

Patient Experience: 2021 Consumer Assessment of Healthcare Providers Survey (CAHPS) Results

Blueprint for Health
Department of Vermont Health Access

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Introduction

The Blueprint for Health (Blueprint) reports annually the patient experience of care as required by Vermont Statute. Since 2011, this task has been fulfilled through the administration of the CAHPS Clinician and Group Survey with Patient-Centered Medical Home (PCMH) questions included. The outcomes for this survey provide the broadest statewide look at patient experience of primary care in Vermont. The results are also used to support PCMH recognition by the National Committee for Quality Assurance (NCQA), and, most recently, as part of the quality reporting under payer contracts with OneCare Vermont under the All-Payer Accountable Care Organization Model.

Methods

The Department of Vermont Health Access (DVHA) since 2014 has contracted with DataStat Inc. to administer the survey. Staff from the Blueprint for Health central office work with DataStat, field staff such as Program Managers and Quality Improvement Facilitators, and ACO staff to recruit practices to participate in the survey. Once a practice has agreed to participate, that practice works directly with DataStat to set up an account through which lists of patients seen in the previous 6 months can be securely transmitted. Practices also submit logos and signatures to populate a letter accompanying the survey and inviting their patients to participate in completing and submitting the survey.

Once DataStat has the complete sampling frame (i.e., list of patients meeting eligibility criteria), OneCare Vermont provides a list of patients attributed to them under payer contracts. This allows DataStat to flag patients, and therefore deidentified outcomes, for ACO-level reports. In the next step, DataStat picks a random sample to which the introductory letter and survey will be mailed. In the last three years, DataStat, at the request of Blueprint and OneCare Vermont, has oversampled ACO-attributed patients (meaning the final sample has a higher proportion of ACO attributed patients than the original sample frame) to ensure sufficient number of responses for ACO quality measures. With the survey sample identified, two surveys are sent out: one to pediatric patients (to be filled out by the parent or guardian) and another to adult patients. Pediatric practices generally only send the pediatric survey, internal or general medicine practices generally only send the adult survey, and family practices generally send both the adult and pediatric surveys. The minimum number of patients for a practices survey sample is 100. Surveys are sent in two waves: the initial survey to everyone and a follow-up survey to those that did not respond to the first mailing.

Once the response window closes, DataStat removes any protected health information as specified in 45 CFR §160.103, compiles aggregated outcomes for each participating practice, and provides practices with a report. Statewide data deidentified at the response-level is provided to Blueprint for Health central office staff. Blueprint staff then calculate the statewide, ACO-attributed, and hospital service area (HSA)-level outcomes. ACO outcomes are distributed to OneCare Vermont and payers.

Results

The number of practices that participated in the 2021 survey was 123, which is an increase from 120 practices in 2020 and an increase from 121 practices in 2019. The number of surveys that were fielded were 54,434 with 8,385 adults and 1,178 pediatric patients responding. The combined response rate was 17.6% which is down from 21.1% in 2020. The following graphs show the combined adult and pediatric responses for the composite measures, broken out by HSA.

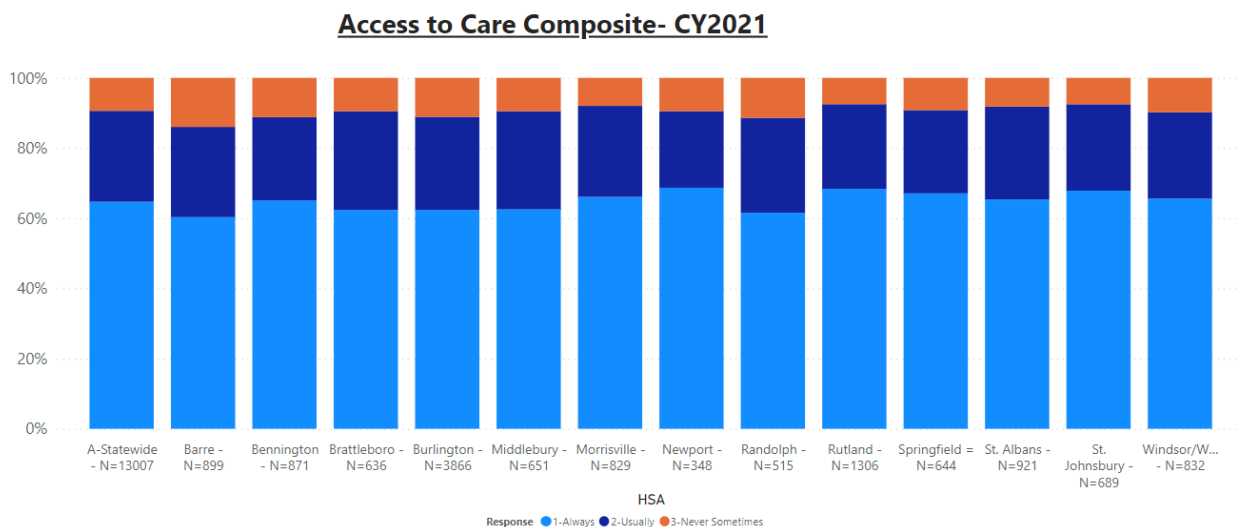
Access

The first composite, Access to Care, focuses are how readily patients were able to receive needed care and includes the following questions:

