

PATIENT EXPERIENCE: 2023 CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SURVEY (CAHPS) RESULTS

Blueprint for Health
Vermont Agency of Human Services

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Introduction

The Blueprint for Health (Blueprint) reports annually the patient's experience of care as required by Vermont Statute. Since 2011, this task has been fulfilled through the administration of the Consumer Assessment of Healthcare Providers (CAHPS) Clinician and Group Survey with Patient-Centered Medical Home (PCMH) and Mental Health Care questions included. The CAHPS survey is designed, validated, and maintained by the US Agency of Healthcare Research and Quality (AHRQ). 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, as part of the quality reporting under payer contracts with OneCare Vermont under the All-Payer Accountable Care Organization Model.

Methodology

Survey Methods

Since 2014, the Blueprint for Health has contracted with DataStat Inc. to administer the Consumer Assessment of Healthcare Providers (CAHPS) 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. Participating practices work directly with DataStat to set up an account through which lists of patients seen in the survey period can be securely transmitted. Practices also submit logos and signatures to populate a letter accompanying the survey and inviting their patients to complete and submit the survey. Simultaneously, OneCare Vermont provides a list of patients attributed to them under payer contracts. This list allows DataStat to flag patients, and ultimately deidentified outcomes, for inclusion in ACO-level reports.

Next, DataStat selects a random sample of at least 100 patients to be surveyed. Patients in this random sample will be sent one of two surveys: 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. Surveys are mailed in two waves: an initial survey mailing to everyone and a follow-up survey to those who did not respond to the first mailing.

Patients may complete the survey on paper or through an internet portal. The questionnaire is available in Spanish and English to accommodate language preferences.

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 results for statewide, ACO-attributed, and hospital service area (HSA)-level composite measures. ACO results are distributed to OneCare Vermont and payers, while statewide and HSA-level results and trends are reported in Blueprint Executive Committee Meetings and Annual Reports.

Composite Measure Computation Methods

Results of the CAHPS survey are coalesced into seven standardized composite measures based on the AHRQ Instructions for Analyzing Data from CAHPS surveys in SAS. As the State of Vermont does not maintain licenses for SAS, the Blueprint conducts the analysis in R, an equivalent statistical programming language. Verification with the SAS module designed by AHRQ and with AHRQ contracted staff was conducted to ensure that the results produced by R are equivalent to the results produced by the SAS module.

Each composite measure is a combination of two or more CAHPS questions that are designed to measure the same facets of a patient's experience of care. Composite measures allow for simplified interpretation of results and often provide a more wholistic view of the patient's experience than individual question scores. The seven composite measures each require the rescaling of multi-response questions into smaller response scales. For example, questions with a four-item response including 'Never', 'Sometimes', 'Usually', and 'Always', the responses are rescaled into a three-item scale that combines the 'Never' and 'Sometimes' categories and recodes them into a scale using 'Rarely', 'Often', and 'Always'. Questions with only yes/no responses are not rescaled.

After rescaling, weightings for questions are computed, also based on the guidelines issued by AHRQ. For Health Service Area (HSA) level breakdown, questions are weighted equally when there are at least 100 responses for each question, otherwise weights are calculated based on the number of responses to each question. For statewide measure calculation, all questions in the composite are equally weighted.

With weight vectors calculated, composite measures may be computed. For each measure, weighted mean scores, variances, and categorical box scores are computed. Basic significance tests are conducted between each HSA level measure and the statewide average based on the guidelines given by AHRQ. Plots of HSA level measures and statewide scores are created, and statistically significant differences noted. In addition, the Blueprint also builds a five-year lookback of the statewide composite measures to examine any trends in the measures.

Results

The number of practices that participated in the 2023 survey was 122, a slight decrease from the 128 participating practices of 2022. A total of 65,980 surveys were distributed with 9,929 adult and 1,690 pediatric patients providing responses. The combined response rate was 17.6%, slightly lower than the 2022 response rate of 21.3%. Despite this lower overall response rate, the 2023 survey had the largest number of pediatric respondents of any survey in the past five years. The following subsections discuss the combined adult and pediatric responses for the composite measures, broken out by HSA.

Access

The Access to Care composite measure 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, below, shows the Access to Care composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 2, the mean scores for each HSA are compared with the Statewide mean Access to Care score. No HSA shows scores significantly below the statewide mean, though the score for Barre is borderline significantly different.

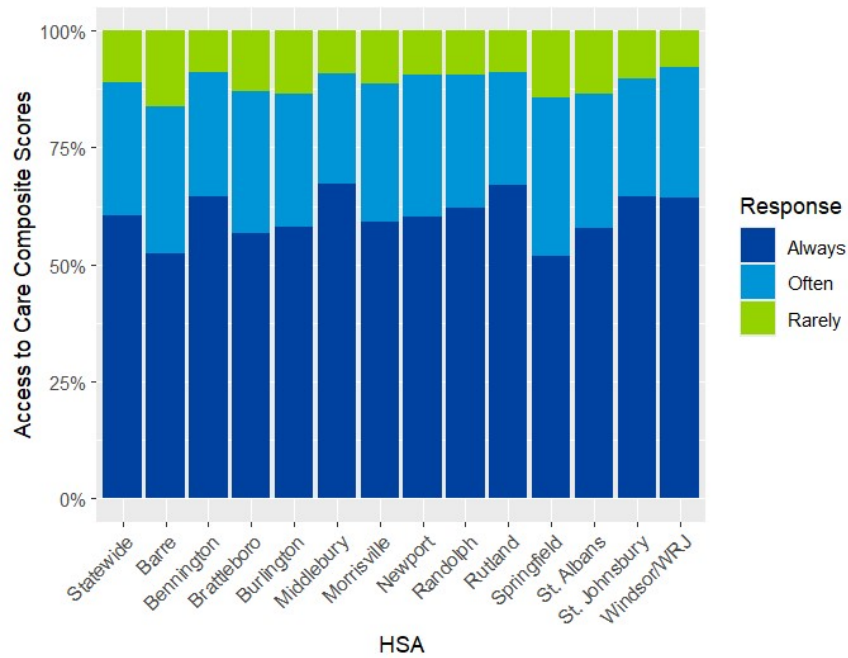


Figure 1: Access to Care Composite scores by Health Service Area, with Statewide average score in first column.

