CAHPS QHP and Priority Population Access to Care Getting Care Quickly Health Disparities Analysis

Overview

Introduction

Valley Health Plan (VHP) conducts the Consumer Assessment Healthcare Providers and Systems (CAHPS) Survey and Qualified Health Plan (QHP) Member Experience Survey (QHP Experience Survey) in order to better understand members' satisfaction with their health care and health plan experiences. These annual surveys are conducted in accordance with the Centers for Medicare & Medicaid Services (CMS) regulations and National Committee for Quality Assurance (NCQA) standards. The CAHPS Survey represents the experiences of VHP members within the Employer Group Line of Business and the QHP Experience Survey represents those of the Covered California Line of Business. Improving member experience is a priority of VHP and the information from the regulatory reports can be leveraged to develop data-driven improvement efforts in response to member feedback. VHP selected to focus on the Access to Care measures in the regulatory surveys in order to inform VHP's strategic response to improve member experience and address health disparities.

Problem Statement

There are limitations with directly translating the regulatory survey data results into actionable solutions because the CAHPS and QHP Member Experience data is de-identified per regulatory requirements. Without the ability to drill down further into the data to determine concrete linkages of respondent feedback to specific areas for improvement (e.g. affected clinics, employer groups, specialty areas of member interest, etc.), there is limited opportunity to extrapolate findings. The data can only be used to infer correlation, but not causation.

The data from all surveys are representative of the measurement year and the perceptions of the respondents during that time segment. This analysis focuses on Access to Care measures because VHP consistently scores below the national benchmarks published by CMS and NCQA.

Purpose and Objectives

To better inform future quality improvement efforts, VHP seeks to identify if there is a health disparity represented by the regulatory survey results in order to understand the respondent's perception of their barriers to accessing health services by race/ethnicity.

This report serves as an analysis to explore the intersection of negative member perception and member representation by race/ethnicity within the limited available data from the regulatory survey results to inform VHP's strategic response to access to care. The report identifies the members' perceived barriers to accessing care using the CAHPS survey and QHP Member Experience survey.

VHP seeks to further understand if there is a health disparity in access to care measures in the regulatory surveys by stratifying race/ethnicity groups and comparing the results to the reference group with the results from the priority population surveys.

Health Disparities Analysis Objectives:

- **Objective 1:** Conduct a population segment analysis by race/ethnicity to compare member demographics of the Access to Care Getting Care Quickly measure respondents in the regulatory CAHPS and QHP member experience surveys;

Methodology

Data Sources

The CAHPS survey, QHP Member Experience survey, Priority Population CAHPS, and QHP Priority Population surveys are conducted by VHP's certified NCQA Healthcare Effectiveness Data and Information Set (HEDIS) Vendor, SPH Analytics. A final report is provided to VHP that includes industry benchmarks from both NCQA and CMS.

Benchmarks

The annual NCQA Quality Compass (QC) Non-PPO Benchmark is used to show how VHP's CAHPS survey results rank in comparison to other HMO health plans across the nation that submit their scores through NCQA. The results of the survey are evaluated using summary rates as defined by NCQA HEDIS 2020 CAHPS 5.1H guidelines. The summary rate results represent a four option Likert scale response (ranking Never, Sometimes, Usually, Always) to assess needed care in the last 12 months. All significant testing is performed at the 95% confidence level.

The QHP Member Experience Survey results are compared to the annual CMS Benchmark to show how VHP ranks in comparison to all health plans who participate in the exchange in accordance with the Affordable Care Act regulations (Section 1311(c)(4)). The results of the survey are evaluated using scaled mean scores used by CMS to calculate the scores for the Quality Rating System (QRS). The survey vendor SPH Analytics presents VHP's results as scaled mean scores and the mean score is converted to a 100-point scale. The scaled mean score results represent a five option Likert scale response (ranking Never, Sometimes, Usually, Always, Not Applicable) to assess needed care in the last six months. All significant testing is performed at the 95% confidence level.

Measure Selection and Overview

VHP's survey results over the last four years have consistently scored below the industry standard benchmarks for the Access to Care measures. VHP selected "Getting Care Quickly," Access to Care measure as a priority to investigate in 2021.