- In the last 6 months when you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
- In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
- In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical questions that same day?

Figure 1 shows that the proportion who responded “Always” ranged from 60% (Barre) to 69% (Newport), with the State average at 65%.

Figure 1.



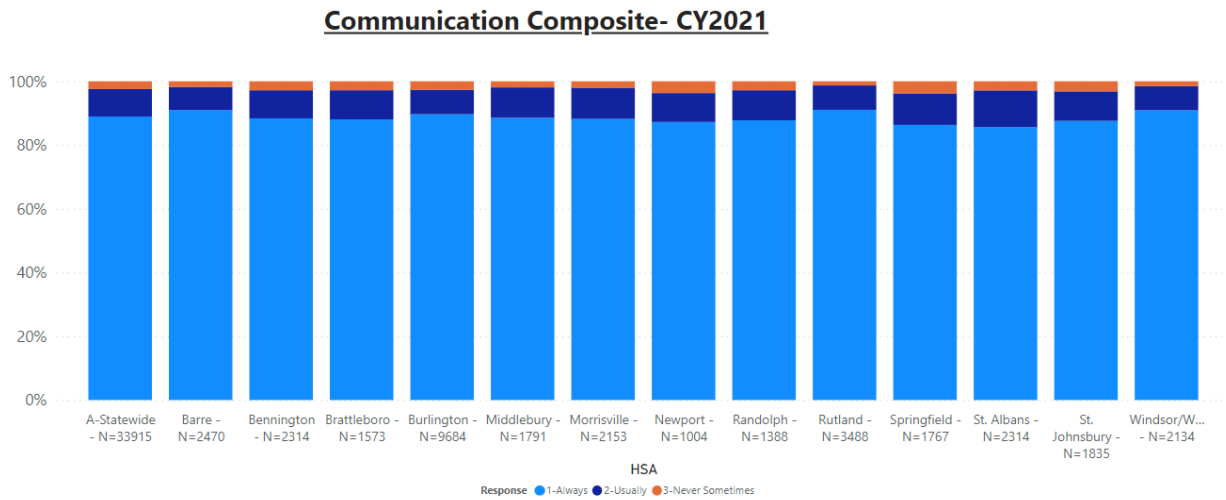
Communication

The Communication Composite focuses on how the provider engaged with the patient in a meaningful way. The composite included the following questions:

- In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- In the last 6 months, how often did this provider listen carefully to you?
- In the last 6 months, how often did this provider show respect for what you had to say?
- In the last 6 months, how often did this provider spend enough time with you?

Figure 2 shows that the proportion who responded “Always” ranged from 86% (St. Albans) to 91% (Rutland) with the statewide average at 88%.

Figure 2.



