



DRAFT Recommendation to the PIAC: Measuring Patient/Client Experience in ACC 2.0

February 9, 2016

Summary

This subcommittee was asked to focus on client experience. Over the past 8 months, the subcommittee has reviewed current practices within Colorado regarding the assessment of patient/client experiences. 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 and the use of a consumer survey in ACC 2.0.

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 Client Experience in the ACC

Currently, patient/client experience is not integrated into measuring practice performance or clinical outcomes of the ACC. Some health care entities within Colorado CAHPS on a smaller scale. Most hospitals within Colorado administer a patient satisfaction and experience survey to patients and families after discharge. Other surveys are used across the RCCOs, however non-standardization leads to difficulty in making comparisons across different regions. 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. For example:

1. 62% of ACC participants reported that they had excellent health
2. 57% of ACC participants reported that their personal physician provided excellent care
3. 72% of ACC participants reported that their subspecialty care was coordinated with their primary care
4. 57% of ACC participants reported that their PCP discussed community resources in the context of their chronic medical conditions.

Recommended Action

The subcommittee recommends:

- The Department and the Regional Accountable Entities (RAEs) identify a common survey instrument and methodology for annual administration within the ACC.
- In order to make the survey actionable, the survey should be administered at the provider level instead of at the regional level.
- RAEs should be required to administer and fund a patient/client survey in order to accomplish logistical and financial viability.
- The Department and the RAEs should work with large practices and hospitals to coordinate and leverage any existing patient/client experience of care surveys as well as possible cost sharing.
- The results of the surveys should be shared with all stakeholders within public forums.
- The Department and REAs should develop incentives for improvement based on performance in the areas of patient client/experience.

The Subcommittee also recommends the following:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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Guiding Principles for Measuring the Member Experience

- The approach must be 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 are complementary to qualitative approaches for understanding client experience.

