

CAHPS for CHIP: The Unknown Unknowns

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Track: Improving Patients' Experiences With Care

Session: Using the CAHPS Health Plan Survey to Improve Quality for Medicaid Recipients.

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Law:

- The Child Health Insurance Program Reauthorization Act (CHIPRA) requires that States report, among other quality-oriented data,
“...Data regarding access to primary and specialty services, access to networks of care, and care coordination provided under the State child health plan, using quality care and consumer satisfaction measures included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.”

Which means that CMS has to:

- Specify which CAHPS instrument(s) to use;
- Develop guidance for States;
- Specify how the surveys are to be conducted;
- Specify how the results will be reported;
- Provide the analytical tools and framework, and -
- Decipher what the results mean.

As Congress so wisely knew --

- *Information* creates pressure for *action*. So –
- States will be faced with dealing with negative results.
- However, CMS recognizes initial quality reporting will take time to develop, implement, and report – so the initial focus will be on establishing the process and not the initial results.

State budgetwise, these are not the best of times.

- In a time of very tight resources, States will want to
 - Define acceptable performance levels;
 - Develop plans of correction;
 - Assign responsibility, and
 - Remeasure.

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- All actions take place in a field of information....

Four classes of information:

- **Known knowns** – stuff we know that we know
- **Known unknowns** – stuff that we know we don't know
- **Unknown knowns** – stuff that we know that we don't know we know
- **Unknown unknowns** – stuff that we don't know that we don't know

The state of the art in health care quality is advancing at breakneck speed.

- Don Berwick – Institute for Healthcare Improvement
 - *Systems are designed to do exactly what they do do.*
- Atul Gawande – *The Checklist Manifesto*
 - *Incredibly simple techniques, such as checklists, can produce unbelievable improvements in “perfect” systems.*



It looks like most of what we need to know...

- ...is in the “unknown unknowns” category.
- What we think works may not.
- What works may be things we haven't thought of.

Known knowns:

- CAHPS can tell us whether beneficiaries are satisfied with their plans and providers, how hard or easy it is to get services, and how care is coordinated (if it is...)

Known unknowns:

- What's driving the beneficiaries' responses?
- Do those responses correlate with the *process* of care?
- Do those responses correlate with the *outcomes* of care?
- Are what's driving them within the actors' control?
- If yes, how do we drive the drivers?
- How much change can we drive, and at what cost?

Unknown knowns:

- Where have we seen this problem before?
- What did we do about it?
- How did we measure the change?
- *Could* we measure the change?
- Did what we did *cause* the change?
- If not, what did?
- How can we replicate the successes?
- How can we avoid the failures?

A very common failure in management...

- ...is failure to look to wider experiences to discover the unknown knowns.
- We know much more than we think we do.
- “Tacit knowledge” is the unarticulated background needed to assess and act on a situation. It’s the classic “unknown known.”



Unknown unknowns:

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