Patient Experience: 2019 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 two 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 that 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.

HSA-level outcomes were analyzed to determine statistical significance in the variation. The results for related questions are grouped into composites. To test whether an individual HSA's response was statistically significant, indicator variables for each HSA were created and regressed on the aggregate response data for all component questions of a given composite. The coefficient on the indicator variable is the average treatment effect of being assigned to that HSA compared to being assigned to the rest of the state. Significance was measured at 95% confidence. To further check statistical significance, the Kruskell Wallis test was utilized to test whether a set of samples has the same median. Based on this analysis, the null hypothesis

(that variation was merely due to random sampling) could be rejected with 99% confidence for all of the composites.

Results

The number of practices that participated in the 2019 survey was 121, which is increase from 108 practices in 2018. The number of surveys that were fielded were 54,051 with 9,299 adults and 1,813 pediatric patients responding. The combine response rate was 20.6%. The following graphs show the combined adult and pediatric responses for the composite measures, broken out by HSA.
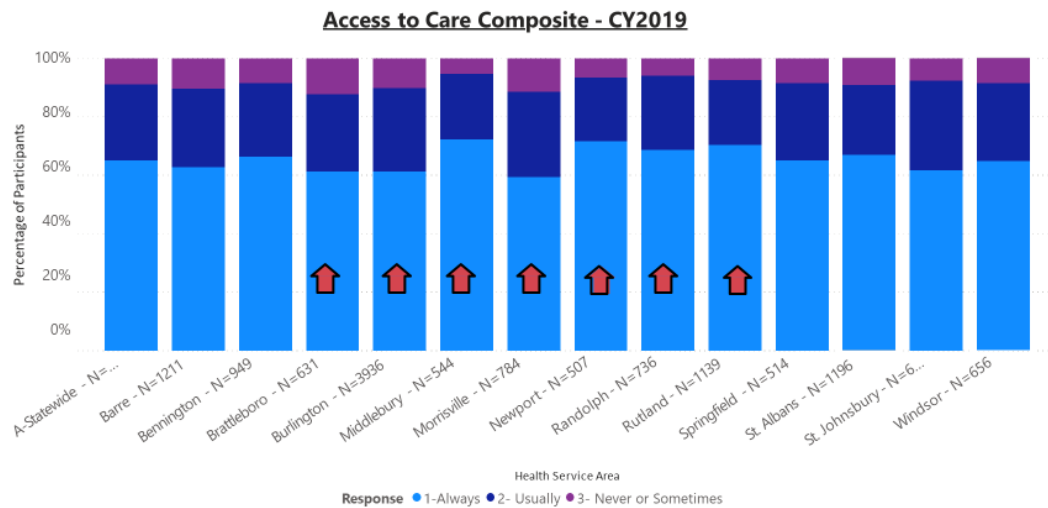
Access

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 59.5% (Morrisville) to 72.3% (Middlebury), with the State average at 65.0%. Newport, Randolph, Middlebury, and Rutland had statistically significantly higher "Always" responses, while Brattleboro, Burlington, Morrisville, had statistically significantly higher "Never or Sometimes" responses than the rest of the state.

Figure 1.

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
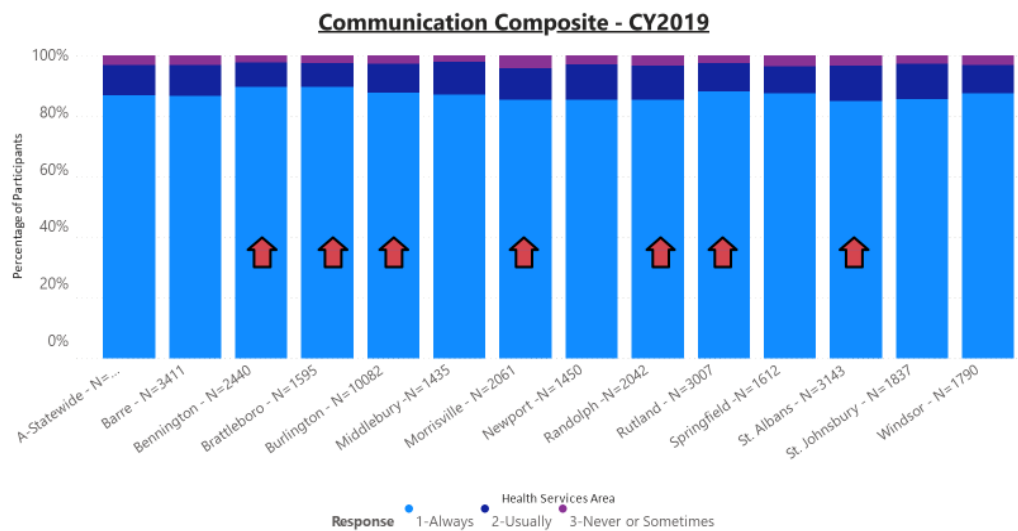
Communication

