

Health Net's CAHPS Update

Provider Webinars

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*Coverage for
every stage of life™*

Introduction to the CAHPS Survey

CAHPS Timeline

Provider-Influenced Measures

CAHPS Questions

Communication Skills

Improving Member Experience

Resources

Introduction to the CAHPS® Survey

CAHPS = Consumer Assessment of Healthcare Providers and Systems

- CAHPS is a survey tool which asks members to evaluate their experience with their health plan and healthcare received.
- The CAHPS® survey is sent to a **random sample** of health plan members from all lines of business, starting in February - March of each year.
- Results are anonymous, and member details are not available.

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

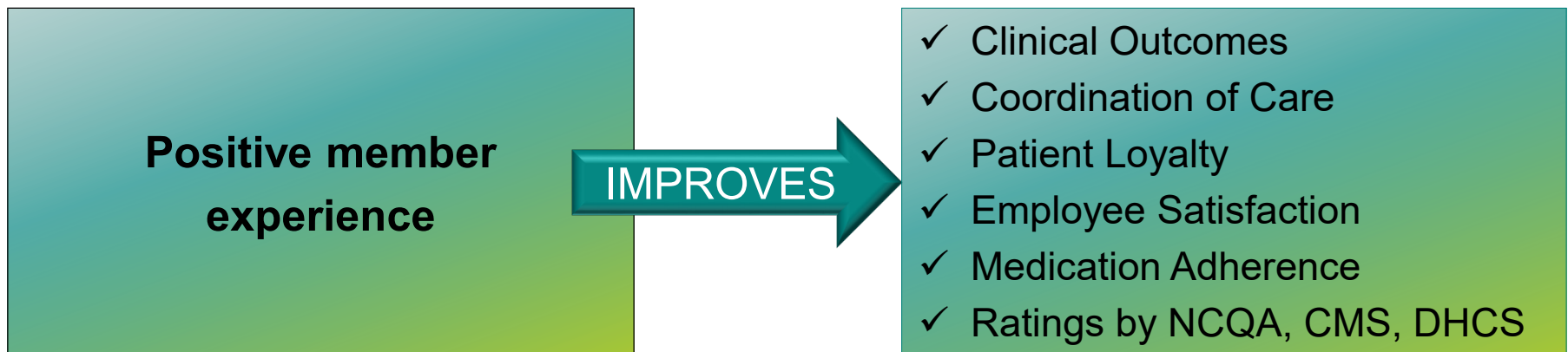
Health plans cannot go into detail on member characteristics

Health plans cannot explore the details of member issues & concerns

Importance of CAHPS

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

- Positive experience has been shown to improve important clinical outcomes, including prevention and disease management.
- Improving member experience requires a holistic view into the members' care, impacting all aspects of health and ultimately improving quality of life.
- CMS will be increasing the weight given to member experience measures for the Medicare Star Rating, reinforcing the importance of patient/member experience to our regulators.
- **Any interaction with a provider and provider office staff can impact member experience and perceived access to care.**



CAHPS® Survey Overview

TOPICS INCLUDED IN CAHPS SURVEY:



- Access to **routine** and **urgent** care
- Getting appointments with specialists
- How well doctors communicate
- Care coordination
- Ease of getting prescription drugs
- Annual flu and pneumonia vaccine
- Overall rating measures

