Possessive	Reflexive	Examples
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zerself	Ze is speaking. I listened to hir. The backpack is zirs.

Adapted from TSER *Trans Student Educational Resources* <https://transstudent.org/graphics/pronouns101/>



Resources & Support

Material Resources

- Articles and Support Tips
 - See appendix for resources links by LOB

Related Trainings

- Healthcare Barriers for Gender Diverse Populations
- Implicit Bias
- Special Needs and Cultural Competency
- Provider Cultural Competency

Language Services

- Face-to-face (in-person)
- Video Remote Interpretation
- Sign Language
- Telephone (OPI)
- Available 24 hours a day, 7 days a week
- No cost to members or providers
- Member informing materials in alternative formats (i.e., large print, accessible PDF, audio CD, and Braille)





Patient Experience Matters



Patient Experience Matters

Improve Patient Engagement & Clinical Outcomes

- ✓ Positive patient experience correlated to higher adherence to medical advice and treatment plans
- ✓ Engaged patients are more likely to take charge of their care plan and stay up-to-date with their care

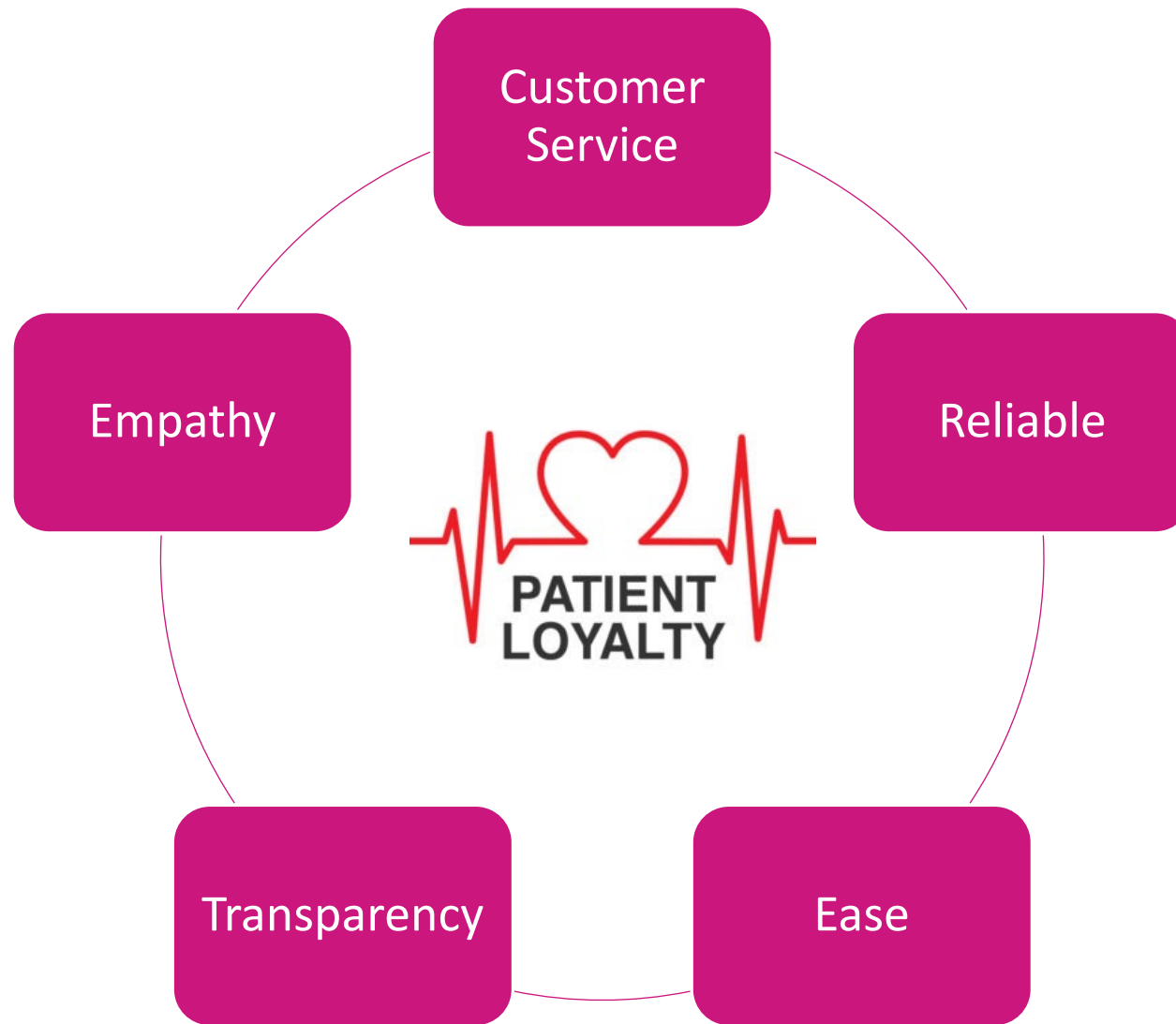
Uphold Reputation

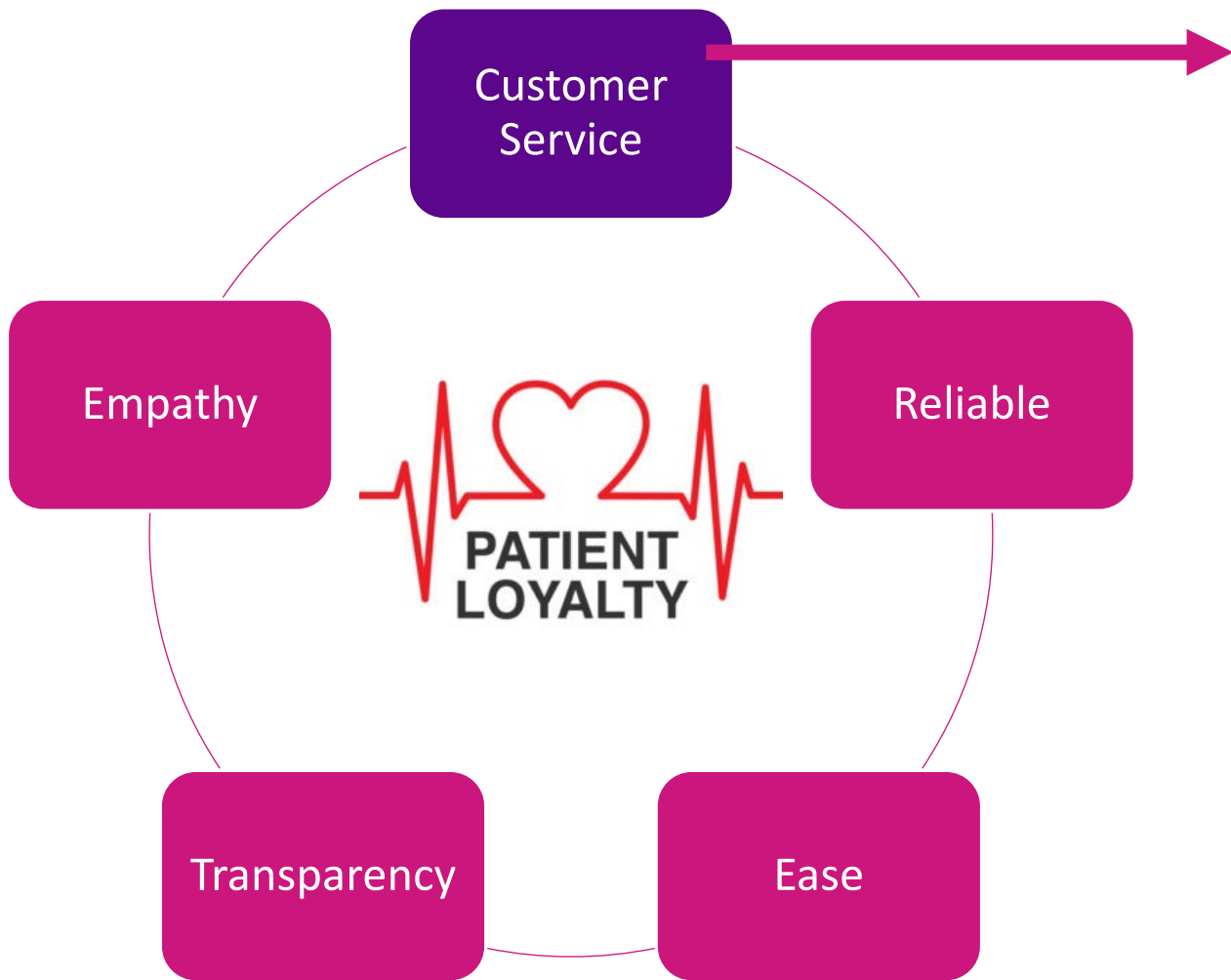
- ✓ Satisfied and content patients are likely to share their experience with others
Positive reviews can also lead to new patient referrals to a clinic/practice

Strengthen Patient Loyalty

- ✓ A high-quality relationship between patient and provider heavily affects patient loyalty to a clinic/practice
- ✓ Loyal patients are more likely to stay on top of their care plan/tests/etc., listen to their provider







