Improving Information on Healthcare Available to Policymakers

Delaware's Experience with Consumer Assessment of Health Plan Study (CAHPS)

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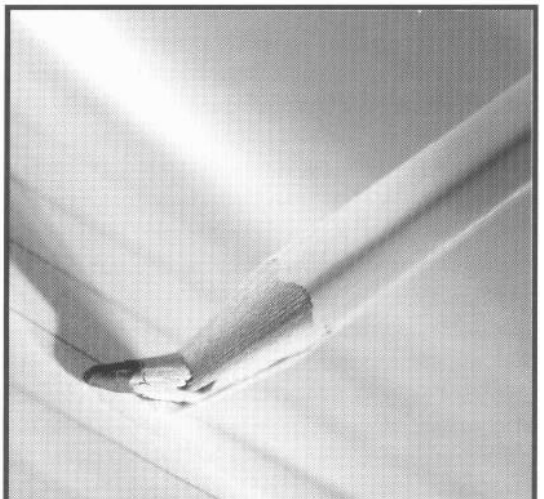
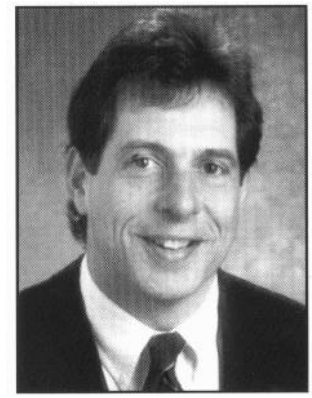
The most obvious change in the healthcare delivery system in the past decade has been the transition from a largely fee-for-service healthcare to a predominantly managed care delivery system. This transition has engendered much new state legislation related to managed care. In the 1990s, nearly 900 laws were passed in 50 states that affect managed care. However, many legislative efforts were driven by horror stories of managed care, and state policymakers often had to make decisions based on incomplete and anecdotal information. Personal stories made managed care a top constituent issue for many states in the 1990s. To make a sound policy, state policymakers need more objective and science-based information on the quality of healthcare delivered within the jurisdiction. The 1998 Delaware Consumer Assessment of Health Plans Study (CAHPS) survey, conducted by the College of Human Resources, Education, and Public Policy (CHEP) at University of Delaware, is one such effort. CHEP employed the CAHPS survey as a useful tool to collect unbiased and scientific information on the quality of healthcare based on the first-hand experience of healthcare consumers. Furthermore, CHEP has expanded CAHPS' application by administering the survey to a broad sample of all adults in Delaware. By drawing a more accurate state picture of healthcare quality, the 1998 Delaware CAHPS survey helps Delaware policymakers clarify a broader context within which healthcare policy will be formulated.



Why CAHPS?

The spread of cost-containing managed care has prompted a growing concern about the quality of healthcare—especially the quality of managed care-over the past decade. According to a recent national survey by the Henry J. Kaiser Family Foundation, 36 percent of Americans in 1998 (up from 2 1 percent in September of 1997) feel that managed care companies are doing a bad job. However, the Kaiser Family Foundation survey is based on individuals' opinions instead of their actual experiences. This is true of many other surveys that have collected information on healthcare quality from the consumers' perspective. Moreover, many surveys lack the standardization needed to allow reliable comparisons across health plans or population groups. Many are tailored only to meet the needs of institutional purchasers and plans, a single type delivery system (managed care), and the privately insured. In summary, there was no standard instrument and there was widespread dissatisfaction with some of the most used instruments. As the need for timely and objective information on healthcare quality is mounting, the call for a more scientifically designed survey tool becomes more pressing.