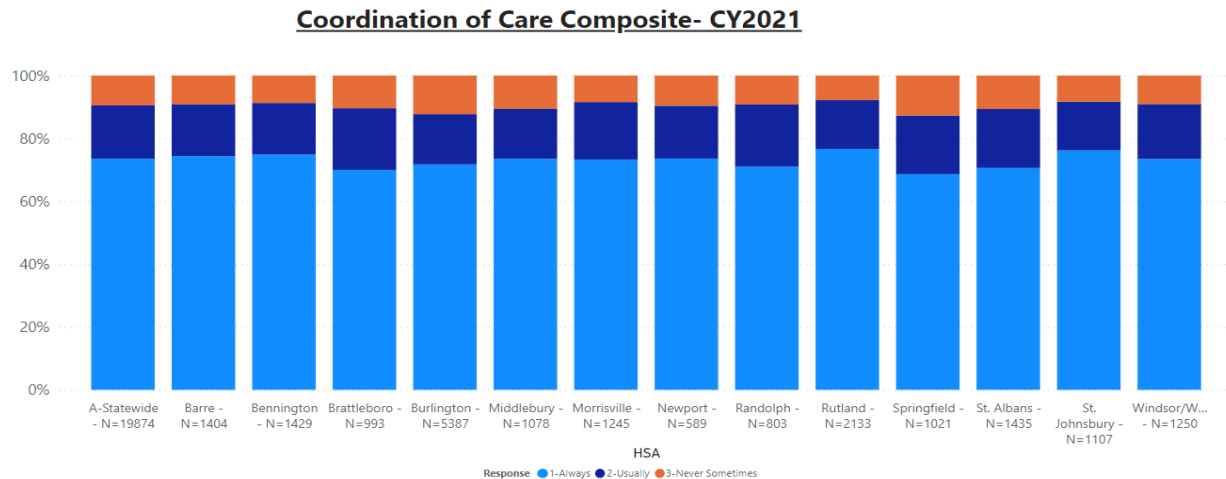
Coordination of Care

The composite on Coordination of Care provides feedback on how well care is coordinated, specifically how aware the primary care provider was of medical history, prescriptions, and testing. It includes the following questions:

- In the last 6 months, how often did this provider seem to know the importance about your medical history?
- In the last 6 months when this provider offered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
- In the last 6 months, how often did you and someone from this provider's office talk at each visit about all the prescription medicines you were taking?

Figure 3 shows that the proportion who responded “Always” ranged from 69% (Springfield) to 77% (Rutland) with a statewide average of 74%.

Figure 3.



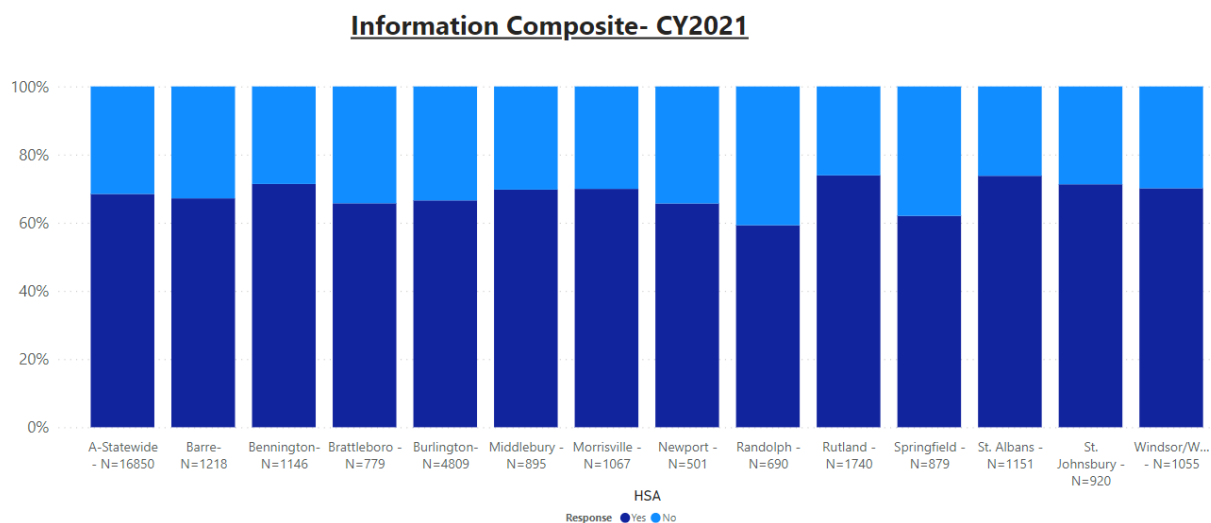
Information

The Information Composite addresses the administrative information provided by the practice on when and how to receive care. The composite includes the following questions:

- Did this provider’s office give you information about what to do if you needed care during evening, weekends, or holidays?
- Some offices remind patients between visits about tests, treatment, or appointments, in the last 6 months, did you get any reminders from this providers office between visits?

Figure 4. shows that proportion that responded “Yes” to questions in the composite ranged from 59% (Randolph) to 74% (Rutland) with a statewide average of 68%.

Figure 4.