Patient – Centered Care

- Concierge level service when engaging with existing and new patients
- Serving patients in a *highly personalized* way
- Understand patients’ needs AND wants
- Do the best to recommend a plan that suites all of the patient’s unique needs, preferences, healthcare goals
- Include patient in decision-making process

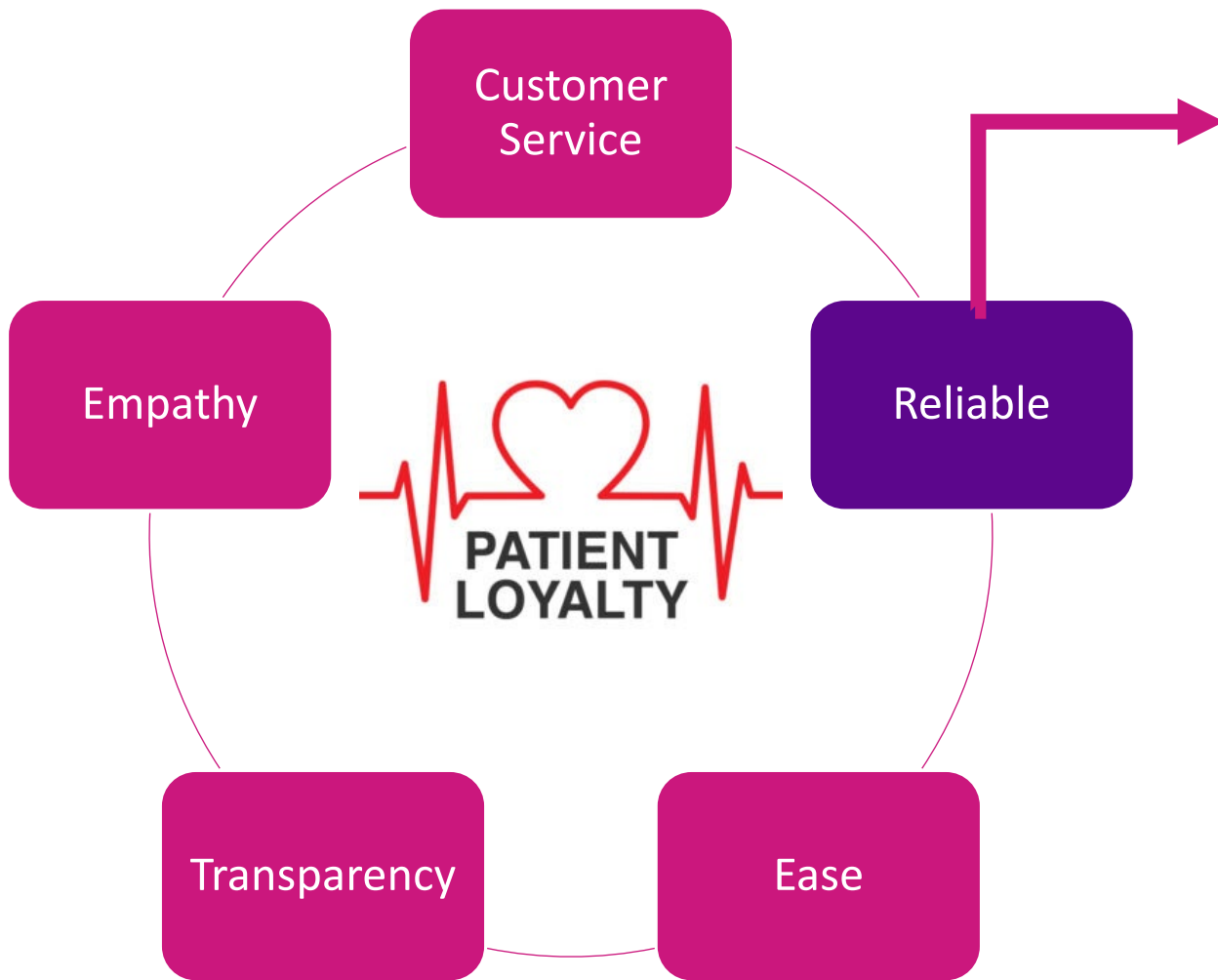
Patient Communication

- Translation services, resources available in patients’ preferred language
- Interpreter services
- Alternate format resources

Check-in regularly with stakeholder feedback

- Patients *and* staff
- Be open to feedback; act on the feedback to improve

Impacted CAHPS measures
 Overall Rating Measures: Provider, Specialist, Healthcare Quality
 How Doctors Communicate