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

- In the last 6 months, how often did this provider explains 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 85.0% (St. Albans) to 90.0% (Brattleboro) with the statewide average at 87%. While the range for this composite is relatively narrow compared to the other composites, some variation across the HSAs were statistically significant. Brattleboro, Bennington, Burlington, and Rutland had higher proportions responded "Always" compared to the rest of the state, while Morrisville, Randolph, and St. Albans had higher proportions that responded "Never or Sometimes".

Figure 2.

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
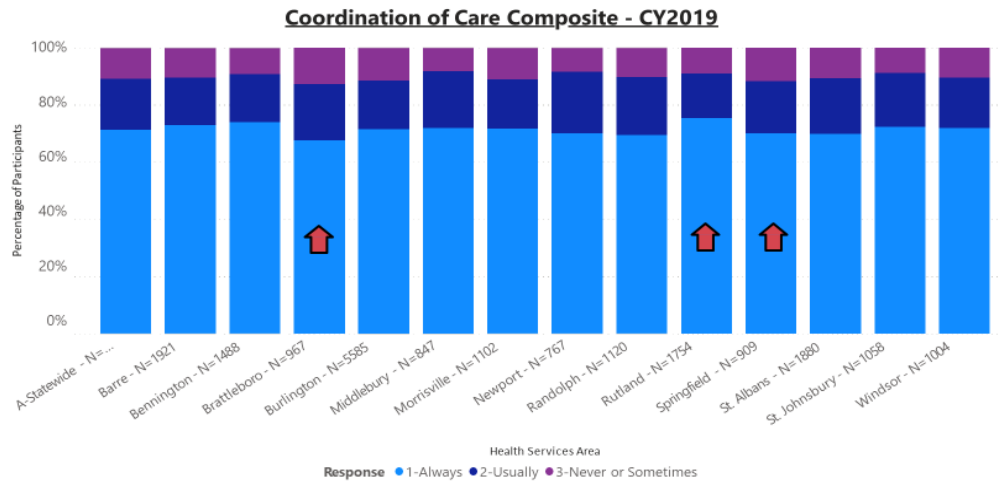
Coordination of Care

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 68% (Brattleboro) to 76% (Rutland) with a statewide average of 72%. Only three HSAs were statistically different than the rest of the state. These included Rutland having a statistically higher proportion that responded "Always", and Springfield and Brattleboro having statistically higher proportions that responded "Never or Sometimes".

Figure 3.

Coordination of Care Composite - CY2019

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
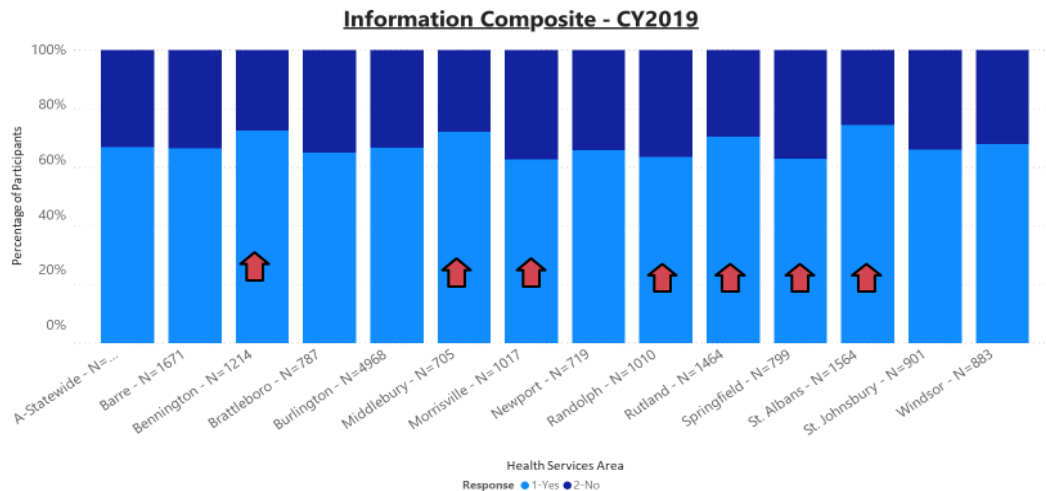
Information