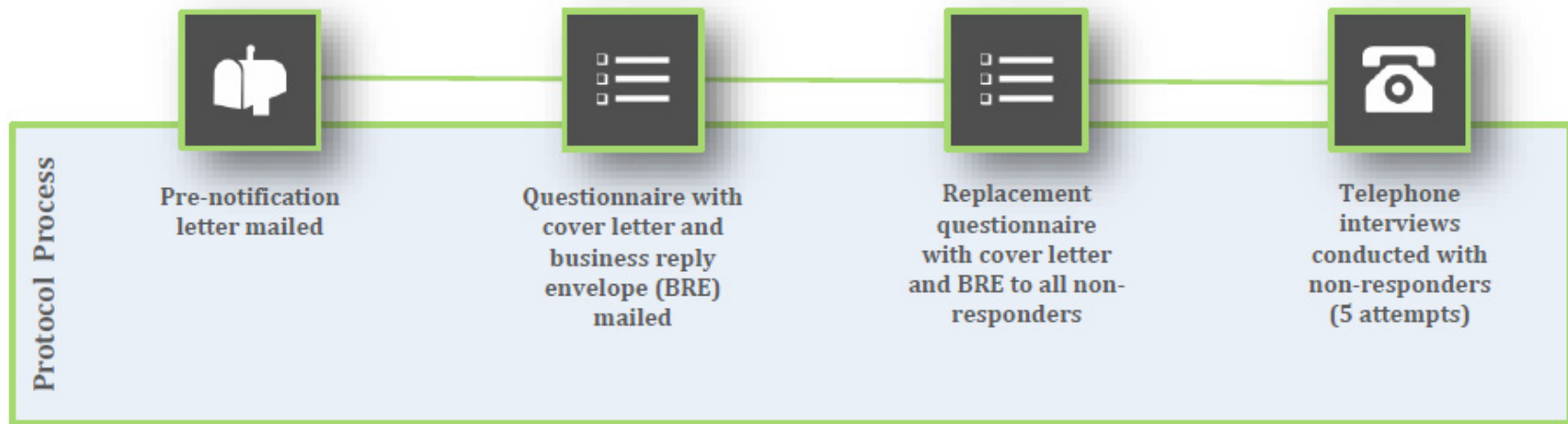
SURVEY CONTENT:

- Core survey cannot be modified in any way. Health Plans can add supplemental questions from a CMS-approved list.

LANGUAGES:

- Health plans have the option to field surveys in English, Spanish, Chinese (and Vietnamese for Medicare).
- A toll-free telephone number is included on the pre-notification letter and survey cover letter for members to call with questions, to take the survey over the phone, and to request the survey in another language.

CAHPS® Survey Protocol



Source: Morpace 2018 CAHPS Summary Report

Estimated Timeline	
February	CAHPS postcard sent
March	Mailed surveys sent
May	Telephone collection
August	Initial CAHPS results
October	Final ratings

For Health Net, the CAHPS Survey is distributed to Medicare, Medi-Cal, Commercial, and Exchange members. Timeline varies slightly by line of business.

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Provider-Influenced Measures

CAHPS Questions


Communication Skills

Improving Member Experience

Resources

CAHPS Measures

CAHPS measures that impact plan ratings vary by LOB

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



**Impacted
by
Providers**

Provider-Driven CAHPS Measures



GETTING NEEDED CARE

Measures how easy it was for patients to get appointments with specialists and treatment believed necessary



GETTING APPTS & CARE QUICKLY

Measures how often patients received urgent and routine care as soon as needed, and appointment wait time



CARE COORDINATION

Measures how often care was coordinated for members, including follow-up for tests, doctors informed of medical records, coordination with specialists



RATING OF HEALTHCARE QUALITY

Measures the members' views of the quality of care they received



ANNUAL FLU VACCINE

Asks patients if they had their flu vaccine since July of the previous year

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CAHPS Timeline

Provider-Influenced Measures

CAHPS Questions

Communication Skills

Improving Member Experience

Resources

Composite Measures: Access to Care

GETTING NEEDED CARE

In the last 6* months...

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?

GETTING CARE QUICKLY

In the last 6* months...

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?

** 6 month look-back for Medicare , Medi-Cal, and Exchanges CAHPS Surveys. 12 month look-back for Commercial CAHPS Survey.*

Composite Measure: Care Coordination

CARE COORDINATION

In the last 6* months...

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?

Composite Measure: Doctors Communication

HOW WELL DOCTORS COMMUNICATE

In the last 6* months...

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?

Provider communication has a big impact on member perception of overall ease of getting care.

Overall Rating Measures

OVERALL RATING MEASURES

Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible...

1. What number would you use to rate all your health care in the last 6* months?
2. What number would you use to rate your personal doctor?
3. What number would you use to rate the specialist you saw most often in the last 6* months?