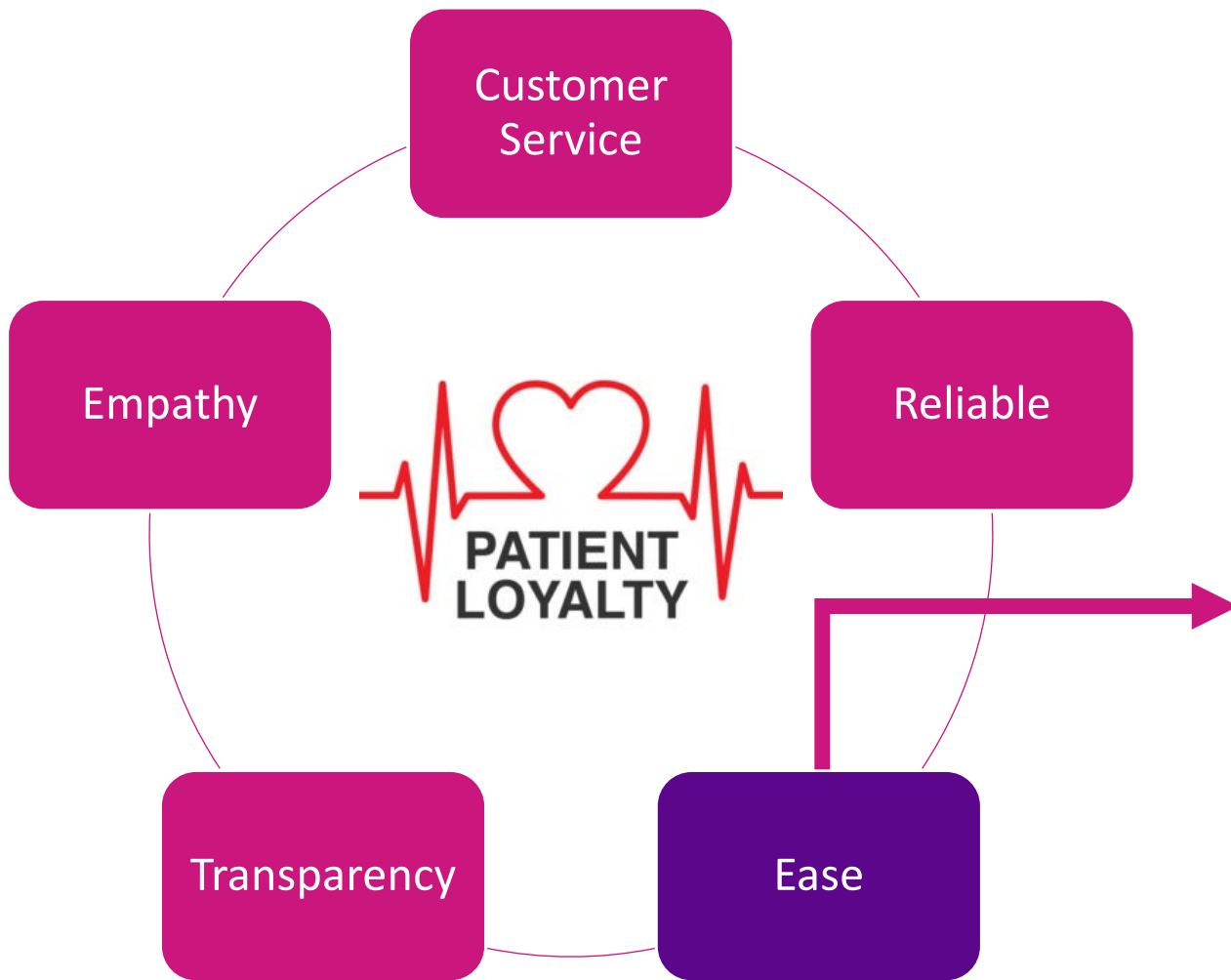
Consistency leads to reliability

- Patients can expect the same level of care/service regardless of who they interact with
- No variation across membership types – whether it’s a Medicaid or a Commercial member, care/service should be the same!
- Train all staff to properly handle/address all types of patient situations

Equip patients with the right tools (patient education)

- Support patient in learning how to find information on their own (i.e. clinic portal/website, local resources, etc.)