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 it 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 66% (Morrisville) to 74% (St. Albans) with a statewide average of 67%. Of those statistically different from the rest of the state, Bennington, Middlebury, Rutland, and St. Albans had higher proportion who responded "Yes", while Morrisville, Randolph, and Springfield had lower proportions.

Figure 4.

Information Composite - CY2019

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
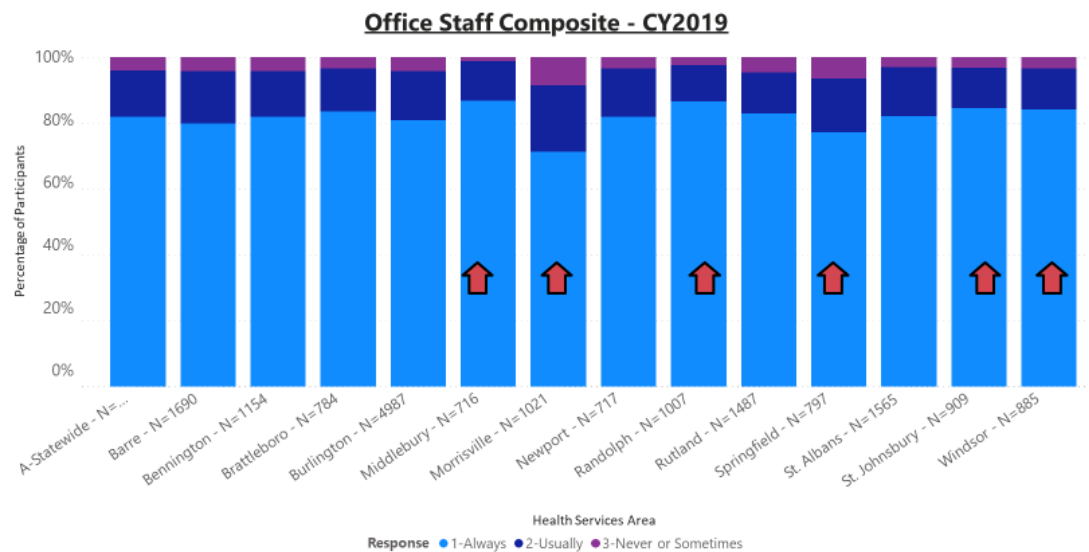
Office Staff

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 71% (Morrisville) to 87% (Middlebury) with a statewide average of 82%. Of those statistically different from the rest of the state, Middlebury, Randolph, St. Johnsbury, and Windsor had higher proportions who answered "Always", while Springfield and Morrisville had higher proportions that responded "Never or Sometimes".

Figure 5.