Improvements in the composite measures will improve the overall rating measures

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CAHPS Timeline

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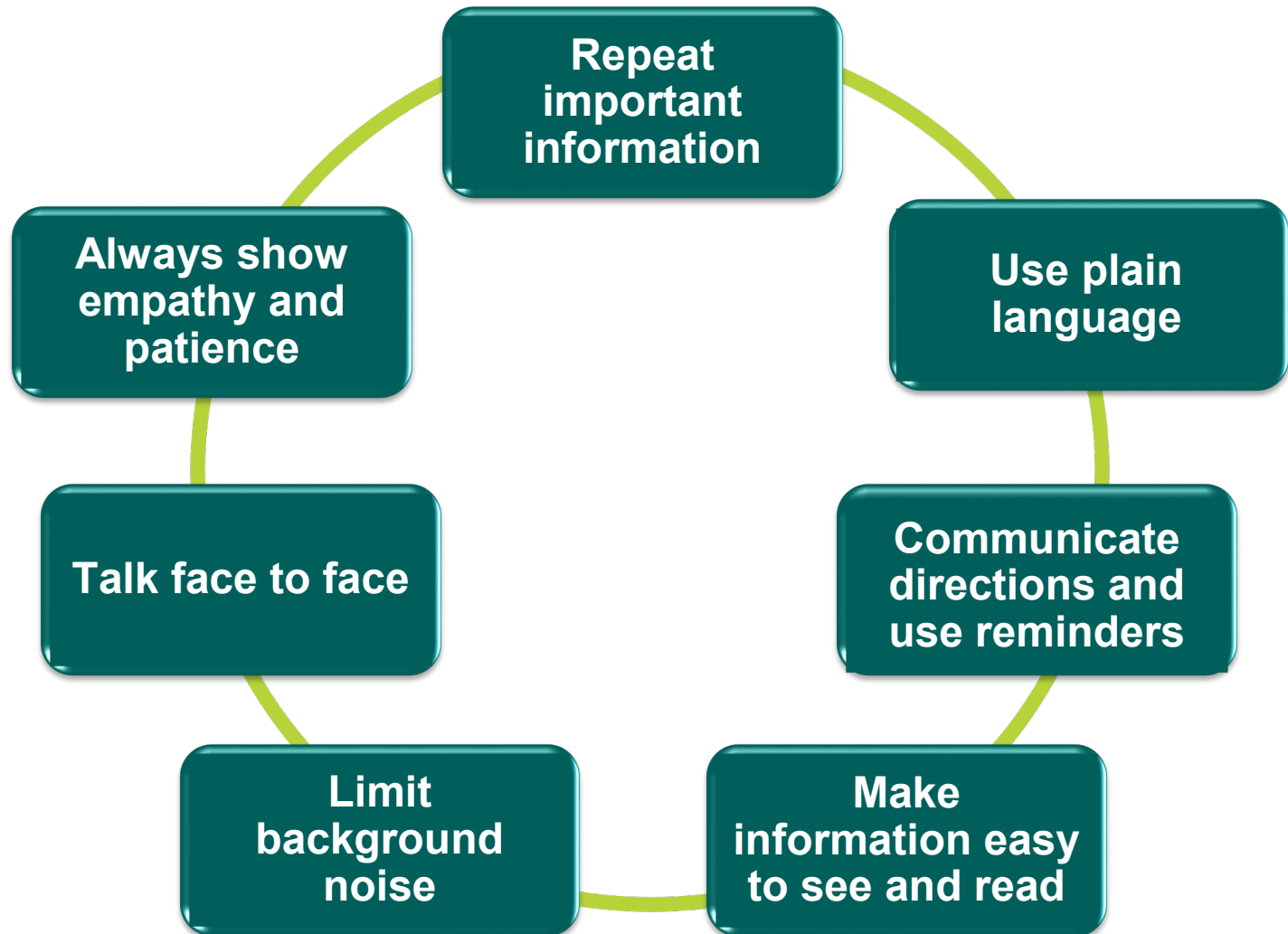
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Communication Skills

Improving Member Experience

Resources

Communicating with Older Adults



Sensory, Cognitive, and Health Literacy Concerns

71% of adults older than 60 had difficulty using print materials

90% had difficulty using documents (e.g., forms, charts)

68% had difficulty with interpreting numbers and doing calculations

Meet
Communication
Needs

Sensory, Cognitive, and Health Literacy Concerns

Cognitive

- Harder to remember things, greater tendency to be distracted, slower processing speed