Office Staff

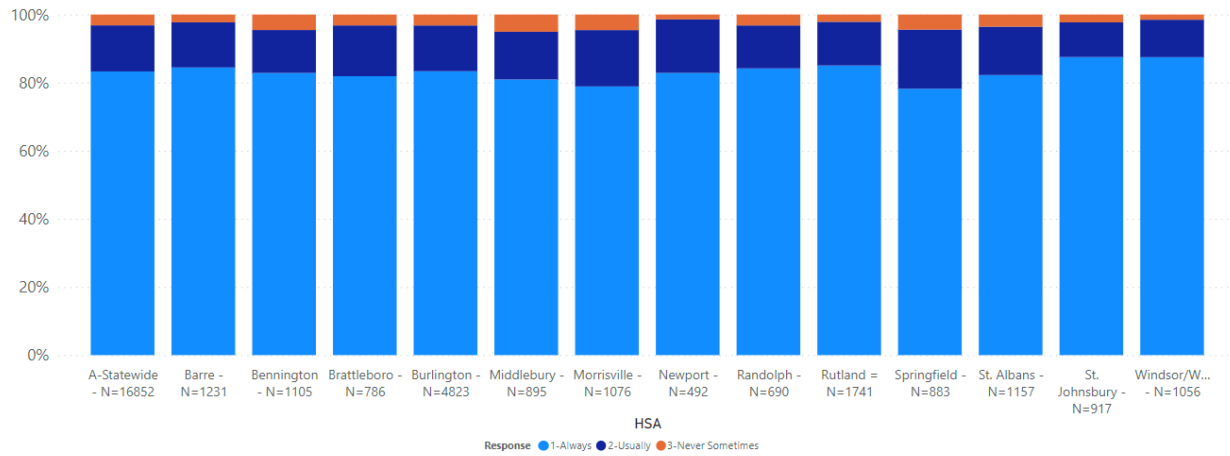
The Office Staff Composite addresses how respectful and helpful office staff were to their patients. The composite includes the following questions:

- In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?
- In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?

Figure 5 shows that the proportion of those who responded “Always” ranged from 78% (Springfield) to 88% (St.Johnsbury) with a statewide average of 83%.

Figure 5.

Office Composite- CY2021



Self-Management

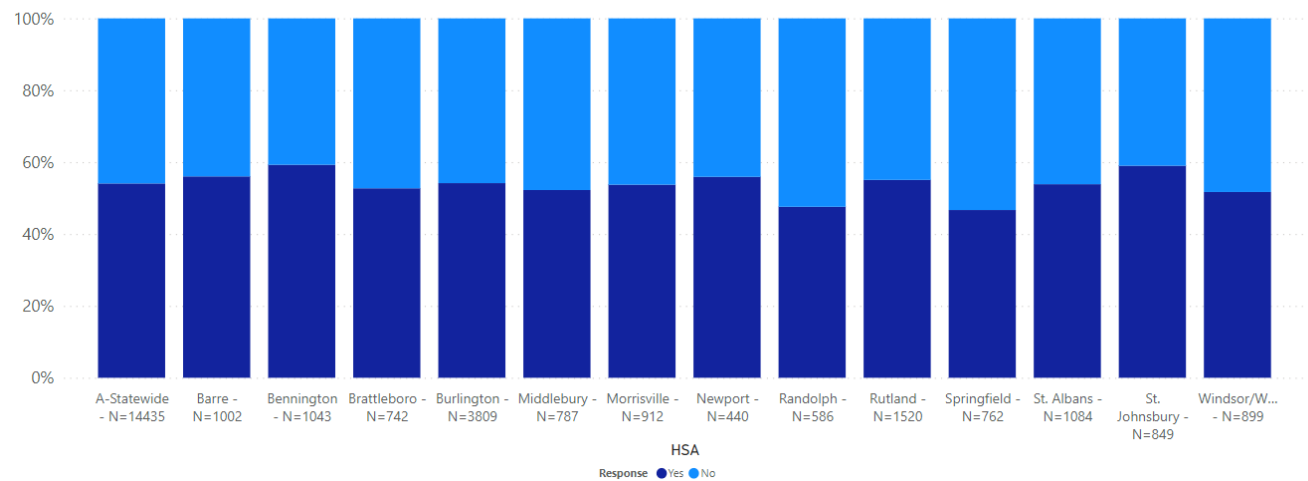
The Self-Management Composite focuses on how the provider engaged the patient in his or her care. The composite included the following questions:

- In the last 6 months, did someone from this provider’s office talk with you about specific goals for your health?
- In the last 6 months, did someone from this provider’s office ask you if there are things that make it hard for you to take care of your health?

Figure 6 shows that the proportion who responded “Yes” ranged from 47% (Springfield) to 59% (Bennington) with a statewide average of 54%.

Figure 6.