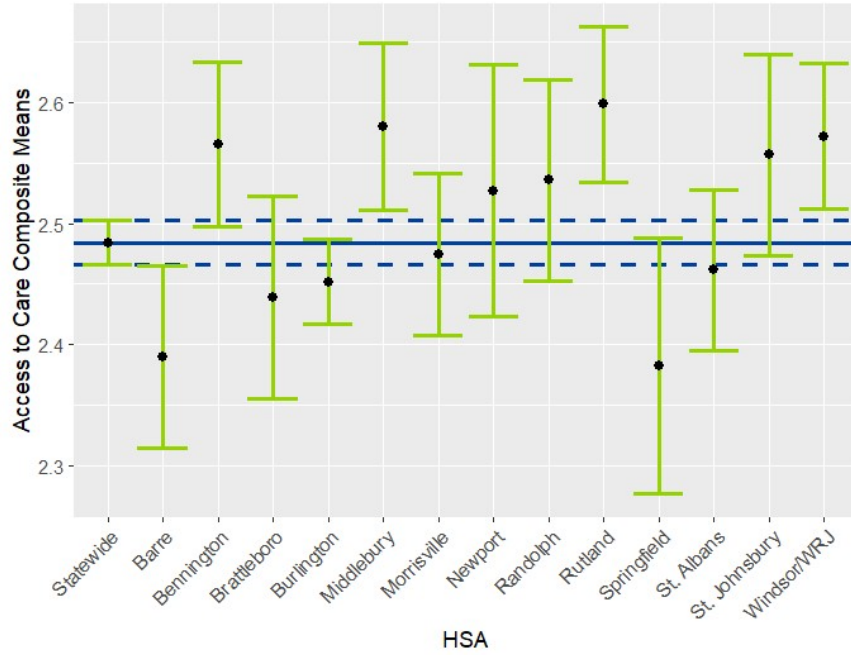


Figure 2: Mean Access to Care composite scores by Health Service Area as compared to Statewide average Access to Care Composite score.

Over the past five years, the trend for the Access to Care composite measure has been downward, indicating an overall statewide decrease in patients rating of the questions. This trend is consistent with nationwide health care workforce shortages caused by increasing rates of retirement and resignation among providers. Figure 3, below, shows the five year mean trend for the Access to Care composite measure.

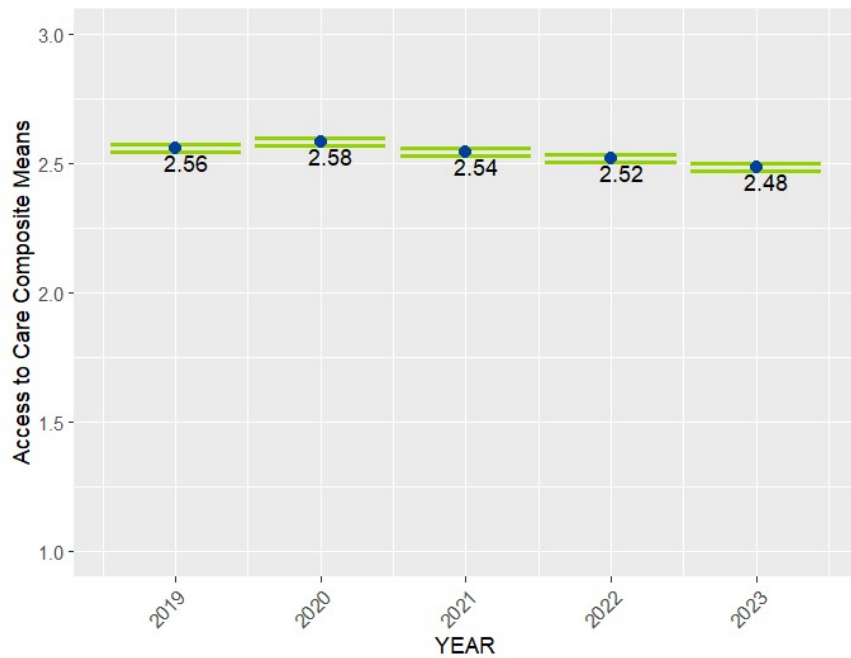


Figure 3. Five-year trend in statewide Access to Care composite measure mean scores.

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 4, below, shows the Communication composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 5, the mean scores for each HSA are compared with the Statewide mean Communication score. Barre and Morrisville HSAs show scores significantly below the statewide mean, though the scores in these HSAs are still very high, with means above 2.8 on a 3.0 scale, indicating that Vermont providers are doing an excellent job communicating with their patients.

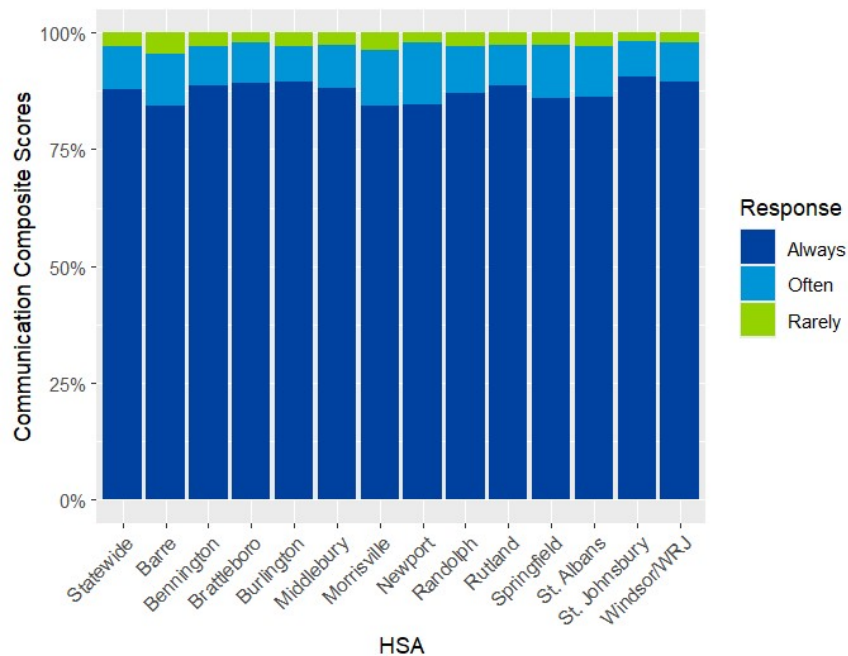


Figure 4. Communication Composite scores by Health Service Area, with Statewide average score in first column.

