

# CAHPS C&G Survey: The Minnesota Experience



APRIL 2010



**Track:** Reporting CAHPS Survey Results to Consumers  
**Session:** Reporting Results of the CAHPS Clinician & Group Survey: Experiences in Three Markets  
**Date & Time:** April 21, 2010, 9:30 am  
**Track Number:** CAHPS T4 – S2



# About MN Community Measurement



- MN Community Measurement is a non-profit organization with a mission to improve health through public reporting of data
  - Started with health plan data in 2004
  - Grew to include direct data submission directly from medical groups by clinic for quality measures in 2006
  - Expanded to include cost information, HIT survey results, and patient experience in 2009
- Data is used by consumers, providers, and health plans



# Overview of 2008 CG-CAHPS survey



- How was it organized?
  - Focus on medical groups paying for themselves (explored other options: health plans, employer groups, etc.)
  - Recruited medical groups by visiting them in 2007 and asked them to participate
- Who led the project?
  - Collaborative effort – from start to finish
  - Workgroup of medical group participants, MNCM, Westat, vendors all worked together
- Number of sites
  - Nine medical groups representing a total of 124 clinic sites



# Process for developing the public report



- Collaborative development of public display
  - Groups involved also participated in the development of display
  - Consumer tested (Recruited consumers from Craig's List – 3 males, 3 females ages 19-59 with varied degrees of experience with data)
- Report results at clinic level only
- Details for the reporting that were carefully considered
  - Report the three composite results plus the overall rating item
  - Adhere to site level reliability of 0.8 for reporting.
  - Report four measure items side-by-side, since no overall roll-up measure is available
  - Results ordered high-to-low performance
  - Report as percentage and bar graph, to parallel clinical measures. Above average highlighted.



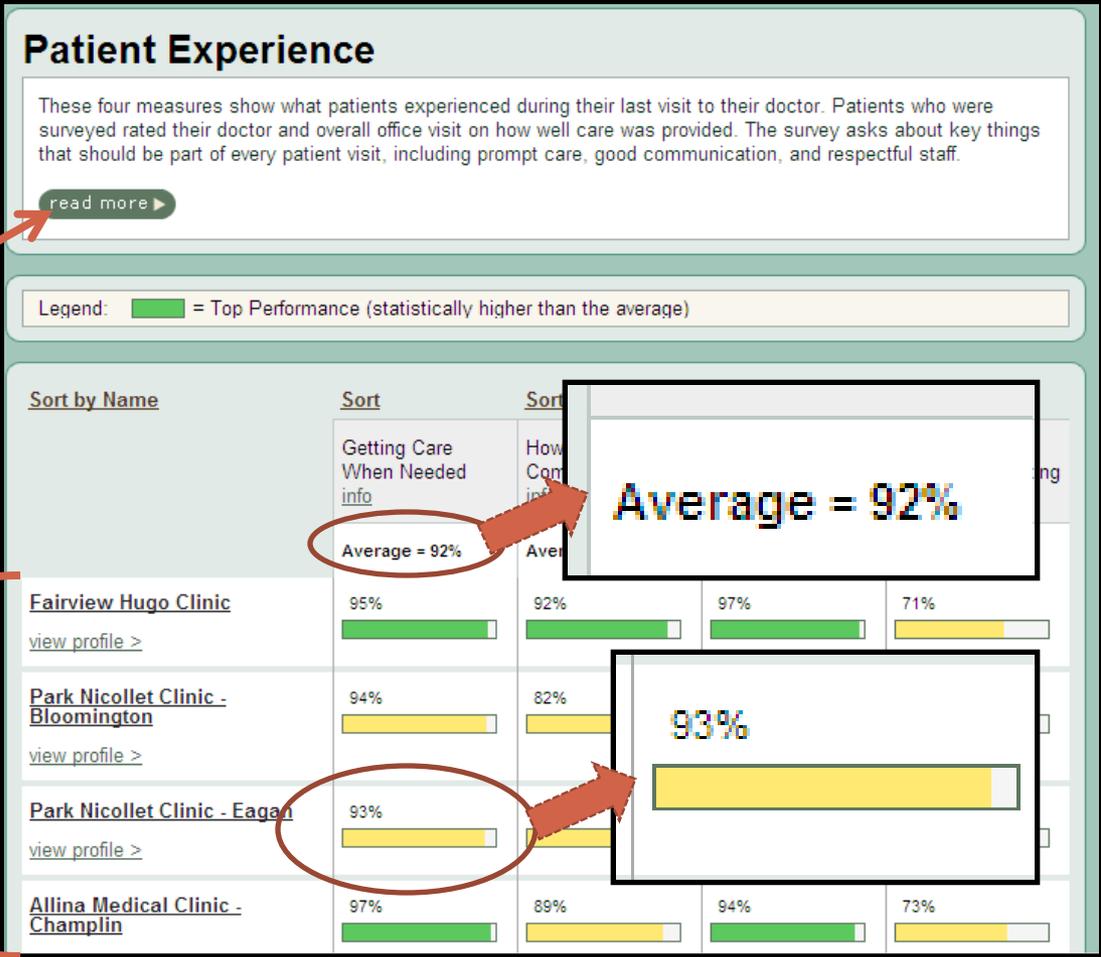
# Public Reporting: How are our results displayed?