Self-Management Composite- CY2021



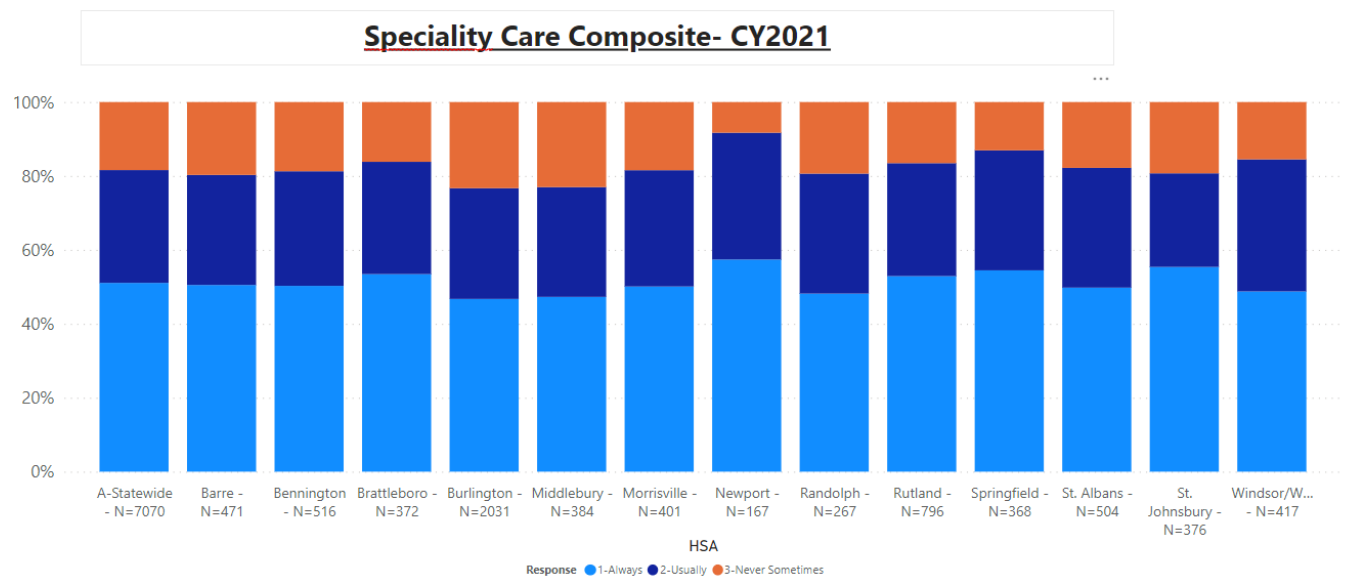
Specialty Care Access

The last composite covered in this report is the Specialty Care Composite, which addresses care received from specialists. The composite includes the following questions:

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?

Figure 7 shows that the proportion responding “Always” ranged from 46% (Burlington) to 57% (Newport) with a statewide average of 51%.

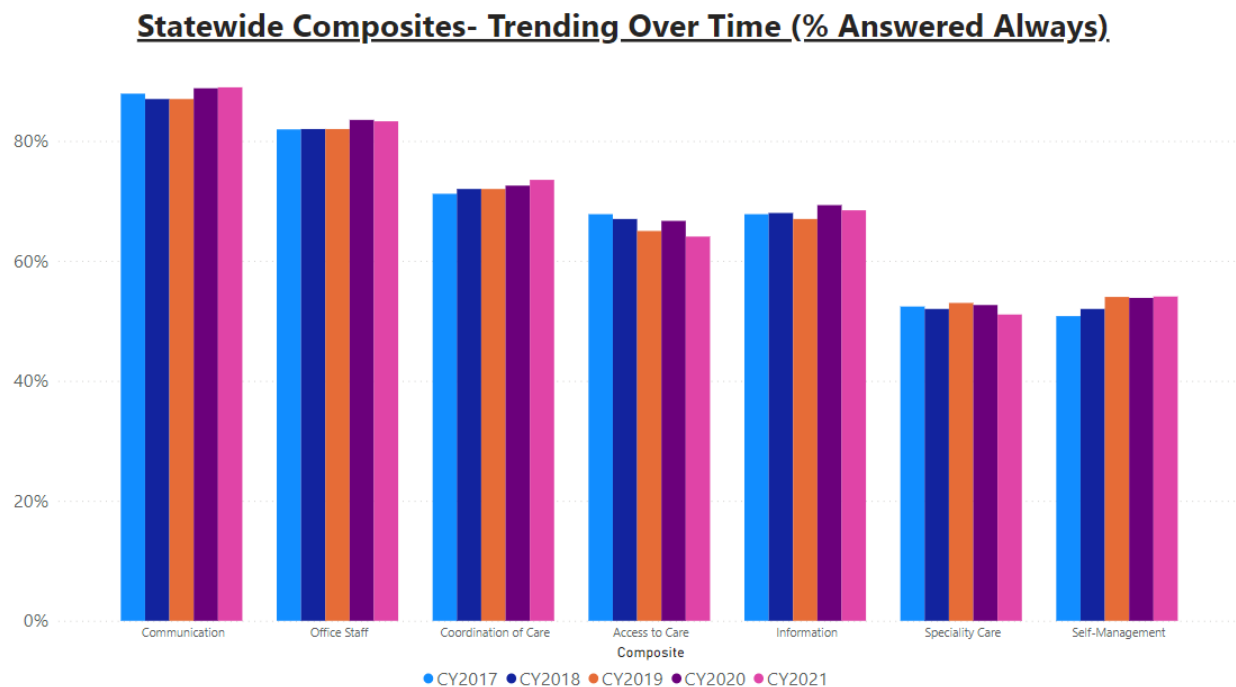
Figure 7.



