Quality Improvement: Gathering Participant Experience Using the Consumer Assessment of Healthcare Providers and Systems Home and Community-Based Services (HCBS CAHPS®) Survey

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Disclaimer

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Agenda

• HCBS CAHPS Survey Overview
• HCBS CAHPS Database
• Pennsylvania’s Quality Assurance & Program Analytics: Using HCBS CAHPS for Quality Improvement
• University of Pittsburgh Medical Center (UPMC): Implementing HCBS CAHPS
• Florida’s Agency for Health Care Administration: Florida Medicaid Experience with the HCBS CAHPS Survey
• Resources and Technical Assistance
HCBS CAHPS Survey
Kathleen Woodward, The Lewin Group
HCBS CAHPS Survey

- Cross-disability consumer experience survey for eliciting feedback from participants receiving Medicaid HCBS services and supports
- Allows for comparisons across programs serving different target populations
  - Older adults
  - Individuals with physical disabilities
  - Individuals with developmental or intellectual disabilities
  - Individuals with an acquired brain injury
  - Individuals with mental health or substance use disorders
- Focuses on participant experience, not satisfaction

¹The HCBS CAHPS Survey pilot test group included individuals with serious mental illness served by HCBS programs. The Technical Assistance Guide for Administration of HCBS CAHPS Survey expands use of the HCBS CAHPS Survey to individuals with mental health and substance use disorders
1. Person-centered

2. Cross-disability
   - Ability to compare programs
   - Increased accessibility via phone mode, alternate response, proxy

3. Development aligned with CAHPS
   - Reflects what is important to beneficiaries
   - Rigorous review of testing methods and results
   - Trademark that providers recognize

4. Survey sponsor can determine frequency of use

5. HCBS CAHPS is publicly available for voluntary use in HCBS programs as part of quality assurance and improvement activities and public reporting

6. Applicable in both fee-for-service and managed LTSS environments

7. CMS provides technical assistance to support all users
Survey Administration Overview

- Interview in-person or by phone using computer-assisted personal interview (CAPI)/computer-assisted telephone interviewing (CATI)
- English and Spanish versions
- Medicaid beneficiaries aged 18 years and older
- Received HCBS for greater than 3 months
- Core Items and Supplemental Employment Module
About Survey Administration

- Designed to be administered by an interviewer
  - Telephone (including CATI)
  - In-Person (including CAPI)
    **Person’s choice**

- States and interviewers can tailor names and terminology

- 69 maximum core items
  - 30-minute average due to skip patterns

- Alternative answer options available for interviewers to use
  - Mostly Yes, Mostly No (instead of four-point scale)
  - Excellent, very good, good, fair, poor (instead of 1 to 10)

- Assistance and proxy respondents are allowed (not a paid provider)
Survey sponsors may choose between two primary strategies for data collection:

- Directly by survey sponsor:
  - Existing state employees
  - Existing HCBS program staff
  - Hired contract staff

- External vendor under contract with sponsor:
  - Survey research center (e.g., university)
  - Stakeholder group
Roles and Responsibilities

Survey Sponsor
- Work with Survey Vendor
- Create Survey Protocols
- Review and Submit Survey Materials and Data
- Engage Stakeholders

Survey Vendor
- Conduct Surveys
- Review and Submit Data
- Engage Participants
- Comply with Additional Requirements
Assessing State Survey Readiness

When considering administering the HCBS CAHPS Survey, states may consider the following:

- What surveys are currently used in the state?
- Where is the state in its current survey administration schedule?
- Where is the state in terms of HCBS waiver planning and renewal?
- Does the state have experience administering quality or experience surveys?
- Has the state worked with survey vendors on other CMS or CAHPS surveys?
- Does the state have existing partnerships or contracts with survey vendors?
Minimum Business Requirements

While the HCBS CAHPS Survey is voluntary, states working with vendors may consider the following recommendations:

It is recommended that VENDORS:

- Be familiar with and knowledgeable about instrument
- Possess relevant survey experience
- Have proper organizational survey capacity
- Have ability to perform quality control procedures

HCBS CAHPS Database
Michael Corrothers, Westat
## HCBS CAHPS Database – What are the CAHPS Databases?