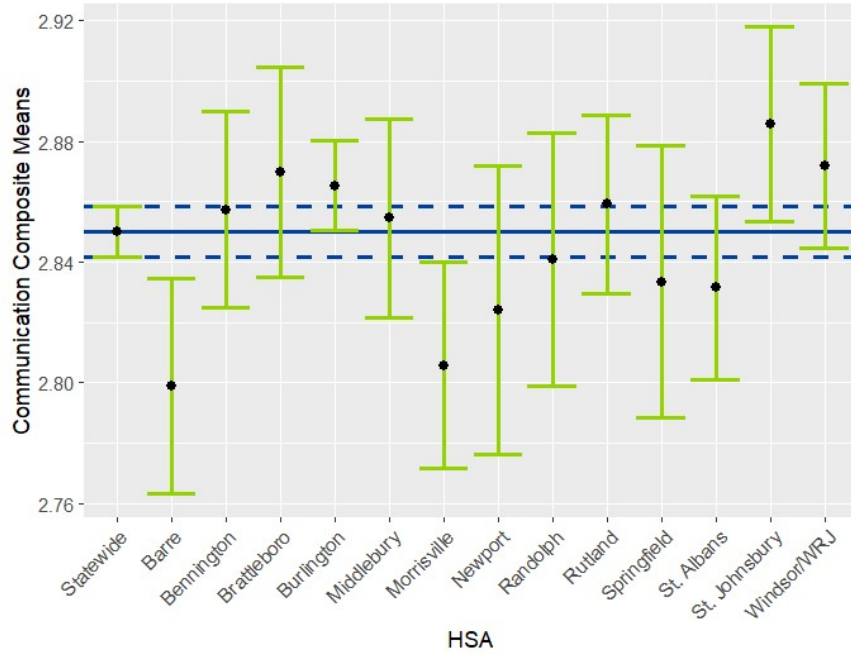


Figure 5. Mean Communication composite scores by Health Service Area as compared to Statewide average Communication composite score.

Over the past five years, the trend for the Communication composite measure has been steady and very high, indicating excellent overall statewide rating of the questions. Figure 6, below, shows the five year mean trend for the Communication composite measure.

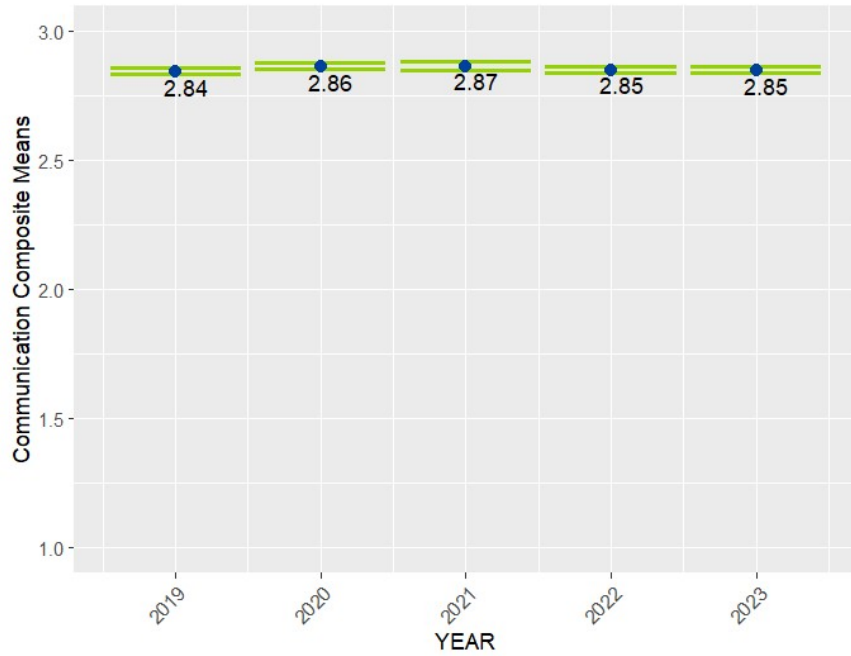


Figure 6. Five-year trend in statewide Communication composite measure mean scores.

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 important information about your medical history?
- 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?
- In the last 6 months when this provider ordered 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?

Figure 7, below, shows the Coordination of Care composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 8, the mean scores for each HSA are compared with the Statewide mean Coordination of Care score. The Saint Johnsbury HSA shows a score significantly above the statewide mean, while all other HSAs were not significantly different from the statewide mean score.

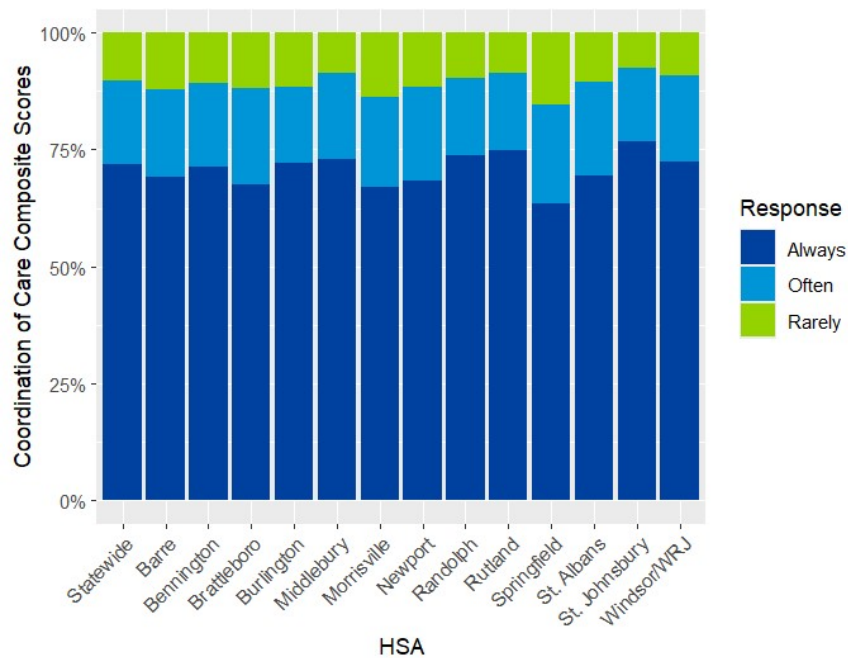


Figure 7. Coordination of Care composite scores by Health Service Area, with Statewide average score in first column.