Trending Over Time: Vermont Composite Results for 2017 - 2021

Figure 8 shows the statewide performance in each of the composite over the last five years. Earlier years were omitted due to the changes in the survey that occurred prior to the 2017 survey year. There appears to be a slight increase over the years in the Communication, Office Staff, Coordination of Care and Self-Management composites – proportions answering “Always” or “Yes”. The Access to Care, Specialty Care and Information composites seem to remain constant.

Figure 8.



Summary

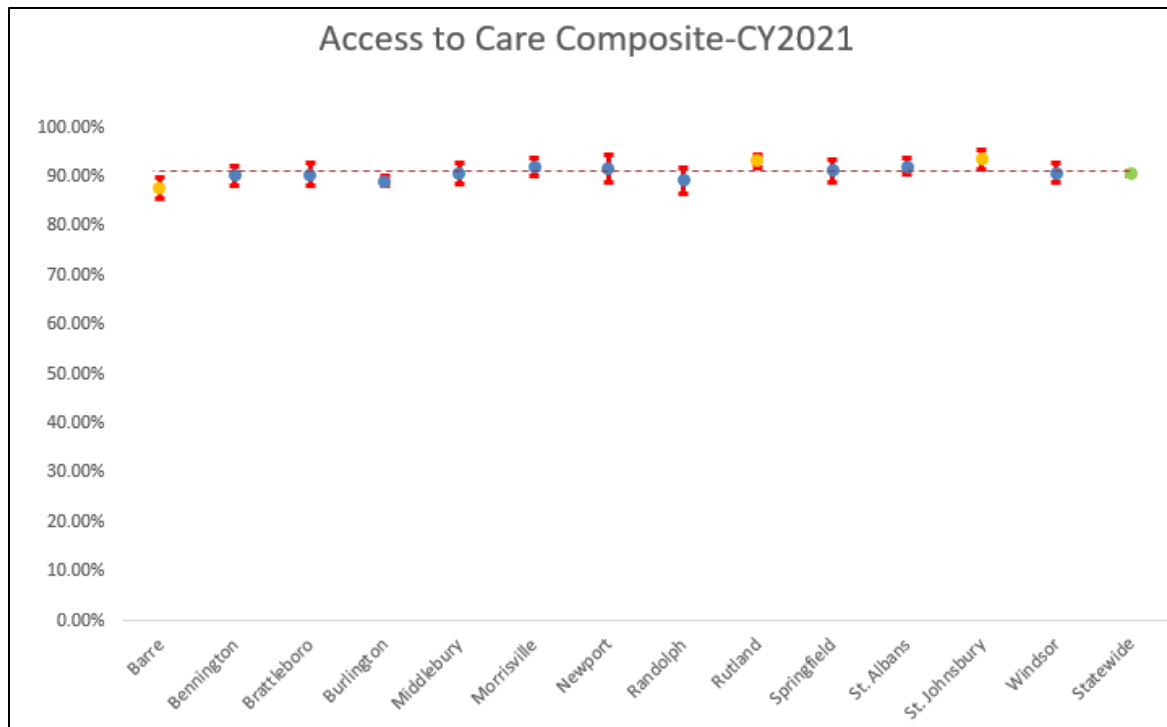
In conclusion, when examining Vermont’s survey outcomes over time, we observed slight increases in the percent of patients answering ‘Always’ or ‘Yes’ for many of the composites. There were very slight declines year to year in the percent of patients answering ‘Always’ or ‘Yes’ for the Specialty Care and Access to Care composites, but when viewed over time these composites are trending towards a higher percentage of patients responding ‘Always’.

