COLORADO
Department of Health Care Policy & Financing

MEMORANDUM

To: The Program Improvement Advisory Council (PIAC)
Copy: Tracy Johnson, Anne Saumur, Jeff Eggert, Russell Kennedy, Nicole Nyberg
From: Performance Measurement and Member Engagement (PMME) Subcommittee
Date: TBD
Subject: Recommendation on Improving CAHPS Survey Impact

Summary: The Performance Measurement and Member Engagement (PMME) subcommittee is charged with measuring what matters most to members and ensuring there is accountability for positive impact to member health and their experience with the Medicaid system. In recent months, PMME has focused on how to meaningfully collect data from members to create systems change. The CAHPS (Consumer Assessment of Healthcare Providers Survey) survey is one way of measuring member experience. However, the impact of CAHPS surveys has not been clear to stakeholders including members who take the time to complete these surveys each year. This memorandum outlines existing challenges regarding CAHPS and similar member surveys as well as opportunities to make these surveys more transparent and meaningful.

Background: The CAHPS survey is one method that allows the Department and the RAEs to assess and improve member experience. There is also a behavioral health member survey (ECHO) which will be administered by the Office of Behavioral Health next year, and some RAEs opt to conduct their own targeted member surveys as well. The CAHPS questionnaire is particularly important because it addresses the effectiveness of care coordination, access to care, and whether members feel heard and respected by their providers. It provides context for why the system does not always function as intended, for both members and providers. In partnership with the Department, PMME has explored opportunities to improve the CAHPS survey. Conversations have focused on adding new questions, making it easier to complete, increasing the response rate through various means, and expanding the sample of providers. Some of those opportunities will take time and additional research to implement. In the meantime, PMME is concerned that there is not a consistent, rigorous approach to address issues that the CAHPS highlights. PMME would like to ensure that RAE efforts around the CAHPS are yielding true impact for members before the subcommittee puts forward additional recommendations.

Explanation of the Issues:
RAEs have the primary responsibility of improving member experience, and the CAHPS survey can provide a window into those experiences, identifying areas for improvement. RAEs work directly with PCMPs based on survey data to implement interventions. The Department's role is to contract with the survey administrator (HSAG) and to receive and analyze reporting from the RAEs about their efforts.

With five years of survey data now available, how has CAHPS data translated into change for members when they seek care?

It is difficult for stakeholders and members to answer this question because two RAE deliverables that pertain to member surveys are not public. These deliverables are the annual Quality Improvement Plan and the annual Quality Report. While HCPF posts online its state-level Quality Improvement Plan, the RAE deliverables are unavailable, which means that regional information about how CAHPS has been applied is also unavailable. Additionally, there is another report that mentions CAHPS, the External Quality Review Technical Report, but in it, HSAG primarily suggests areas for improvement based on CAHPS data without information about how RAEs acted on those suggestions.

Department staff do have access to these deliverables. An internal review of SFY20-21 Quality Improvement Plans and SFY19-20 Quality Reports finds there is significant variation in the quality and specificity of content provided by the RAEs about CAHPS and member surveys. For example, three RAEs do not specifically mention the CAHPS survey in their Quality Improvement Plans while other RAEs highlight areas of focus and planned interventions. Information reported is sometimes high-level and not inclusive of other measures of member experience. The impact of interventions could be more clearly discussed, both qualitatively and by comparing CAHPS scores over time. Furthermore, RAEs do not explain how findings from surveys are applied more broadly to their provider network to ensure most members benefit from quality improvement efforts. Members also do not appear to be consulted outside of the survey itself, which would be a good practice for ensuring interventions are appropriate and relevant.

Future RAE contract changes beginning in SFY21-22 can resolve some, but not all, of these challenges. The current contract language (see section 16.2) could be more specific about expectations for RAEs reporting on member surveys including the CAHPS. The Department also can facilitate by ensuring member survey information is publicly available and current for each region. Lastly, the larger issue is whether member feedback in all its forms – surveys, information from state and regional member advisory councils, grievances, call center data, etc. – can be leveraged to detect larger patterns that, if addressed systemically, could improve members' health outcomes and lead to a more positive health care interaction with providers. PMME remains committed to seeking solutions to this larger challenge in collaboration with members, the RAEs, the PIAC, and Department leadership.

Recommendations:
PMME offers several recommendations below that require action on behalf of the RAEs and the Department. These recommendations are intended to strengthen the transparency and quality of reporting related to the CAHPS and other member surveys with the ultimate goal of improving member experience and health care outcomes.

- The Department should consider adding language to the SFY21-22 contract that requires RAEs to improve the quality and specificity of content about member surveys

(including but not limited to the CAHPS) in the annual Quality Improvement Plans and the annual Quality Report. Additionally, RAEs should be required to intentionally engage members at key phases. In particular, contract language should require RAEs to:
    - Share CAHPS results (e.g., strengths and specific areas for improvement) directly with the providers that were part of the sample and with their Member Advisory Councils.
    - Identify in the Quality Improvement Plans specific focus areas supported by CAHPS data and other member surveys. RAEs should outline planned interventions and how improvement will be evaluated including performance goals. In the annual Quality Report, RAEs should provide detailed reporting of impact from interventions.
    - Engage their Member Advisory Councils for feedback when identifying areas of focus and sharing results of interventions, at a minimum.
    - Include an explanation in the annual Quality Report of how RAEs plan to apply findings from member surveys to the larger network of practices.
    - Report on any corrective action plans to their Member Advisory Councils and the Department in a timely manner. A summary of these plans, including the issues identified and evidence, as well remediation plans, should be included in the annual Quality Reports and shared with Member Advisory Councils.
- The Department should post RAEs' annual Quality Improvement Plans and annual Quality Reports to the public website each year for members and stakeholders to easily access. When RAEs share information with the Department about their efforts around member experience at other times of the year (e.g., presentations to HCPF quality staff), that information should also be publicly available.
- RAEs should be encouraged to collect additional data on member experience related to CAHPS questions about feeling respected and listened to. These questions get at components of care that are essential to members' mental health and whether they have trust in their providers. This information is necessary to better understand whether provider cultural competency trainings are effective, and whether there are opportunities to match members to providers in an intentional way (e.g., by culture, race and ethnicity, language proficiencies, affirming care for LGBTQ and people with disabilities).
- The Department should consider creating a public Member Experience and Engagement Dashboard that tracks quantitative and qualitative information to better understand if members are being centered in care delivery processes and in leadership decisions. This data could come from multiple sources, with CAHPS data being just one source. Other data sources could include other member surveys, representation of member advisory councils to membership in each region, a list of member prioritized issues in each region, ADA and language access, and more.

Response Request

The PMME subcommittee values the opportunity to weigh in on this topic and appreciates the careful consideration of PIAC and Department leadership. PMME requests a written response from the PIAC as well as from Department leadership named on this memorandum by March 1, 2021. This deadline hopefully provides adequate time to incorporate potential changes to the SFY21-22 RAE contract. If PIAC or Department leadership would like to discuss these ideas in

greater detail, PMME leaders will be available. A response can be sent to the following individuals.

- PMME Co-Chair: Bethany Pray bpray@cclponline.org
- PMME Co-Chair: David Keller david.keller@childrenscolorado.org
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