Impacted CAHPS measures
Overall Rating Measures: Provider, Specialist, Healthcare Quality



Access to Care

- Make the scheduling process easy for the patient
 - Offer online scheduling if possible
 - Don't put patients on hold for too long when scheduling appointments over the phone
 - Offer early morning, late evening appointment slots
 - Appointment reminders
- Respect patients' preference on a provider (i.e. patient prefers a female physician for pap test)
- Address multiple care gaps in one visit (when applicable)
- Call patients to let them know of last-minute slot openings due to cancellations
- Leave a few slots open for urgent appointments
- Limit time patients spend in the waiting room

Convenience

- Take the burden off the patient
- Help them navigate their care journey, coordinate care

Patient Communication

- Use plain, simple language
- Resources written in a 6th grade reading level
- Repeat important information

Impacted CAHPS measures
 Getting Needed Care, Getting Care Quickly, Care Coordination, How Well Doctors Communicate, Overall Rating Measures: Provider, Specialist, Healthcare Quality



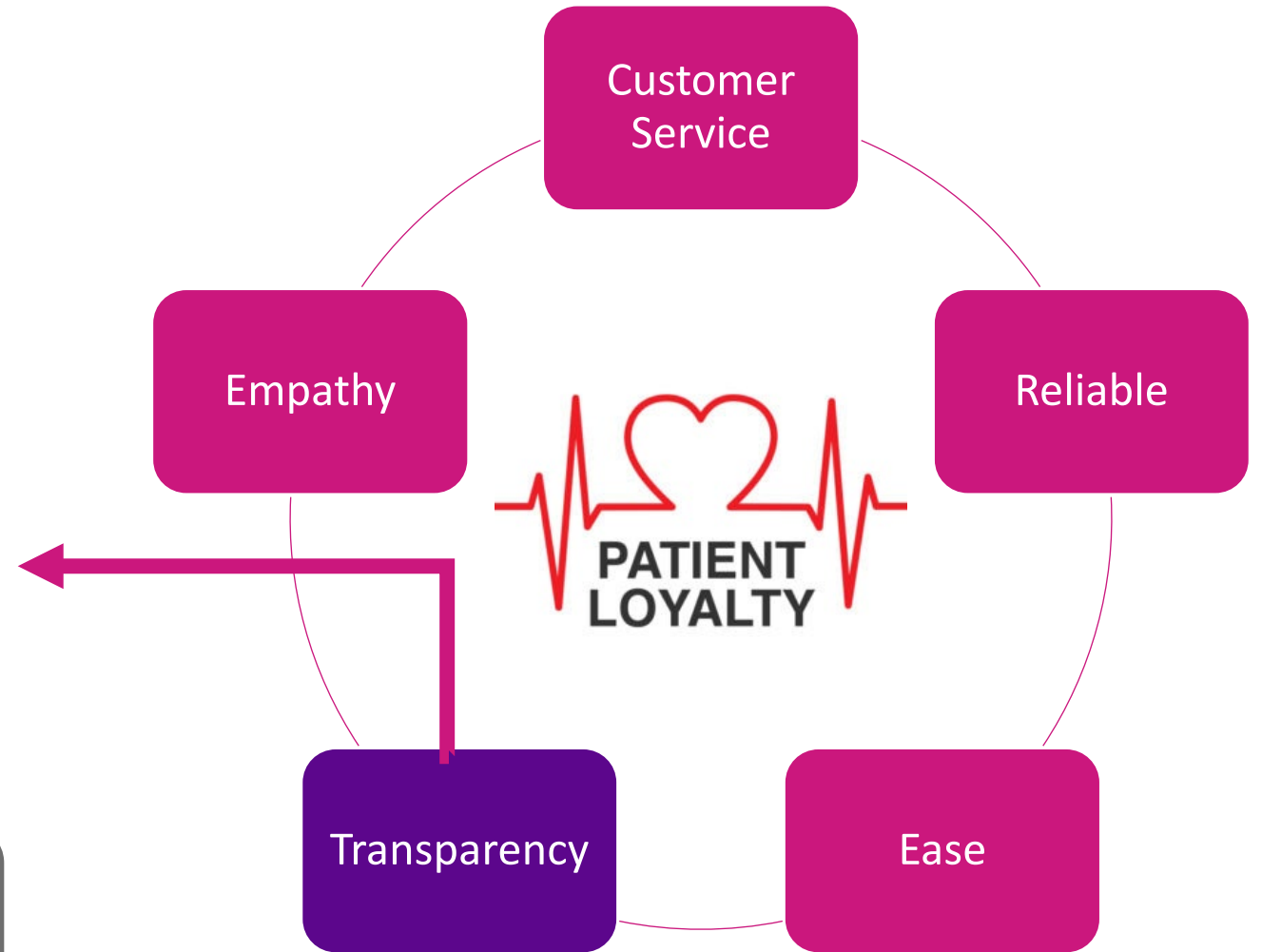
Be Transparent

- When possible, share expected payment amount at check-in
- Explain next steps to member in a way that is easy to understand
- Use clear and simple language
- Recap any instructions. Give patient ample time to ask any questions