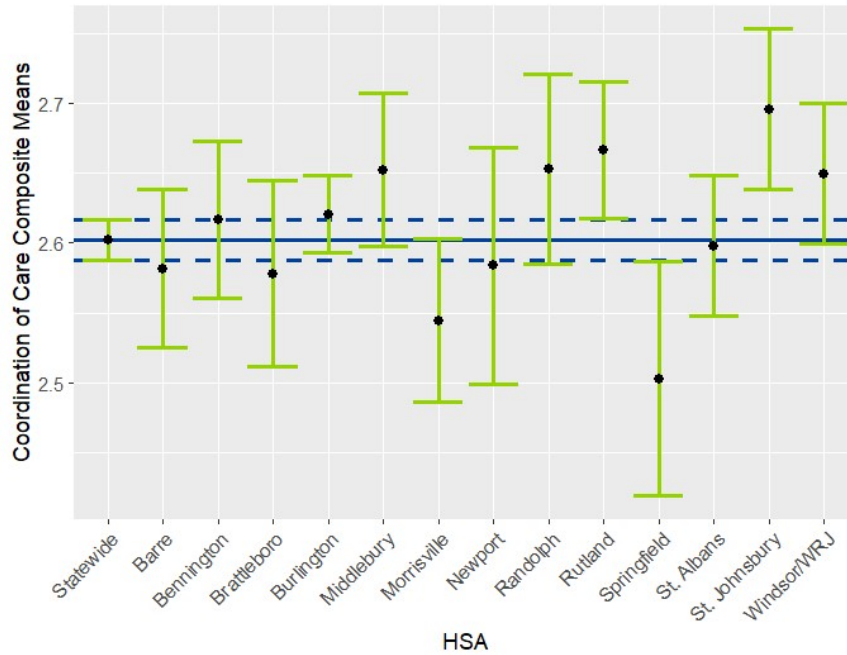


Figure 8. Mean Coordination of Care composite scores by Health Service Area as compared to Statewide average Coordination of Care composite score.

Over the past five years, the trend for the Coordination of Care composite measure has been steady, hovering around 2.6 on 3.0 scale. Figure 9, below, shows the five year mean trend for the Coordination of Care composite measure.

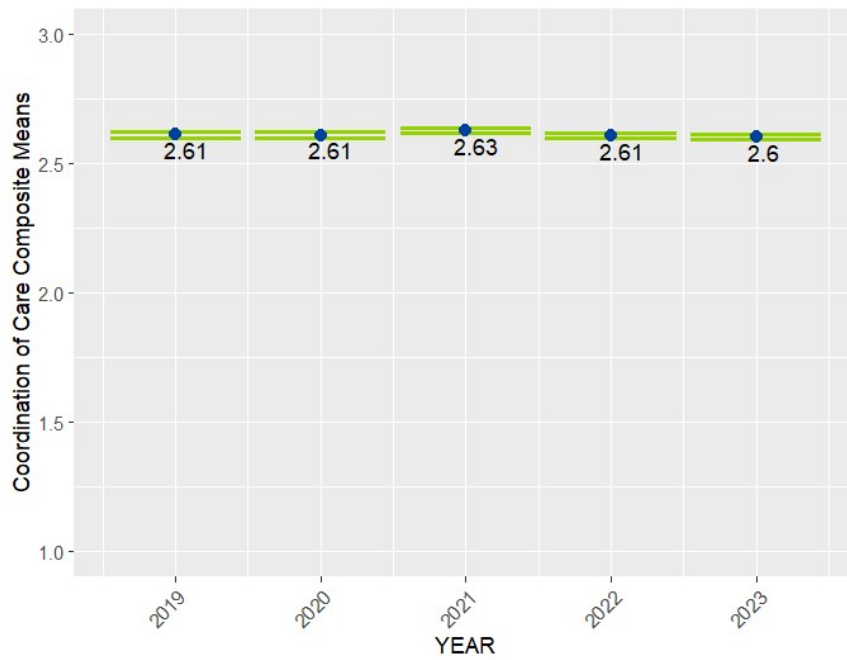


Figure 9. Five-year trend in statewide Coordination of Care composite measure mean scores.

Information

The Information Composite addresses the administrative information provided by the practice on when and how to receive care. The composite includes the two yes/no 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 10, below, shows the percentage of respondents answering 'yes' to the Information composite measure by Health Service Area (HSA) for the 2023 survey. No HSA varied significantly from the statewide average in percentage of respondents answering yes to both questions on the composite, though the score was overall lower than many of the other composite scores.

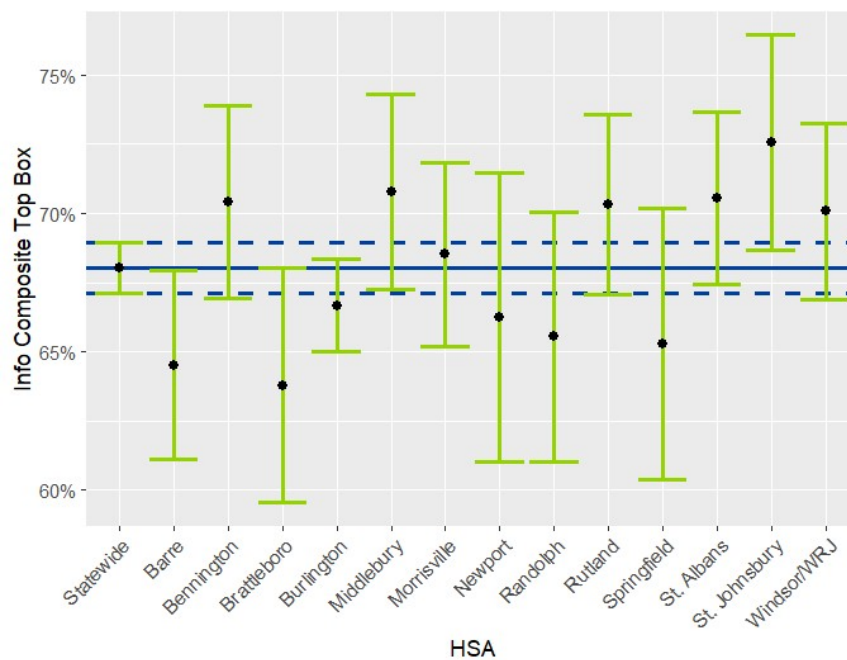


Figure 10. Percentage of respondents answering 'yes' to both questions on the Information composite measure. Since this question is yes/no, this proportion is also the mean score for the measure.

Over the past five years, the trend for the Information composite measure has been steady, hovering around 68% of respondents answering 'yes' to both questions. Figure 11, below, shows the five year mean trend for the Information composite measure.