Understanding
potential
member challenges

Visual

- About 2/3 of adults over 65 have vision problems

Hearing

- About 1/3 of adults over 60 have hearing loss

Introduction to the CAHPS Survey

CAHPS Timeline

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CAHPS Questions

Communication Skills

Improving Member Experience

Resources

Improving CAHPS survey results

RECOMMENDATIONS & BEST PRACTICES

Access & Availability



- Help members **schedule appointments** (Urgent: Same day/within 1 days. Routine: Within 7 days).
- Offer early morning walk-in or evening appointments.
- **Review, monitor, and audit prior authorization and referral practices**, and evaluate how decisions are communicated to the member.
- Provide support to address communication challenges across cultures, including access to interpreter services.
- **Overall Provider Rating and provider and provider office staff communication can impact member's perception of overall ease of getting care**
- Communicate provider delays at time of appointment.

Care Coordination



- **Encourage provider engagement with the member.** Ask questions about past care and treatment, discuss Rx, include members in decision making, have relevant information and medical history during appointments.
- **Ensure members are called about test results and/or any delays.**
- Encourage PCP groups to set up patient portals where members 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.

Improving CAHPS survey results

RECOMMENDATIONS & BEST PRACTICES

Provider Communication



- Ensure providers understand the **importance of CAHPS** and the impact of improved member experience on clinical outcomes and overall well-being.
- **Ensure our members feel respected by providers and office staff:**
 - Listen to member and express understanding.
 - Ask if all questions have been addressed.
 - Thank the member for waiting, if appropriate.
 - Include member in next steps and decision making.
- Provide the physicians with **patient education materials**.
- Provide resources related to **cultural competency and language line**.
- Ensure provider and provider office staff is trained to handle sensitive situations.
- Sitting down during an appointment and make eye contact.

Prior Authorization and Referrals



- **Follow appropriate processes and turnaround times.**
- **Delays in these areas results in member grievances, complaints, and overall dissatisfaction.**
- Explain next steps to patient in a way that is easy to understand.
- Utilize Health Net as a resource to provide any tip sheets would be helpful.

Improving CAHPS survey results

RECOMMENDATIONS & BEST PRACTICES

Set Expectations



- Inform the member of appropriate **and expected timeframes** for routine appointments and test results.
- **Be familiar with nuances of Health Net's services** (e.g., refer to in-network specialists, obtaining diabetic supplies).
- Explain what you are doing during the exam/procedure and involve patient in decision making.
- Recap the visit.

Monitor Experience



- Conduct your own surveys to assess member experience.
- Provide high quality experience so patients show up to appointments and are committed to their care.
- **Year-round focus.**
- Add patient experience and communication as topic to staff meetings.
- Monitor complaints and identify areas of improvement/additional training.

Introduction to the CAHPS Survey

CAHPS Timeline

Provider-Influenced Measures

CAHPS Questions

Communication Skills

Improving Member Experience

Resources

Provider Resources

Provider Portal

Member Experience Toolkits, Tip Sheets, & After-Hours Script

www.healthnet.com



Motivational Interviewing and Cultural Sensitivity

Website: www.calquality.org

Website: www.iceforhealth.org



Teach Back Method

SHARE Approach Toolkit www.ahrq.gov



CAHPS and HOS Surveys

Website: www.ma-pdpcahps.org

Website: www.cms.gov

Website: www.ahrq.gov/cahps/surveys

Website: <http://hosonline.org>



Q&A





Appendix

Educational Resources

There are numerous resources available for our providers including CAHPS educational resources, Member Experience toolkits, Behavioral Health materials, and Cultural Diversity Resources. Links are provided in the upcoming slides.

CAHPS - Provider Tip Sheet

Care Coordination

In the last six months...

1. When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
2. When your personal doctor ordered a blood test, X-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
3. When your personal doctor ordered a blood test, X-ray or other test for you, how often did you get those results 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?

RECOMMENDATIONS

- Have relevant information and medical history, including appointments with specialists, available during appointments.
- Set up patient portals where patients can easily access test results.
- Call patients about test results promptly. Inform the patient if no call will be made when test results are normal.
- Review patient medications during each visit.
- Follow up promptly with patients after inpatient stays.
- Have support staff contact patients to coordinate and monitor the status of referrals.

Helpful Tips...