Office Staff Composite - CY2019

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
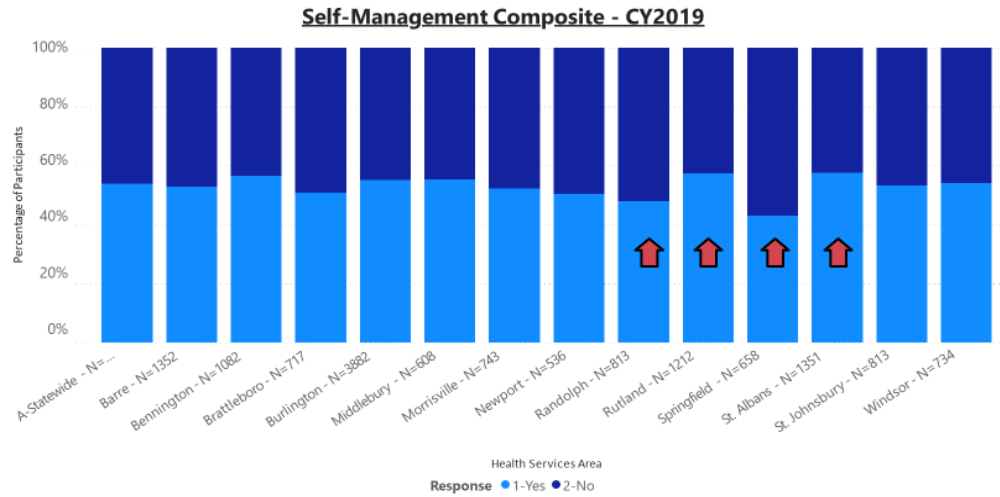
Self-Management

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 43% (Springfield) to 58% (St. Albans) with a statewide average of 54%. Figure 5 also shows that St. Albans and Rutland had statistically higher proportions who responded "Yes" relative to the rest of the state. Randolph and Springfield had statistically lower portions responding "Yes".

Figure 6.

Self-Management Composite - CY2019

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.
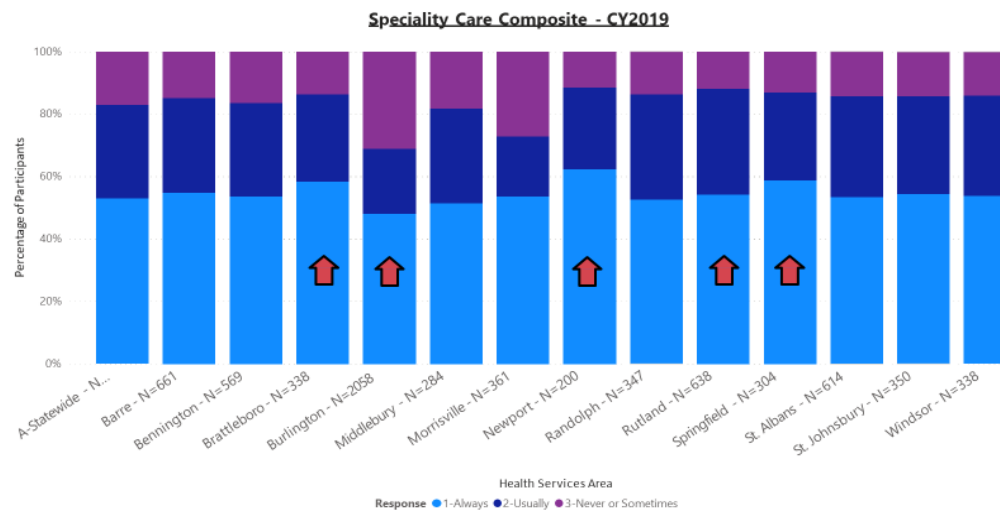
Specialty Care Access

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 48% (Burlington) to 62% (Newport) with a statewide average of 53%. Of those with results statistically different from the rest of the state, Brattleboro, Newport, Rutland and Springfield had higher proportions answering "Always", while Burlington has the highest proportion responding "Never or Sometimes".

Figure 7.

Speciality Care Composite - CY2019

The Arrow indicates that the average response in this HSA was statistically significantly different from the rest of the state at the 95% confidence level.

Summary

Table 1 below shows a summary of four composites

Table 1.