Landing page

Can click to read more text

Display subtleties = Challenge in interpretation!

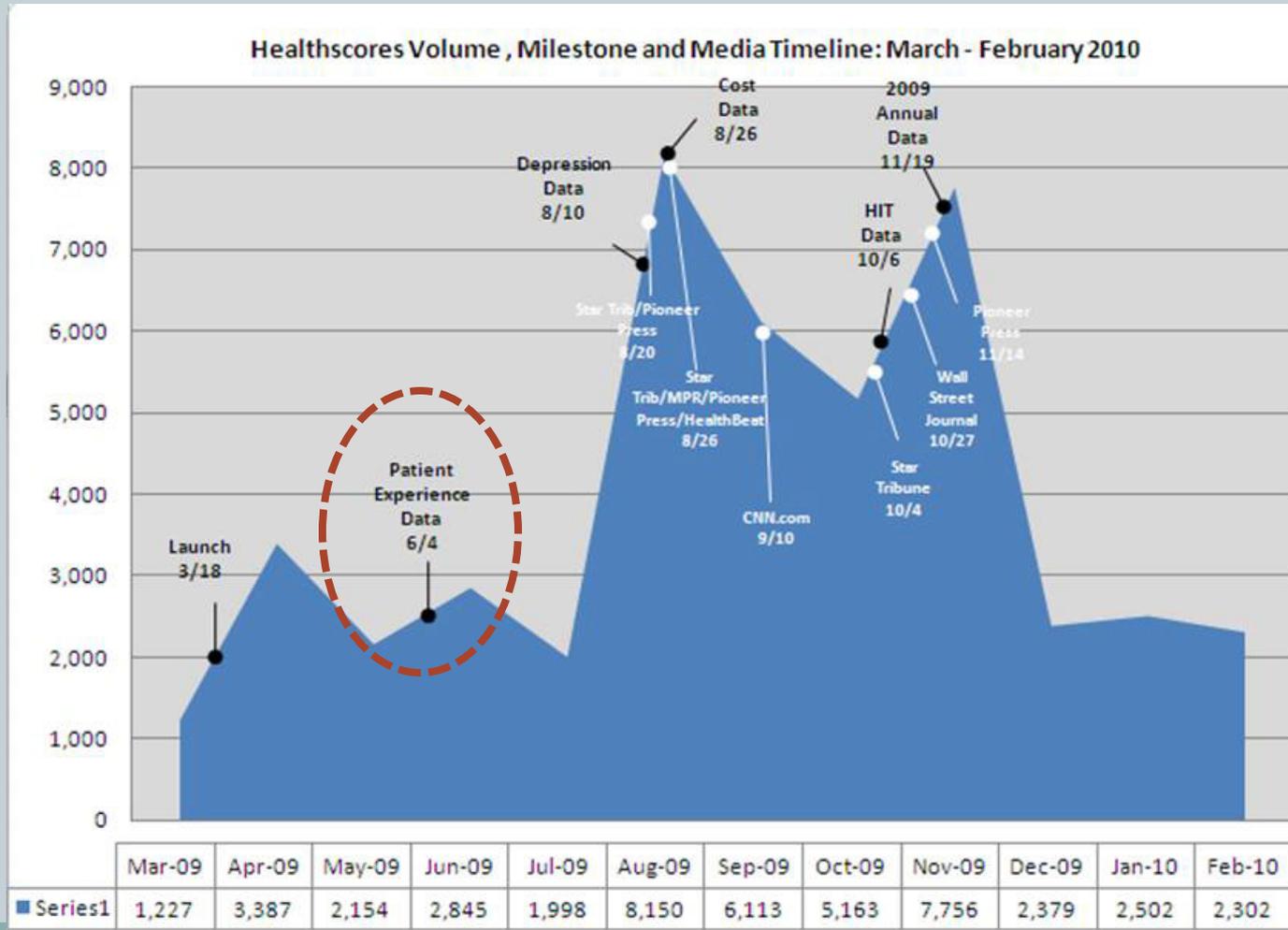
Displays bars as percentages with color to indicate high performance