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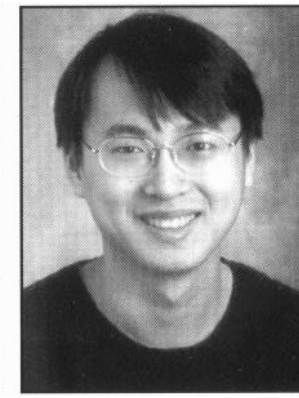

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The CAHPS project has tried to avoid some of the flaws which occur in many other surveys. It was developed in 1995 by consortia at the non-profit institution for policy and decision making, RAND, Harvard Medical School, and the Research Triangle Institute under a cooperative agreement from the federal government's Agency for Health Care Policy and Research (AHCPR). It was was designed to elicit information directly from healthcare consumers based on their experiences. To render survey results more reliable and valid, the CAHPS project has adopted the approach of using more report-type questions and fewer pure evaluation questions. Most questions were designed to ask for "reports" about events that did or did not happen during a clinical encounter, rather than a rating of satisfaction or excellence. The CAHPS survey was also designed to be applicable to different populations in a variety of healthcare delivery systems (both privately insured and those in publicly funded programs such as Medicare and Medicaid) and between the two major types of healthcare delivery systems (fee-for-service and managed care). It includes questions about many universal concerns such as waiting time, continuity of care, access to specialists, and the effectiveness of patient-physician communication. Summarily, CAHPS provides a practical and flexible yet standardized set of instruments to collect information on access to, and satisfaction with, healthcare services and delivery systems.

Since its inception, CAHPS has been adopted by a number of businesses, states, and other public and private entities including Medicare managed care organizations, the Healthcare Financing Administration, and the Office of Personnel Management for use by the Federal Employee Health Benefits Program. In 1997, AHCPR and the CAHPS Consortium updated and improved CAHPS based on data from the demonstration sites, cognitive testing results, and feedback from sponsors. In addition, the National Committee on Quality Assurance (NCQA), AHCPR and the CAHPS consortium have recently completed a convergence of the CAHPS survey and the NCQA's Membership Satisfaction Survey. The result of the convergence and the other revisions made by the CAHPS team is the CAHPS 2.0 survey kit, which is the basis of the 1998 Delaware CAHPS survey.

Delaware's experience

Survey questions in Delaware's CAHPS originated largely from the national CAHPS 2.0 survey kit. Moreover, CHEP has enriched the application of CAHPS by administering it to a broad sample of all adults living in the state. Respondents in smaller health plans and those without health insurance, usually ignored by other users of the CAHPS 2.0 survey kit, were also included in the 1998 Delaware CAHPS survey so that data will be available to examine and compare healthcare systems available to all adults in the state. Thus a statewide picture of the healthcare quality is developed that can help Delaware's policy-makers keep track of a wide range of consumers' views on healthcare quality.

The Delaware CAHPS survey tries to address many of the problems encountered in previous health surveys. Critics of public opinion surveys point out that responses are often based on hearsay and stories seen in the media rather than on first-hand experience. An example of this attitudinal question format from a widely publicized national survey states, "Do you think managed care will improve the quality of care people receive?" The CAHPS format, on the other hand focuses on consumers' actual experiences with their healthcare coverage. For example, the CAHPS questionnaire asks, "In the last six months, how often did doctors or other health professionals spend enough time with you?"

The CAHPS survey also tries to solve other commonly encountered problems of health surveys such as interpretation of survey items, memory decay, survey comparability and timeliness, inconsistent or atypical experiences, and respondent burden. It employs many questionnaire devices in order to provide an easily understood question for respondents and provide standardized questions that can be easily compared across populations. For example, to prevent memory decay problems, CAHPS uses relatively short time frames such as "six months" or "currently," which keep survey results timely and help to improve accuracy. Questions that measure the consumer's overall or global evaluations of healthcare and their health plan were rated using O-to- 10 scale. Using scales such as this allows for comparisons across healthcare delivery systems, among public and private insurance programs, and across different geographic regions. Questionnaire devices are used in such a way that the whole CAHPS survey could be best tailored for respondents to describe important aspects of their experience.