Set Expectations

- Turn around times on when to expect the next appointment slot to open, get back test results, a call back from the provider/office
- Appointment availability
- Highlight any details that may impact future care

Impacted CAHPS measures
Getting Needed Care, Getting Care Quickly,
Care Coordination, How Well Doctors Communicate,
Overall Rating Measures: Provider, Specialist, Healthcare Quality



Patient, Kind, Understanding

- Show rapport
- Build a relationship with your patients
- Take the time to listen to all of your patients' needs, wants, questions, etc.

Cultural Competency

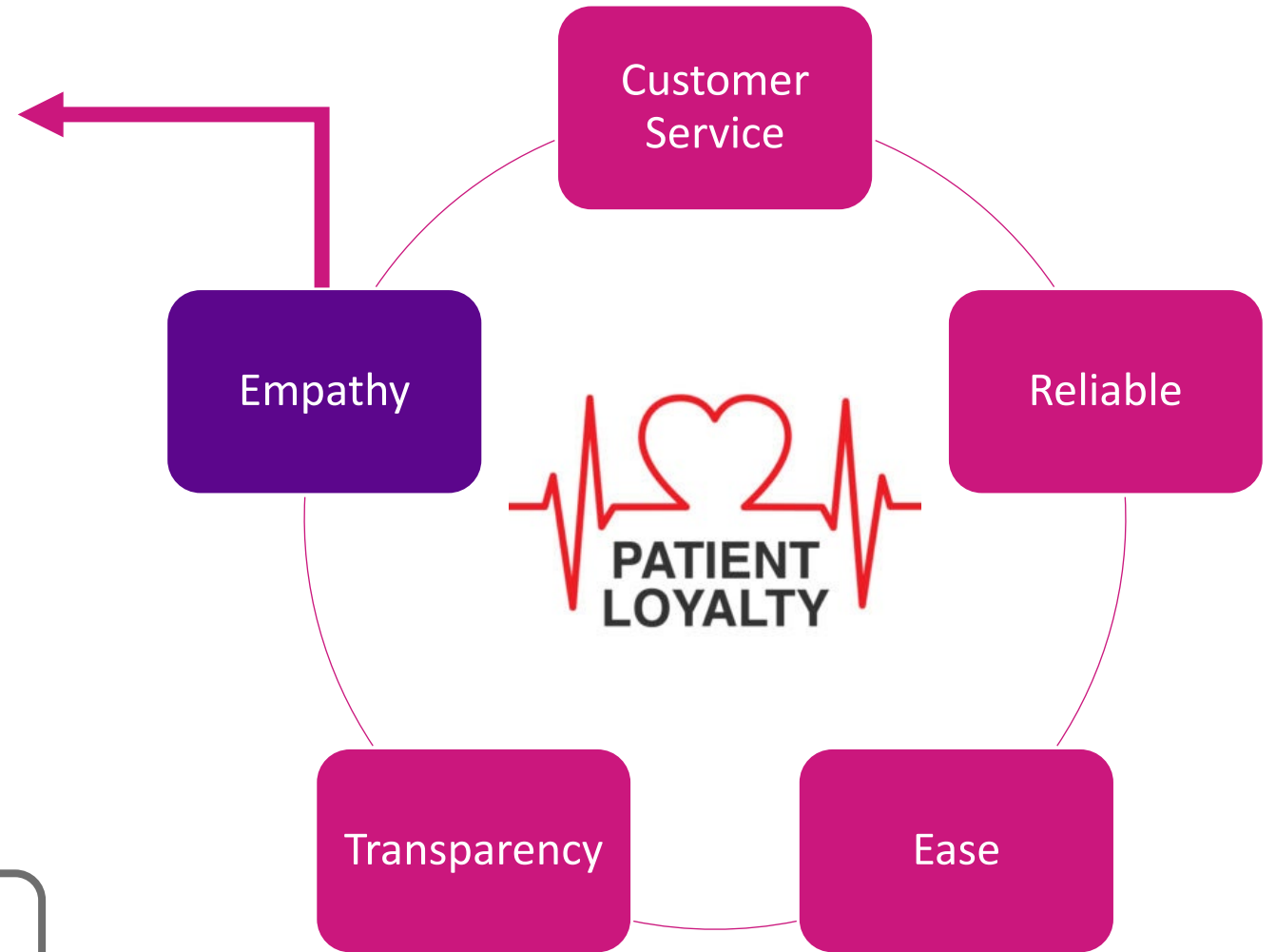
- Be mindful of your diverse patient population

