



COLORADO

Department of Health Care
Policy & Financing

Recommendation to the PIAC: Measuring Patient/Client Experience of Primary Care in ACC 2.0

February 11, 2016

Summary

The Health Impact on Lives: Health Improvement Subcommittee was asked to focus on patient/client experience of primary care. Over the past 8 months, the subcommittee has reviewed current practices within Colorado regarding the assessment of patient/client experiences of primary care. In addition, an environmental scan of best practices within other state Medicaid agencies was conducted and we discussed options for the inclusion of a client experience measure in ACC 2.0. We have focused our discussions on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey developed by Agency for Healthcare Research and Quality (AHRQ) and currently used by the Department to assess client experiences within Colorado. The Health Impact on Lives: Health Improvement PIAC Subcommittee would like to make recommendations regarding measurement of patient/client experience of primary care and the use of a consumer survey in ACC 2.0. In January 2016, a new subcommittee was launched, called the Community Living Quality Improvement Committee (CLQIC). This committee was formed to advise HCPF on consumer experience survey work with a focus on Home and Community-based (social) service providers that reach consumers outside of primary care offices and hospitals. Future collaboration with this committee will occur to align our efforts moving forward.

The Problem and Why It Matters

The Department has adopted a person (and family)-centered framework in order to better fulfill its mission to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. To date, limited resources have required the Department to administer the CAHPS survey statewide without attention to specific practices or primary care providers. Regional Care Collaborative Organizations (RCCOs) are unable to identify variation in patient/client experience at the practice level, limiting the usefulness of the surveys in driving practice change. Other issues, including response rate, sample size, and periodicity make it challenging to translate the analytics into actionable solutions.

Measuring Patient/Client Experience in the ACC

Currently, patient/client experience of primary care is not integrated into measuring practice performance or clinical outcomes of the ACC. Some health care entities within Colorado administer CAHPS on a smaller scale. Most hospitals within Colorado administer a patient/client satisfaction and experience survey to patients/clients and

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families after discharge. Other patient/client survey instruments are used across the RCCOs; however non-standardization in the survey instrument and methodology leads to difficulty comparing findings across different regions and providers. Other states have used the CAHPS as a part of the "Triple Aim" measure set in both the assessment of quality of effort and in payment models. Doing so required linkage of the survey to the center of primary care within their health care system.

Funding the CAHPS Survey

The Department has administered the CAHPS to a sample of Medicaid clients on an annual basis over the past 10 years. The Colorado Health Institute recently reviewed the results of those surveys, establishing baselines for performance, but findings show little variation between RCCOs.

Baseline Performance Data:

1. 62% of ACC respondents reported that their health was good or excellent.
2. 57% of ACC respondents reported that their personal physician provided excellent care.
3. 72% of ACC respondents reported that their care was coordinated among all of their providers.
4. 57% of ACC respondents indicated that their personal physician's office talked to them about what to do if they needed care during evenings, weekends and holidays.

Recommended Action

The subcommittee recommends:

- The Department and the Regional Accountable Entities (RAEs) should work with community partners, clients, etc. to identify a validated common survey (or set of survey instruments) and methodology for annual administration within the ACC.
- In order to make the survey actionable, the survey data should be able to be analyzed at both the provider and regional levels.
- RAEs should be required to administer and fund patient/client surveys in order to accomplish logistical and financial viability.
- The Department and the RAEs should work with large providers and hospitals to coordinate and leverage any existing patient/client experience of care surveys as well as possible cost sharing.

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- The results of the surveys should be shared with all stakeholders within public forums and the HCPF website.
- The Department and REAs should develop incentives for improvement based on performance in the areas of patient/client experience of primary care.

The Subcommittee also recommends the following:

Guiding Principles for Measuring the Patient/Client Experience

- The approach must be patient/client and family-centered.
- The data collected must be meaningful and tied to actionable outcomes.
- A core set of standard measures will allow comparisons across providers, regions, and other states.
- The CAHPS or other quantitative approaches should be complementary to qualitative approaches for understanding patient/client experience.