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<th>Data Repositories</th>
<th>Purpose</th>
<th>Comparison</th>
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<td>AHRQ's data repositories for selected CAHPS surveys</td>
<td>Facilitate comparisons of CAHPS survey results by and among survey users</td>
<td>Enables participants to compare results to overall and regional averages</td>
<td>Source of important primary data for research purposes</td>
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Benefits of Participation

• Private Feedback Report:
  o Submitting states and managed care plans will receive a customized report that compares their state/managed care plan and individual program results to overall HCBS CAHPS database results

• Inclusion in other reporting products:
  o Aggregated HCBS results
  o Chartbooks
  o Research data set

• Technical assistance with data submission
The HCBS CAHPS Database Online Submission System opens once a year, and the submission period was October 4–November 12, 2021. Organizations interested in submitting data complete four easy steps:

1. **Register**
   - Provide State information via online Database registration form.

2. **Sign DUA**
   - Sign and upload a Data Use Agreement (DUA) to the HCBS CAHPS Database.

3. **Upload Questionnaire**
   - Submit a copy of the HCBS CAHPS Survey instrument used for data collection.

4. **Submit Data**
   - Submit data files according to the required Database specifications.

Recommended for states and managed care plans to send their questionnaires to the HCBS CAHPS Database for review prior to data collection/survey administration.
CAHPS Database Products

AHRQ Data Tools
Website: View, print, and download data reports

Private Feedback Reports:
Compare your results to the Database average

Chartbook:
Displays summary-level Database results

Research Datasets:
De-identified data files that can help answer researcher questions related to patient experience of care

Public reporting product availability is dependent on the volume of data received.
• HCBS programs can be assured that their data are kept confidential and no program names or other identifying information is ever made publicly available.
The CAHPS Database team at Westat performs the following technical assistance activities:

- Submission Issues: Response to questions regarding data specifications and data submission
- Reporting Issues: Respond to questions regarding public reporting products (e.g., how results are calculated, and how to obtain and use research data sets).

Contact the HCBS CAHPS Database

- E-mail: HCBSCAHPSDatabase@westat.com
- Phone: 855-580-4657
Pennsylvania HCBS CAHPS Statewide Survey
Wilmarie Gonzalez
WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

A Medicaid managed care program that will include physical health benefits and long-term services and supports (LTSS). The program is referenced to nationally as a managed long-term services and supports program (MLTSS).

Phased-in implementation for the past 3 yrs., which began in 2018 in the SW, 2019 in SE, and 2020 rest of the state.

WHO IS PART OF CHC?

• Individuals who are 21 years of age or older and dually eligible for Medicare and Medicaid.
  ✓ Individuals with intellectual or developmental disabilities who are eligible for services through the Office of Developmental Program will not be enrolled in CHC.

• Individuals who are 21 years of age or older and eligible for Medicaid (LTSS) because they need the level of care provided by a nursing facility.
  ✓ This care may be provided in the home, community, or nursing facility.
  ✓ Individuals currently enrolled in the LIFE Program will not be enrolled in CHC unless they expressly select to transition from LIFE to a CHC managed care organization (MCO).
WHAT ARE THE GOALS OF CHC?

**GOAL 1**
Enhance opportunities for community-based living.

**GOAL 2**
Strengthen coordination of LTSS and other types of health care, including all Medicare and Medicaid services for dual eligibles.

**GOAL 3**
Enhance quality and accountability.

**GOAL 4**
Advance program innovation.

**GOAL 5**
Increase efficiency and effectiveness.
CHC STATEWIDE POPULATION

- **15%**: 66,561 Duals in Waivers
- **63%**: 285,018 NFI Duals
- **20%**: IN WAIVERS
- **17%**: IN NURSING FACILITIES
- **93%**: DUAL-ELIGIBLE
- **15%**: 69,036 Duals in Nursing Facilities
- **6%**: 26,293 Non-duals in Waivers
- **2%**: 7,137 Non-duals in Nursing Facilities

CHC POPULATION: 454,045
QUALITY STRUCTURE

- Critical Incidents
- Performance Measures
- Consumer & Provider Surveys
- External Quality Review
- Performance Improvement Projects
- Value-Based Payment (future)
- Independent Evaluation
- MCO Operations Reports
- Monitoring & Compliance
- Network Standards
- Grievances & Appeals
MEASURING SATISFACTION & EXPERIENCE OF CARE

Pennsylvania (two surveys)—coordination between HealthChoices (PH/BH) and Community HealthChoices (MLTSS) Programs

CAHPS Health Plan Survey (PH/BH, MLTSS)

- PA Questions (Dental, Flu Shot, Language, Culture)
- Annual (results by June 15)