Sensitivity Training

- Train all staff on how to handle sensitive situations

Patient Communication (Providers and all other office staff)

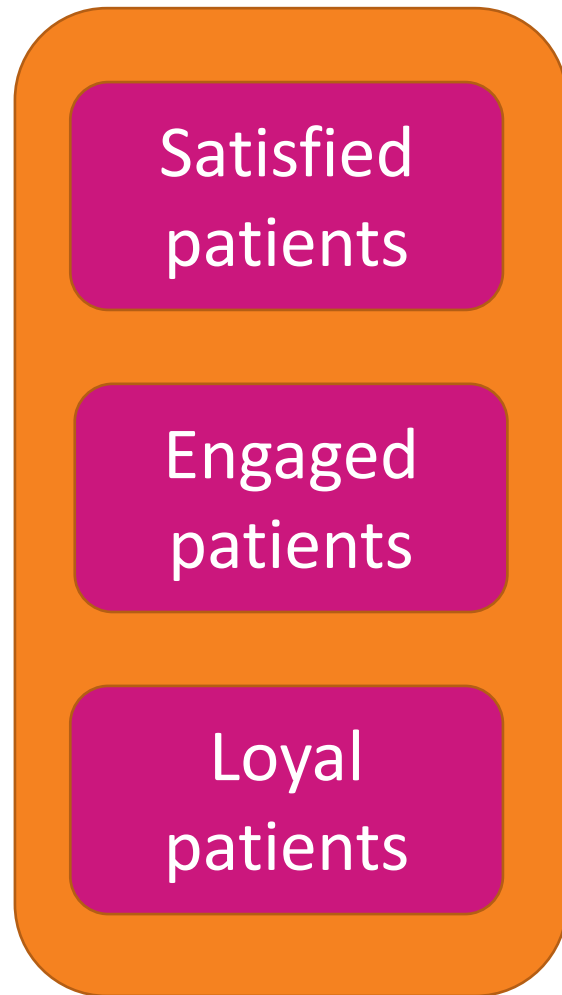
- Friendly staff
- Make eye contact when speaking to patients



Impacted CAHPS measures

How Well Doctors Communicate,

Overall Rating Measures: Provider, Specialist, Healthcare Quality



Key Takeaways

- CAHPS results are often based on patient perception and patient recall.
- Any patient interaction has a potential to impact CAHPS scores. **Make patient experience a top priority for all staff members.**
- Leverage Health Net's multiple resources on improving patient experience. For additional support, don't hesitate to reach out!

Patients who have a positive experience are more likely to stay engaged with their health care down the line.



Questions?

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Appendix



Provider Communication

CAHPS® Measure	CAHPS® Survey Questions	Recommendations & Best Practices
<p>How Well Doctors Communicate</p> 	<p>In the last 6* months...</p> <ol style="list-style-type: none"> 1. How often did your personal doctor explain things in a way that was easy to understand? 2. How often did your personal doctor listen carefully to you? 3. How often did your personal doctor show respect for what you had to say? 4. How often did your personal doctor spend enough time with you? 	<ul style="list-style-type: none"> • Ensure that our patients feel respected by providers and office staff: <ul style="list-style-type: none"> • Listen to patient and express understanding. • Ask if all questions have been addressed. • Thank the patient for waiting, if appropriate. • Include patient in next steps and decision making. • Provide support to address communication challenges across cultures, including access to interpreter services. • Provide the physicians with patient education materials. • Provide resources related to cultural competency and language line. • Ensure that provider and provider office staff are trained to handle sensitive situations. • Sit down during an appointment and make eye contact.

Provider communication can impact patient perception of overall ease of getting care.