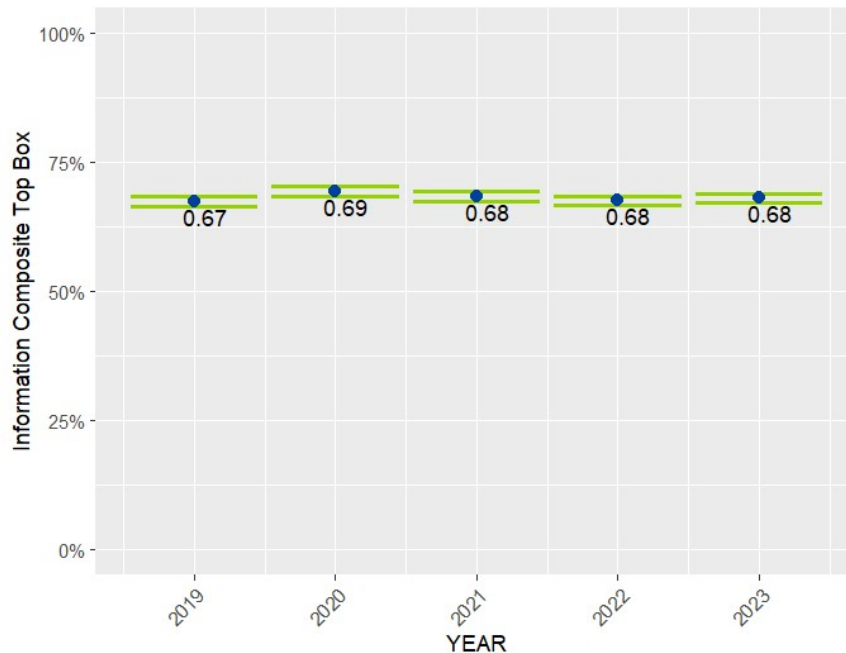


Figure 11. Five-year trend in statewide percentage of respondents answering yes to both questions on the Information composite measure. Since this question is yes/no, this proportion is also the mean score for the measure.

Office Staff

The Office Staff Composite gathers information about 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 13, below, shows the Office Staff composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 14, the mean scores for each HSA are compared with the Statewide mean Office Staff score. Springfield and Morrisville HSAs show scores significantly below the statewide mean, though the scores in these HSAs are still very high, with means above 2.7 on a 3.0 scale, indicating that Vermonters generally find that the office staff in practices are helpful and respectful.

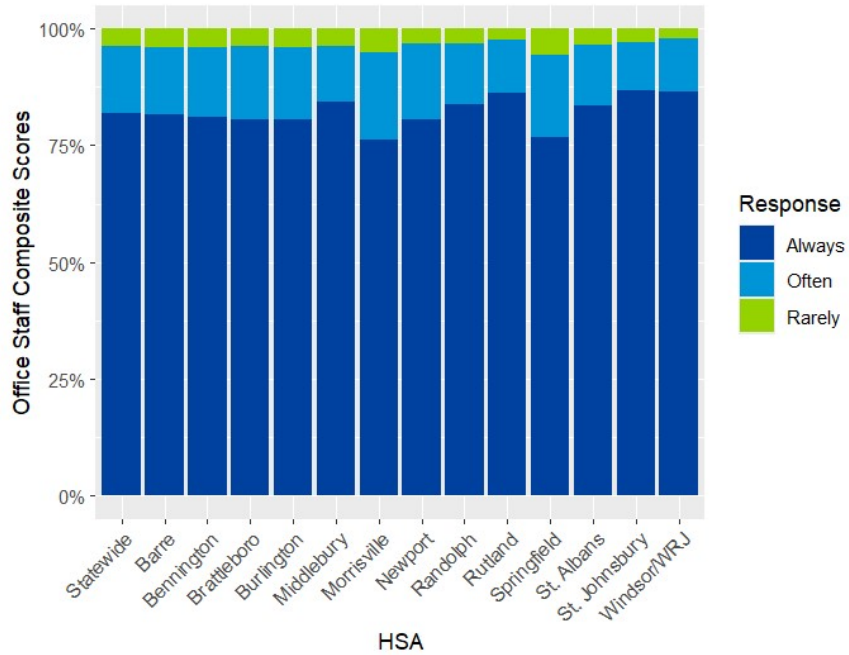


Figure 13. Office Staff composite scores by Health Service Area, with Statewide average score in first column.

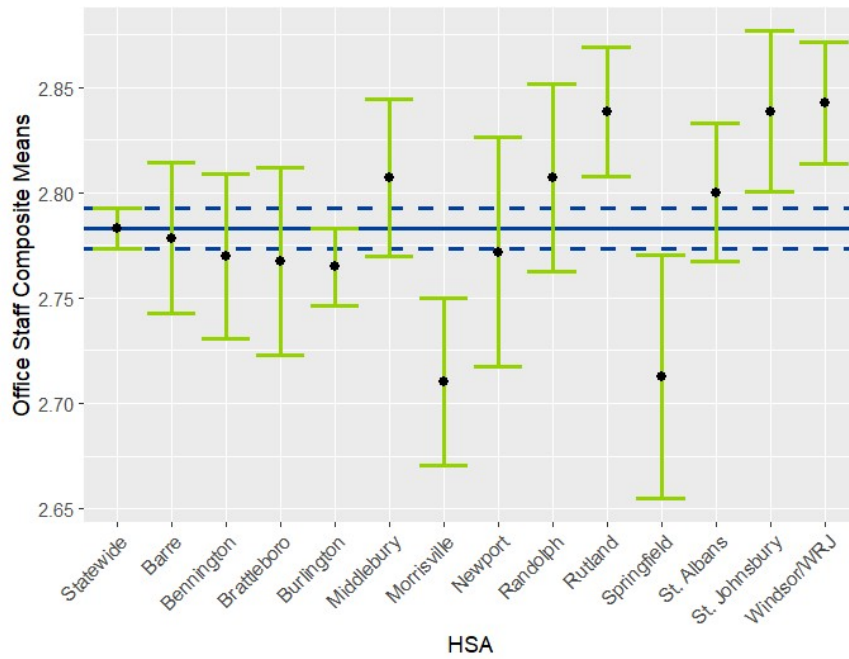


Figure 14. Mean Office Staff composite scores by Health Service Area as compared to Statewide average Office Staff composite score.

Over the past five years, the trend for the Office Staff composite measure has been steady and very high, indicating excellent overall statewide rating of the questions. Figure 15, below, shows the five year mean trend for the Office Staff composite measure.