- Inform patients when test results are expected.
- Ask specialists to send records.
- Ask complex patients about any issues they may have received with additional services.

Annual Flu Vaccine

1. Have you had a flu shot since July 1, 2017?

RECOMMENDATIONS

- Recommend the flu shot to all eligible patients and provide it during appointment.
- Utilize public health resources, such as posters, to inform patients of the importance of the flu shot.
- Order vaccine as soon as available and inform patients.
- Provide flu clinics where patients can get the vaccine without a doctor appointment.

Helpful Tips...

- Ask patients why vaccine and why

Consumer Assessment of Healthcare Providers and Systems Provider Tip Sheet

Health Net of California, Inc. (Health Net) recognizes the importance of partnering with providers to improve patients' health care experience and raise quality scores on Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures. Patients' interactions with their providers directly impact their health care experience and perception of quality care. The following tip sheet is a guide to the CAHPS survey measures and key recommendations for providers to improve survey outcomes.

What is the CAHPS Survey?

- ✓ Annual health care experience survey, mandated by the Centers for Medicare & Medicaid Services (CMS).
- ✓ Administered via mail and telephone between March and June.
- ✓ Directly impacts CMS Star Ratings.

Getting Needed Care

In the last six months...

1. How often did you get an appointment to see a specialist as soon as you needed?
2. How often was it easy to get the care, tests or treatment you needed?

RECOMMENDATIONS

- Review authorization and referral processes to remove patient barriers to access care and treatment.
- Call patients to monitor that appointments are completed successfully with high-demand specialists.
- Include patients in the decisions made about their care regarding tests and referrals.

Helpful Tips...

- Assist patients to make specialist appointments before they leave.
- Ask patients if they are experiencing any delays in receiving services.

Getting Appointments and Care Quickly

In the last six months...

1. When you needed care right away, how often did you get care as soon as you needed?
2. How often did you get an appointment for a checkup or routine care as soon as you needed?
3. How often did you see the person you came to see within 15 minutes of your appointment time?

RECOMMENDATIONS

- Set aside a few time slots each day to accommodate urgent and follow-up visits.
- Send patients a list of urgent care options.
- Offer and promote nurse and after-hours call lines.
- Encourage patients to schedule routine visits far in advance.

Helpful Tips...

- Explain any delays for scheduling appointments or appointment times.
- Offer appointment with a nurse or physician assistant for urgent issues.

Resources

Providers NOT serving Individual Medicare Advantage (MA) and Individual Family Plan (IFP) products should use the following instructions:

- Log on to Health Net's provider portal at Provider.healthnet.com and follow the path > Working with Health Net > Quality > Quality Improvement Corner, then scroll down to the sections
 - **CAHPS tip sheet** found under the **Provider Tip Sheets**> Consumer Assessment of Healthcare Providers (CAHPS), then select line of business
 - **Member experience tool kit**: found under **Patient Experience Provider Toolkit** section, then select the PDF materials for the desired LOB
 - **After-hours script** can be found on above link in the **Patient Experience Provider Toolkit**> Access to Care section

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- Log on to Health Net's provider portal at Provider.healthnet.com and follow the path > Working with Health Net > Quality > Quality Improvement Corner, then scroll down to the sections
 - **ICE booklet** is not ours and no longer branded but is the PDF from that group and is under the **Patient Experience Provider Toolkit> DOCTOR-PATIENT COMMUNICATION REFERENCE DOCUMENTS**
 - **Provider BH Resources** listed in **Behavioral Health Resources for Health Net Providers** as PCP tools for Coordinating Care

Resources

Providers serving individual Medicare Advantage (MA) and Individual Family Plan (IFP) products should use the following instructions:

- Log on to Health Net's new provider portal at www.provider.healthnetcalifornia.com and follow the path > Resources button> Quality>Quality Improvement Corner, then follow the paths below
 - **CAHPS tip sheet** found under the **Provider Tip Sheets**> Consumer Assessment of Healthcare Providers (CAHPS), then select line of business
 - **Member experience tool kit**: found under **Patient Experience Provider Toolkit** section, then select the PDF materials for the desired LOB
 - **After-hours script** can be found on above link in the **Patient Experience Provider Toolkit**> *Access to Care section*

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