Average = 92%

93%

# Use of results: Web release of data





# Use of results in the community



- Google analytics reviewed regularly for [mnhealthscores.org](http://mnhealthscores.org)
  - Number of web hits
  - Time spent per page
- Limited media attention when released
- No marketing dollars, but promotion through stakeholders
  - Open enrollment
  - Media promotion with opportunities



# Challenges and lessons learned



- Independent evaluation of MNCM's website
  - People don't understand how the narrative relates to the data
  - In general, people do not understand percentages – both what it means and how to interpret
  - Any number larger than 10 people get lost
  - People don't attribute negative results with their provider
  - Inherent skepticism in results and data
- Challenge: Push and tug between medical groups wanting rigorous and exact reporting to reflect differences and need for consumers to keep things simple.



# Future plans for the CG-CAHPS survey



- Doing another survey in 2010 – will look different
  - H-CAHPS model: People using vendors for QI surveying submit results to CAHPS
  - Modes and method variability: Including handout surveys
- Impetus: Statewide reporting is going to be required
  - 2010 Health Care Reform rule
  - Patient centered medical homes
- Increase use of clinical measures – including patient experience – to promote patient decision making

# Future plans for public reporting

**CURRENT  
STATE**

**Consumer  
Needs**

**2008 Survey  
Participant  
Needs**

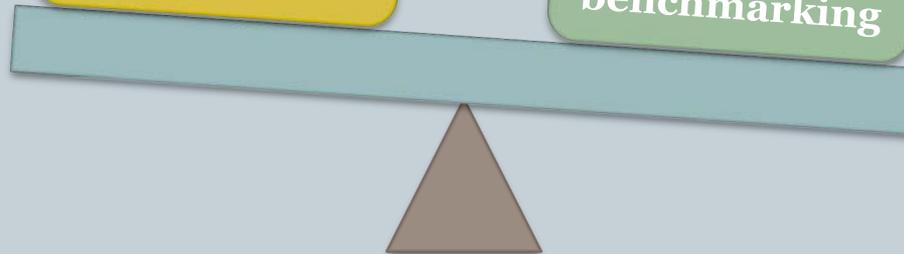
Simple text and  
graphics

Easily  
interpreted  
data

Fairness in  
reporting  
comparisons

Standardization

Ample detail  
for QI and  
benchmarking





# Future plans for public reporting