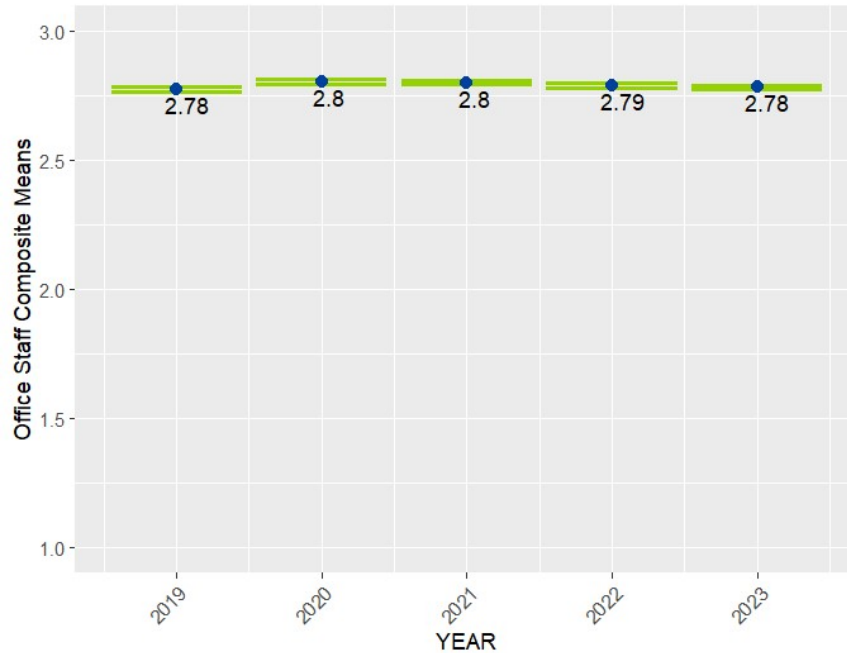


Figure 15. Five-year trend in statewide Office Staff composite measure mean scores.

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 16, below, shows the percentage of respondents answering ‘yes’ to the Information composite measure by Health Service Area (HSA) for the 2023 survey. Springfield and Morrisville HSAs showed trends significantly below the statewide average in percentage of respondents answering yes to both questions on the composite. Generally, the Self-Management composite scores were lower across the state than the scores in other areas, with very few practices receiving more than 60% respondents answering ‘yes’ to both questions.

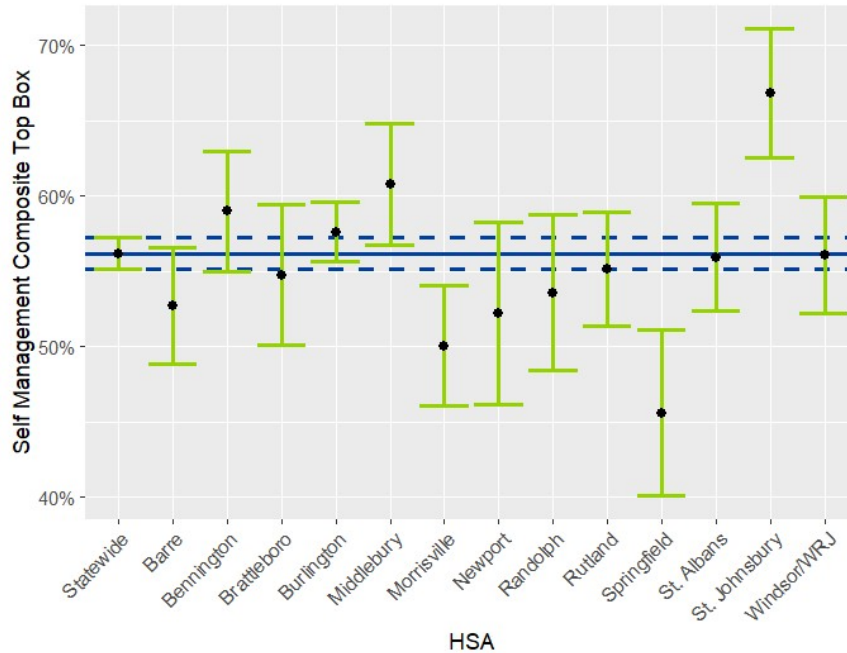


Figure 16. Percentage of respondents answering 'yes' to both questions on the Self-Management composite measure. Since this question is yes/no, this proportion is also the mean score for the measure.

Over the past five years, the trend for the Self-Management composite measure has been trending positively in percentage of respondents answering 'yes' to both questions. Figure 17, below, shows the five year mean trend for the Information composite measure.

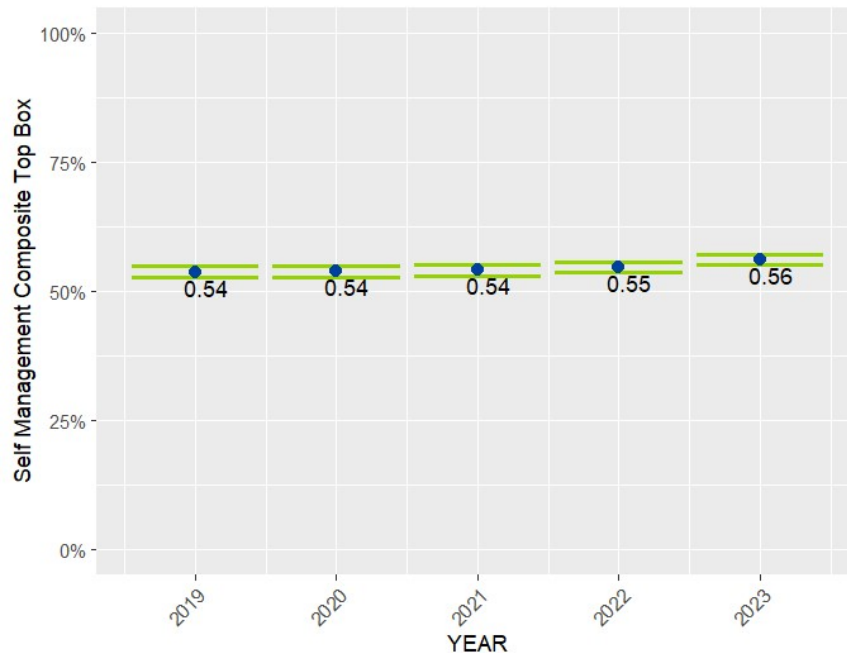


Figure 17. Five-year trend in statewide percentage of respondents answering yes to both questions on the Information composite measure. Since this question is yes/no, this proportion is also the mean score for the measure.

Specialty Care Access

The final composite measure 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 18, below, shows the Specialty Care composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 19, the mean scores for each HSA are compared with the Statewide mean Specialty Care score. Burlington HSAs showed a statistically significantly lower scores than the statewide average, though not by much.