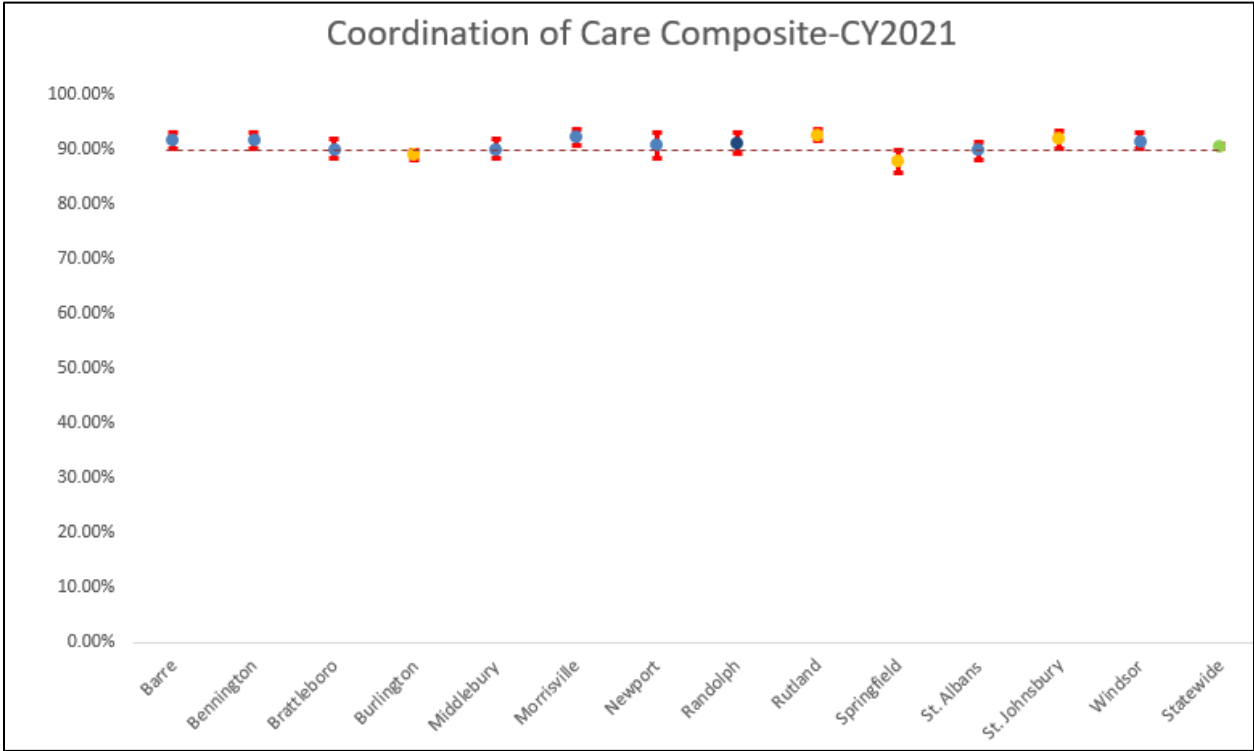
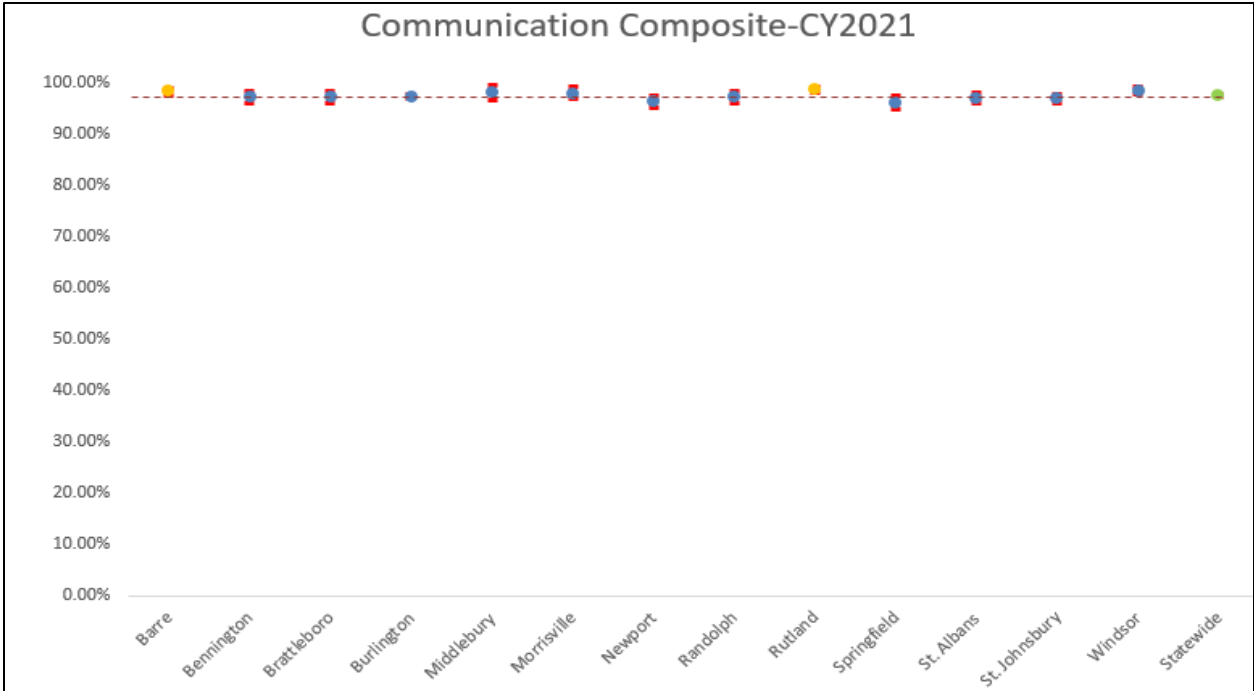
Limitations to the patient survey include the potential for nonresponse bias. Since information on individuals who do not respond is not available, it remains unknown whether any meaningful difference exists between those who choose to respond and those who do not. Secondly, the access to care is a measure of patients who were seen at some point at a primary care practice. It does not include those who were not seen, so may present a skewed view of access to care.