CAHPS Questions

Several CAHPS measures are impacted by members' interactions with their provider and provider office staff

CAHPS MEASURE	QUESTIONS
Getting Needed Care	<ul style="list-style-type: none"> • Easy to get appt. with specialist • Easy to get care, tests, treatment believed necessary
Getting Appointments & Care Quickly	<ul style="list-style-type: none"> • Getting care right away (urgent) • Getting appt. as soon as needed (routine) • Doctor seen within 15 minutes of appointment time
Care Coordination	<ul style="list-style-type: none"> • Doctor had medical records/care info. • Doctor's office followed up with test results • Got test results as soon as needed • Doctor discussed Rx • Got help needed to manage care • Personal doctor informed of specialist care
Health Promotion and Education	<ul style="list-style-type: none"> • Doctor talked to you about ways to prevent illness
How Well Doctors Communicate	<ul style="list-style-type: none"> • Explain things in a way you could understand • Listened carefully to you • Show respect for what you had to say • Spend enough time with you
Shared Decision Making	<ul style="list-style-type: none"> • Discussed reason to take medicine • Discussed reasons not to take medicine • Asked preference for medicine

CAHPS Questions

Several CAHPS measures are also impacted by member's interactions with the health plan, operational processes, and benefit/formulary changes.

CAHPS MEASURE	QUESTIONS
Customer Service	<ul style="list-style-type: none">• Got information/help from health plan• Treated you with courtesy and respect• Forms easy to fill out
Access to Information	<ul style="list-style-type: none">• Provide information on how plan works• Find out payment before service/equipment• Find out payment for Rx
Claims Processing	<ul style="list-style-type: none">• Health plan handled claims quickly• Health plan handled claims correctly
Getting Needed Prescription Drugs (Medicare only)	<ul style="list-style-type: none">• Easy to get medicines doctor prescribed• Easy to fill prescription at pharmacy• Easy to fill prescriptions by mail

Inclusive Population Engagement

Population	Barriers	Recommendations & Best Practices
<p>Persons Experiencing Homelessness (Unhoused)</p>	<ul style="list-style-type: none"> • May not have basic mobility devices. • May not have a stable address or phone number. • Limited transportation • Limited access to medications, ability to store, and take on regular basis • Masked symptoms: weight loss, dementia, skin conditions 	<ul style="list-style-type: none"> • Note next to the appointment record no phone available. • Try not to change or reschedule the appointment. • Don't cancel appointment if a patient experiencing homelessness is more than 15 minutes late. • Transportation is unpredictable and may run late. • Prescriptions for low pill count, once-daily if possible and medications should not require refrigeration
<p>Migrants & Refugees</p>	<ul style="list-style-type: none"> • May not understand U.S. health care system • May bring friends or family that take part in decision-making • May have different expectations about time • May prefer spiritual and botanic healing or treatments before seeking care in U.S model • Wary of confidentiality forms 	<ul style="list-style-type: none"> • Discuss options that would be culturally acceptable • Ask culturally relevant questions: gender preferences (provider, interpreter); someone of same gender in the room; anyone else included in care decisions • Upon arrival, inform patient about the wait time • Post appointment and triage policies in the waiting room • Translate policies into the major languages spoken by your patients • Explain confidentiality; HIPAA forms easy to understand, in preferred languages



Inclusive Population Engagement

Population	Barriers	Recommendations & Best Practices
<p>LGBTQIA+</p>	<ul style="list-style-type: none"> • Experience overt discrimination from office staff and providers • Do not feel comfortable disclosing their sexual orientation to providers: fear discrimination or substandard care; disrespect; shaming • Small social support networks • May have encountered trauma in social and/or family networks • Homelessness resulting from being disowned or leaving abusive households • Victims of violence • Unemployment due to discrimination 	<ul style="list-style-type: none"> • Alleviate anxiety by creating a welcoming environment • Include LGBTQIA+ relevant brochures • Post non-discriminatory policies • Modifying new patient forms to include options in addition to male and female • Practice gender neutral pronouns • Include gender pronouns on signatures • LISTEN to the language patients use in reference to themselves and loved ones (pronouns, names) • Ask questions respectfully if you are unsure



Health Equity, Cultural & Linguistic Resources

Line of Business	Resource Link
Medi-Cal	https://providerlibrary.healthnetcalifornia.com/medi-cal/health-equity--cultural-and-linguistic-resources-.html
Medicare Advantage	https://providerlibrary.healthnetcalifornia.com/medicare/health-equity--cultural-and-linguistic-resources-.html
EPO	https://providerlibrary.healthnetcalifornia.com/epo/health-equity--cultural-and-linguistic-resources-.html
HMO	https://providerlibrary.healthnetcalifornia.com/hmo/health-equity--cultural-and-linguistic-resources-.html
HSP	https://providerlibrary.healthnetcalifornia.com/hsp/health-equity--cultural-and-linguistic-resources-.html
Cal MediConnect	https://providerlibrary.healthnetcalifornia.com/cal-mediconnect/health-equity--cultural-and-linguistic-resources-.html
PPO	https://providerlibrary.healthnetcalifornia.com/ppo/health-equity--cultural-and-linguistic-resources-.html