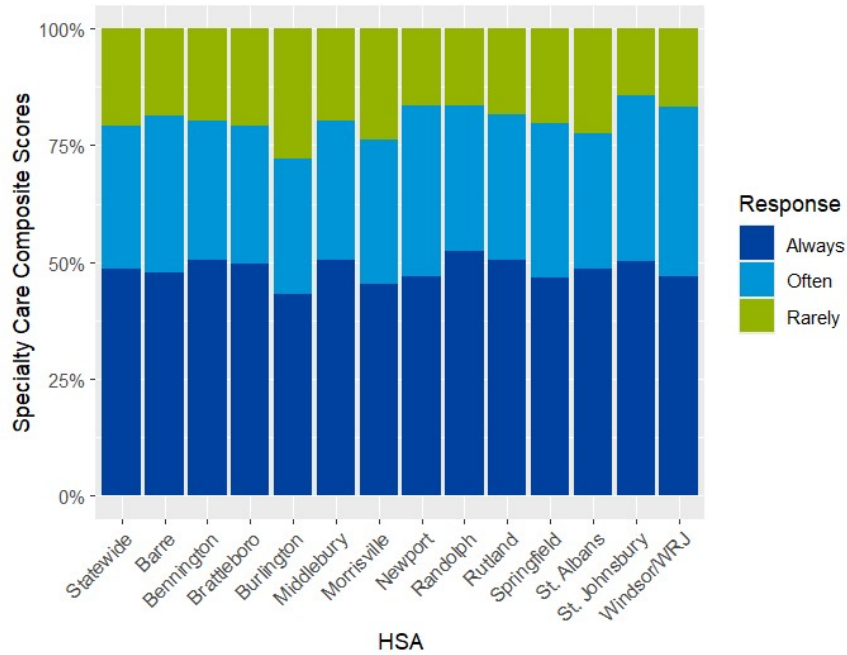


Figure 18. Specialty Care composite scores by Health Service Area, with Statewide average score in first column.

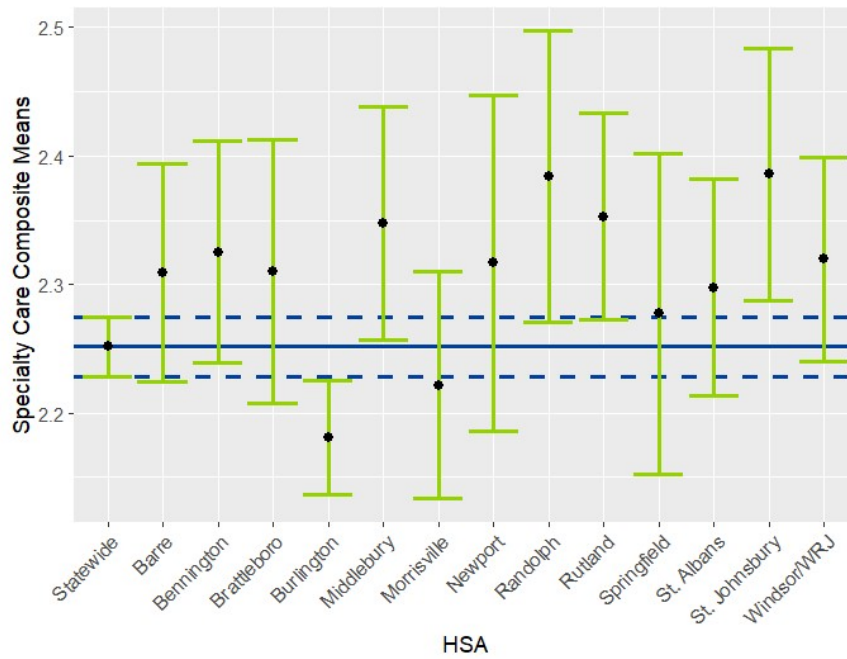


Figure 19. Mean Specialty Care composite scores by Health Service Area as compared to Statewide average Specialty Care composite score.

Over the past five years, the trend for the Specialty Care composite measure has been downward, indicating an overall statewide decrease in patients rating of the questions. This trend is due, however, to decreased ratings on the first question regarding the ease of getting appointments

with specialists. This ties in with the known nationwide health care workforce shortages caused by increasing rates of retirement and resignation among providers. The mean score for the knowledge of medical history question has not changed significantly over the past five years. Figure 20, below, shows the five year mean trend for the Specialty Care composite measure.

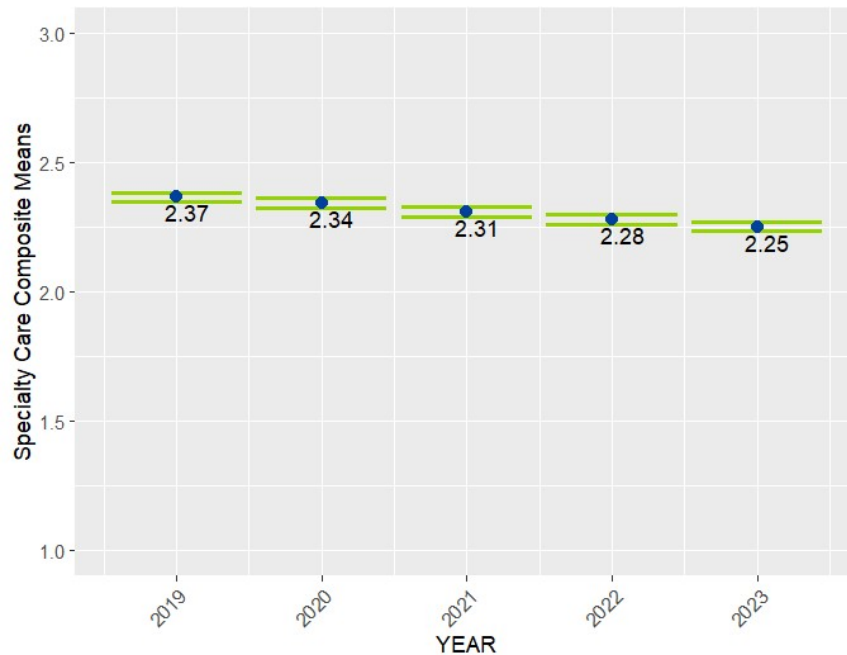


Figure 20. Five-year trend in statewide Specialty Care composite measure mean scores.

Mental Health Access

In 2022, two additional questions regarding access to mental health services were added to the CAPHS survey. These questions together compose the Mental Health Access composite measure; they are:

- In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?
- Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, how difficult was it to make appointments with this person for counseling or mental health treatment?

These questions measure the patient’s experience accessing mental health treatment and/or counseling and are only answered by patients who attempted to make such an appointment. Figure 21, below, shows the Mental Health Access composite measure by Health Service Area (HSA) for the 2023 survey. In Figure 22, the mean scores for each HSA are compared with the Statewide mean Specialty Care score. No HSA is significantly different from the mean, but several have very large variances, indicating that this data is more representative at the statewide level, than at an individual HSA level.