Nevertheless, the survey presents the broadest available view of patient experience of care in Vermont and can be analyzed at the state level, the ACO level, and the HSA level and over time. This view allows decisionmakers to identify areas for quality improvement.

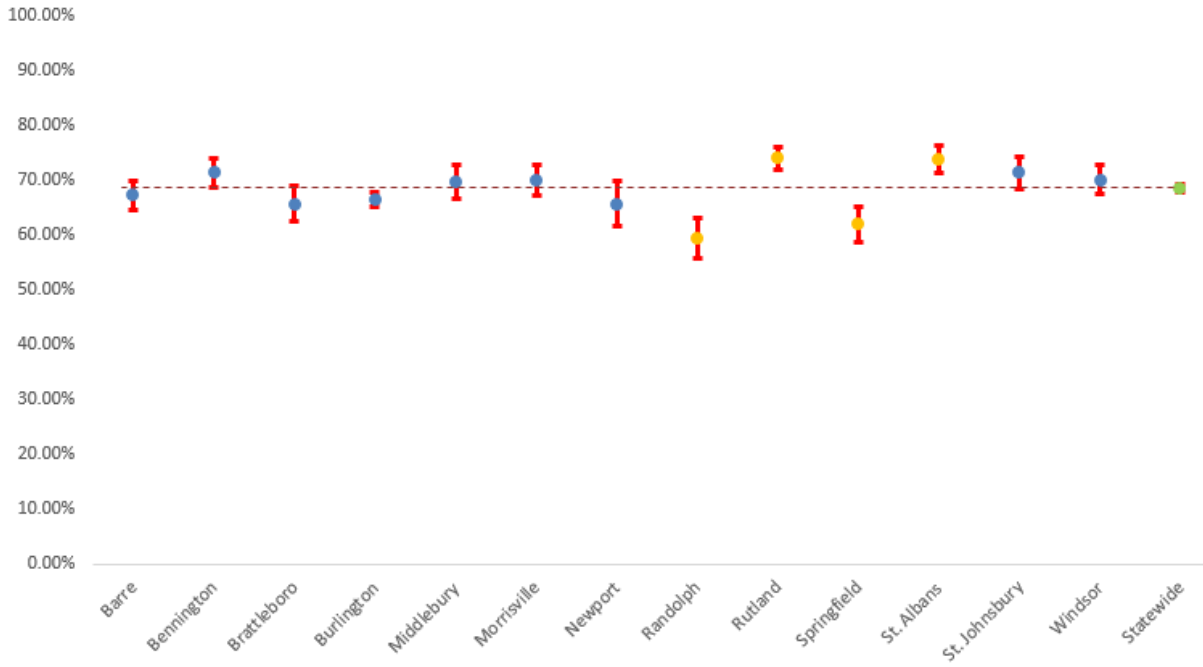
Appendix

The following charts display the percentage of respondents for each HSA who responded 'Usually' or 'Always' to the questions that make up each composite (see previous section). The red line indicates the state average, which is highlighted in green. HSA's who had a proportion of respondents that was statistically significantly different from the state average for a given composite are highlighted in yellow. If they are above the line representing the state average, they had a statistically significantly higher proportion of respondents selecting 'Usually' or 'Always' than the state average. If they are below the red line than the reverse is true. If the marker for an HSA is blue then their response is not statistically significantly different than the state average. The red brackets around each point (sometimes indiscernible) represent the 95% confidence interval for each value.





Information Composite-CY2021



Office Composite-CY2021