	Access	Communication	Coordination of Care	Information	Office Staff	Self-Management	Specialty Care
Barre	Not diff	Not diff	Not diff	Not diff	Not diff	Not diff	Not diff
Bennington	Not diff	Higher	Not diff	Higher	Not diff	Not diff	Not diff
Brattleboro	Lower	Higher	Lower	Not diff	Not diff	Not diff	Higher
Burlington	Lower	Higher	Not diff	Not diff	Not diff	Not diff	Lower
Middlebury	Higher	Not diff	Not diff	Higher	Higher	Not diff	Not diff
Morrisville	Lower	Not diff	Not diff	Lower	Lower	Not diff	Not diff
Newport	Higher	Not diff	Not diff	Not diff	Not diff	Not diff	Higher
Randolph	Higher	Lower	Not diff	Lower	Higher	Lower	Not diff
Rutland	Higher	Higher	Higher	Higher	Not diff	Higher	Higher
Springfield	Not diff	Not diff	Lower	Lower	Not diff	Lower	Higher
St Albans	Not diff	Lower	Not diff	Higher	Higher	Higher	Not diff
St. Johnsbury	Not diff	Not diff	Not diff	Not diff	Higher	Not diff	Not diff
Windsor	Not diff	Not diff	Not diff	Not diff	Higher	Not diff	Not diff

Legend:

Color	Meaning
(light blue)	Statistically lower than rest of the state
(medium blue)	Not statistically different from the rest of the state
(dark blue)	Statistically higher than rest of state

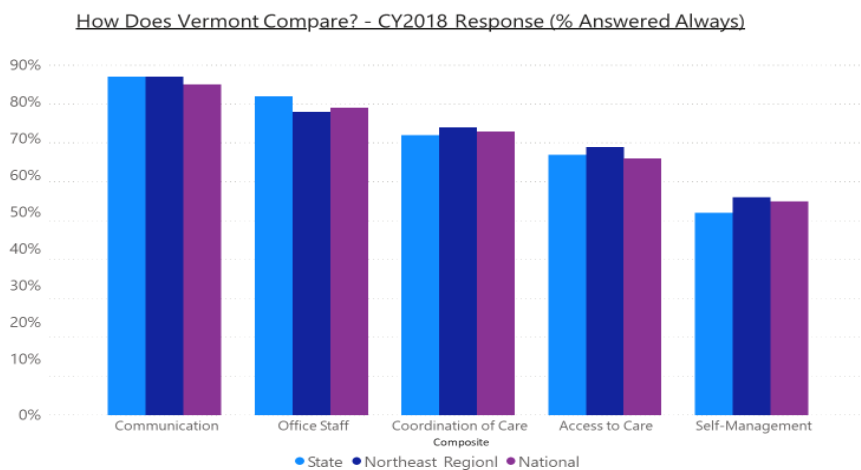## Trending Over Time: Vermont Composite Results for 2017, 2018, and 2019

Figure 8 shows the statewide performance in each of the composite over the last three years. Earlier years were omitted due to the changes in the survey that occurred prior to the 2017 survey year. Statistical significance testing was not conducted on the results; however, the there appears to be little variation across years – proportions answering "Always" or "Yes" change less than 3 percentage points from year to year.

Figure 8.

Statewide Composites - Trending Over Time (% Answered Always)

Comparison to National & Regional Benchmarks

Finally, this report reviews Vermont's 2018 performance to the national benchmarks for 2018 (the most recent year for which the benchmarks are available). For Communication, Office Staff, and Access to Care composite, Vermont appears be higher than the national average, which lower in the Coordination of Care and Self-Management composites. However, when looking at the regional data, Vermont is lower in all categories except Office Staff, indicating that relative to the state's neighbors, the state has room for improvement.

How Does Vermont Compare? - CY2018 Response (% Answered Always)

Summary

In conclusion, when looking at the composite outcomes for the CG-CAHPS Patient Experience survey in 2019, statistically significant variation exists across the HSAs in Vermont. The HSA appearing as performing better than the rest of the state in the most composites was Rutland, which had statistically better results in 6 of 7 composite measures. Only in the Office Staff Composite did Rutland not have statistically different results than the rest of the state. In terms of HSAs appearing most frequently as performing worse than the rest of the state, Morrisville has statistically lower results in 4 of the 7 composites (Access to Care, Communication, Information, and Office Staff) and Springfield in 3 (Coordination of Care, Information , and Office Staff).

When looking at Vermont outcomes over time, no consistent trend is seen across the various composites, i.e., some composites see an increase in the percent answering "Always" or "Yes", others see a decline, and other see both increases and decreases over the three years.

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. For example, relative to the Northeast region, Vermont patient-centered medical homes have room for improvement, based on statewide outcomes, in Access to Care, Care Coordination, and Self-Management.