HCBS CAHPS Survey (MLTSS) [3 Yr. -- 82%]

- PA Questions (Person Centered Service Plan, Transportation, Housing, Supplemental Nutrition Assistance Program (SNAP), Dental, Flu Shot, Language, Culture)
- Supplemental Employment Module
- Annual (results by November 15)
CONSIDERATIONS

- **Engage MCOs in early stages of implementation**
- **Engage Stakeholders in understanding the role and purpose of the survey**
- **Establish regular meetings with MCOs to monitor progress, barriers/challenges**
- **Use results to drive improvements while recognizing successes**
- **Be transparent and accountable in keeping stakeholders informed**
QUESTIONS AND PA RESOURCES

Resources:

• Pa’s 2020 Managed Care Quality Strategy

• Managed Long-Term Services and Supports Subcommittee (3/9/2021 latest results)

Wilmarie González at wigonzalez@pa.gov
Tel. (717) 783-7716
UPMC Health Plan
Jamie Kennedy
UPMC Experience with the HCBS CAHPS Survey

- 4 years experience
  - Implemented HCBS CAHPS Survey in 2018
- 2 different vendors used
- New type of survey for the Health Plan
- Lots of lessons learned
- Phone only survey
- Decreasing survey response rate
Using the Survey to Support our Quality Strategy

**Learn**

Analyze results by region, age, ethnicity, race

- Compare results year to year and region to region
- Look for trends or concerns with statistical significance

**Educate**

Inform stakeholders, providers, internal teams

- Ask questions and ask other teams for additional perspectives
- Study other local, regional or national events that may have impacted results
  - Many teams voiced that the COVID pandemic was a huge factor in responses

**Improve**

Narrow down a few topics for focused improvement

- Develop strategies from internal and external input
- Meet regularly to keep momentum up and track progress
- Report progress to state partners and plan leadership
Examples for Using Survey Results

**Service Coordination**
- Person-centered planning reeducation
- System features to capture “important to and important for’

**Provider Training**
- Explain what they are being graded on
- Share tips on improving employee onboarding and covering “house rules”

**Communication**
- Tip sheets for PAS and Transportation services
- Call Center improvements
Advice for Other Health Plans

Requirements
- Work with State on details
- Plan for future needs (ad hoc reporting, National data sharing, state specific needs)

Vendor
- Check experience with LTSS pop
- Develop detailed statement of work
- Stay on top of progress weekly

Socialize
- Share results in detail
- Share often
- Find new audiences who can use the data

Utilize
- Discuss and Use results in various ways
- Inform advocacy community of results
- Help providers and service coordinators know the questions and utilize them to improve performance
Florida Medicaid and HCBS CAHPS
Rachel La Croix
Measuring Quality in Long-term Care

• Agency-defined survey and performance measures: 2014 – 2017
  - Medicaid Agency and Department of Elder Affairs drafted survey and administration guidelines
  - LTC plan and External Quality Review Organization feedback incorporated

• NQF September 2016 Report – “Quality in Home and Community-Based Services to Support Community Living”
Shift to HCBS CAHPS Survey

• HCBS CAHPS Survey – adopted for 2018 surveys
  - Covered the NQF report domains
  - Standardized and tested
  - Potential for external comparisons and benchmarks

• Survey administration guidelines – Agency-specified to align with other surveys
HCBS CAHPS Survey Experience

• HCBS CAHPS Survey – fielded in 2018 and 2019
  - Cancelled in 2020 but resumed in 2021

• Considerations moving forward
  - Response Rates
  - HCBS CAHPS Database
  - Using results to drive improvement
Helpful Resources and Technical Assistance Opportunities
Technical Assistance Available

• Written Guidance on Medicaid.gov
  o Technical Assistance (TA) Guide for Survey Administration
  o TA Guide for Analyzing HCBS CAHPS Data
  o HCBS CAHPS Frequently Asked Questions
  o AHRQ CAHPS guidance, presentations, recommendations

• Technical Assistance available from the Lewin Group for HCBS CAHPS
  o One-on-one assistance with planning, decision-making, selecting a vendor, sampling, fielding the survey, data collection, analysis, and using findings to inform quality improvement activities
  o HCBS CAHPS Early Adoption Work Group
  o Contact HCBSMeasures@lewin.com for more information or to request TA

• Technical Assistance available from Westat on the HCBS CAHPS Database
  o Contact HCBSCAHPSDatabase@westat.com for more information
HCBS CAHPS Helpful Resources


Questions & Thank You