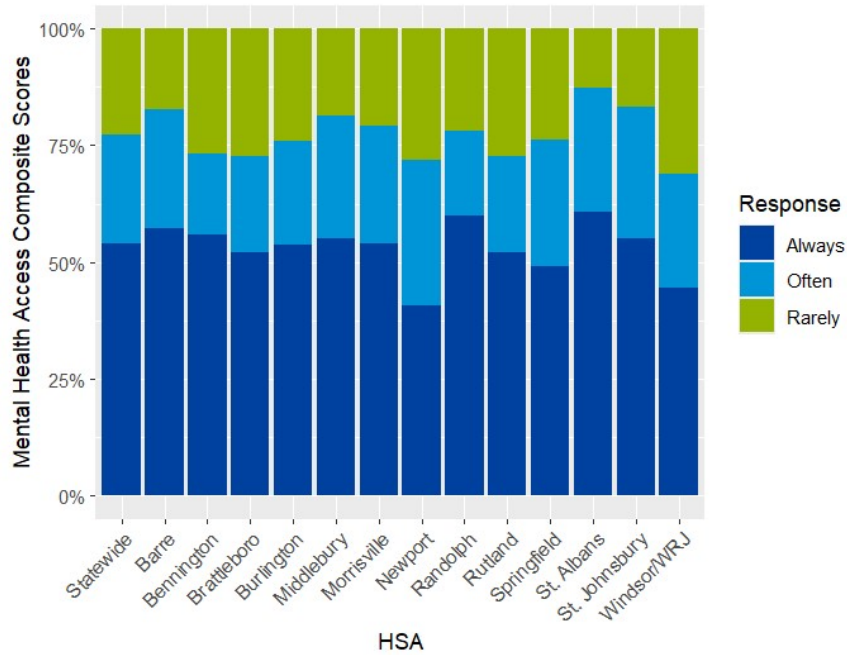


Figure 21. Mental Health Access composite scores by Health Service Area, with Statewide average score in first column.

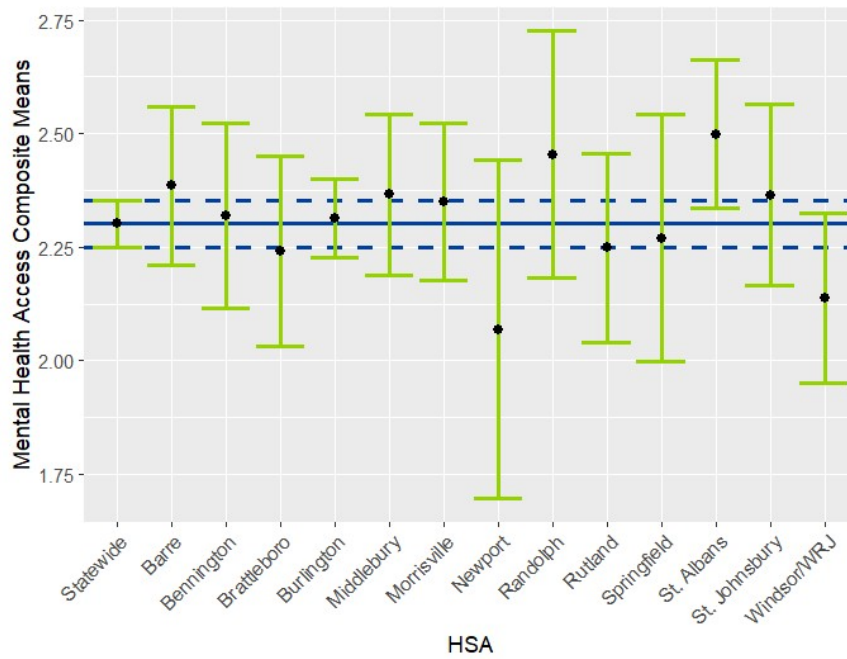


Figure 22. Mean Mental Health Access composite scores by Health Service Area as compared to Statewide average Mental Health Access composite score.

As the Mental Health Access Composite is a new addition to the survey, data for only the past two years is shown in Figure 23. While there seems to be a slight upward trend in the scores, more years of data are required to determine the veracity of this trend.

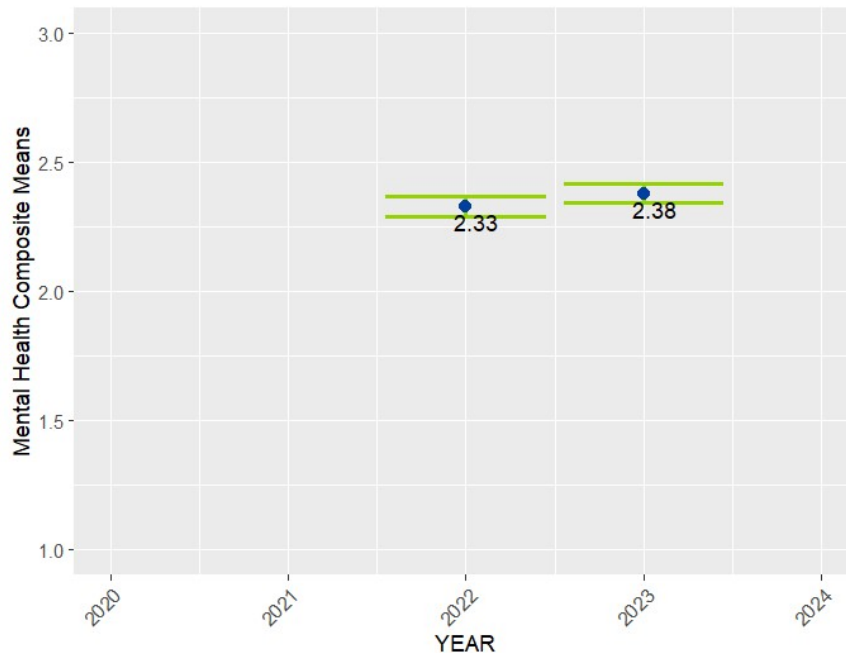


Figure 23. Two-year trend in Mental Health Composite mean scores.

Summary

Vermont providers have received very high scores for Communication and Office Staff composite measures, indicating overall patient satisfaction with their experience with the providers and their office staff. Several measures related to patient’s ability to access care, including the Access to Care and Specialty Care composite measures have shown downward trends over the past five years; a trend that matches a nationwide trend in provider shortages.

For providers looking to improve scores, there is space to improve Self-Management practices, such as encouraging patient to set health goals and discussing health related challenges. Another area that Vermont providers may find room for growth is in the Information composite, where sending appointment reminders or providing easily accessible information on what to do when care is urgently needed might improve the experience of patients.

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, 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 decision makers to identify areas for quality improvement.