Study design

CHEP conducted the research for the 1998 Delaware CAHPS by telephone. The data was collected over the course of 13 months with 150 surveys being completed each month. The sample size (1,950) was sufficient for producing statewide and county level estimates. CHEP also developed a list of survey topics and concepts relevant to the purpose of CAHPS:

- Overall evaluations of health plans and care,
- Overall evaluations added for personal doctors and specialists seen (new for 1998),

Figure 1: Delaware CAHPS Summary of Overall Ratings
1998 Data for Respondents Age 18-64
(Statistically significant differences shown in parentheses)

	Statistically Significant		
Overall Rating of :	Plan Type (Fee-for-Service, Managed Care)	county (Kent, New Castle, Sussex)	Health Status (Excellent, Good, Poor/Fair)
Quality of Health Plan	Yes (FFS>MC)	No	No
Quality of Health Care	No	No'	Yes (E>G>P)
Personal Doctors*	Yes (FFC>MC)	No	No
Specialists Seen*	No	No	Yes (E>G>P)

* Items new in 1998 survey

- Evaluations of specific aspects of the consumers' healthcare experience (e.g., people's experience in getting the care they needed-several additions and modifications in 1998),
- Utilization
- Health insurance plan,
- Demographic information.

These topics resulted in more than 60 questions that can be categorized into four overall ratings and 17 specific measures. Statistical analyses based on these survey data include Chi-square and analysis of variance, with variables of health plan type, health status, age and county. At the 95 percent confidence level, the sampling error is approximately +/- 2.2 percentage points statewide, and between +/- 2.7 and +/- 5.4 percentage points at the county level.

Results

The 1998 Delaware CAHPS survey indicates that managed care continues to dominate Delaware's healthcare market with 74 percent of Delaware's non-elderly (age 18-64) adults enrolled in some form of managed care plan, which represents a 5 percent increase from the 1997 survey results. Furthermore, the survey shows that Delawareans are more satisfied with their health plans than they were in 1997. Fee-for-service plan members give an 8.2 rating, up from 7.9 in 1997; managed care members grade their care a 7.8, up form 7.7 in 1997. Given the fact that close to three quarters of Delawareans are now enrolled in managed care, it is not surprising that for all respondents overall satisfaction ratings of health plans increased from 7.8 in 1997 to 7.9 in 1998.

The 1998 Delaware CAHPS survey shows that fee-for-service plan participants report greater satisfaction with plans (from 7.9 in 1997 to 8.2 in 1997) than do those respondents enrolled in managed care plans (from 7.7 in 1997 to 7.9 in 1998) by a small yet statistically significant margin. Delawareans reported several negative aspects of managed care. In terms of the four overall ratings (quality of health plans, quality of healthcare, personal doctor, specialists), managed care respondents give slightly lower ratings for their health plans and personal doctors (see **Figure 1).** In terms of 17 specific measures of quality included in our CAHPS survey, managed care respondents give lower ratings for two: 1) being encouraged by their doctor to exercise and eat a healthy diet; and 2) receiving needed tests and treatments.

However, the evidence from this study is far from adequate to support the argument that managed care leads to worse quality of care. The case in favor of managed care is built on three general findings. First, in terms of overall ratings of healthcare and ratings of specialists, our data shows no significant differences between managed care and fee-for-service plans. Second, for the 17 specific measures, plan type has no significant effect on the ratings for 15 of the 17 specific measures. To add some context to this total, our data reveals eight statistically significant differences by county and 10 by health status. Finally, where the CAHPS survey demonstrated statistically significant higher ratings for fee-for-service plans, all margins of difference are relatively small.

Conclusion

Policymakers often are asked to make health policy decisions based on anecdotal information and reports from the popular media. However, story-driven legislation runs a high risk of overregulating managed care. The 1998 Delaware statewide CAHPS survey, through its attention to facts rather than opinions and stories, reveals that despite what has been previously presented through flawed surveys and anedotal evidence, there is not enough evidence to support the notion of a strong managed care backlash in Delaware. Being administered to a broad sample of all adults living in a state, the 1998 Delaware CAHPS survey provides state policymakers a broader and more accurate picture of the quality of the healthcare system in the state and helps them formulate sound policies responsive to the changing healthcare system.

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