The CAHPS and QHP Experience Surveys evaluate member satisfaction within indicated areas of perceived experience. The survey tools are standardized and belong to a family of surveys that evaluate member's experiences with the health care they receive. There are three areas of evaluation for each respective survey. The CAHPS survey areas of evaluation include Health Plan Performance, Health Care Performance, and Effectiveness of Care. The QHP Experience survey areas of evaluation include Enrollee Experience, Health Plan Efficiency, Affordability & Management, and Clinical Quality Management. Access to Care Getting Care Quickly measure in the CAHPS survey are represented in the Health Care Performance evaluation category. The Access to Care Getting Care Quickly measure in the QHP Experience survey are represented in the Enrollee Experience evaluation category.

CAHPS and QHP Getting Care Quickly Measures

Table 1: QHP Area of Evaluation, Getting Care Quickly

QHP Area of Evaluation	Measure
Enrollee Experience	Access to Care
	Getting Care Quickly
	Getting Needed Care
	Care Coordination
	Rating of Health Care
	Rating of Personal Doctor
	Rating of Specialist

Table 2: CAHPS Area of Evaluation, Getting Care Quickly

CAHPS Area of Evaluation	Measure
Health Care Performance	Rating of Health Care
	Getting Care Quickly
	How Well Doctors Communicate
	Coordination of Care
	Rating of Personal Doctor
	Rating of Specialist

Regulatory Member Satisfaction Survey Access Questions

Access to Care measure Getting Care Quickly is a composite score that combines results from two questions in both respective surveys.

QHP Access Questions

QHP Question 22: In the last 6 months, when you **needed care right away**, In an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? *Include in-person, telephone, or video appointments.*

- *Never*
- *Sometimes*
- *Usually*
- *Always*
- *Not Applicable; did not need care right away*

QHP Question 23: In the last 6 months, how often did you get an appointment for a **check-up or routine care** at a doctor's office or clinic as soon as you needed? *Include in-person, telephone, or video appointments.*

- Never
- Sometimes
- Usually
- Always
- Not Applicable; did not make any appointments

CAHPS Access Questions

CAHPS Question 4: In the last 12 months, when you **needed care right away**, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

CAHPS Question 6: In the last 12 months, how often did you get an appointment for a **check-up or routine care as soon as you needed**?

- Never
- Sometimes
- Usually
- Always

Data Representation (Contributions, Gaps, Correlations)

The data from the final report from SPH is used to further analyze the CAHPS summary rates and the QHP Member Experience Survey scaled mean scores trends. Descriptive statistics from the SPH report are used to explore respondents' demographics as a representative sample of member experience.

VHP conducted a secondary analysis using the data from the SPH survey results. Descriptive statistics were used to find percentage of negative responses. Negative responses in this report are defined as any response listed as "Never" or "Sometimes". Answers of “Usually” or “Always” were determined to be positive in response to Access to Care questions. Negative versus positive responses were calculated as percentages out of all respondents by subcategory. Responses were further narrowed down by analyzing the correlation between survey responses to the two questions and the Reponses by subcategory. A high correlation between the question and a subgroup can be inferred to have more explanatory power than a lower correlation. Correlation analysis was used to determine which subgroups gave responses that correlated highest with questions QHP Question 22, QHP Question 23, CAHPS Question 4, and CAHPS Question 6. R2 analysis was preformed using the least of two squares method to find the explanatory power of each of the subgroups. A higher percentage within the R2 analysis indicated that the subgroup analyzed had high explanatory power over the question.

Results and Analysis

Population Segment Analysis by Race/Ethnicity

The CAHPS and QHP Member Experience Surveys ask members to provide demographic information. This data can be used to conduct population segment analysis on the intersection of measure responses and respondent representation by race/ethnicity. The population segment analysis provides additional information to better understand member race/ethnicity demographics in relation to the Access to Care Getting Care Quickly measures. The analysis can help identify which race/ethnicity populations represented the highest volume of respondents and/or those who rate VHP with low access to care scores.

CAHPS Member Experience Access to Care Questions – Race/Ethnicity Segment Analysis Highlights

The CAHPS Getting Care Quickly Population Segment Analysis evaluates Access to Care and race/ethnicity variables.

Table 3: CAHPS Correlation Analysis Q4

Correlation Analysis Q4									
		Race						Ethnicity	
Q4. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?	2022 Plan Total (A)	White (b)	Black or African-American (c)	Asian (d)	Native Hawaiian or Other Pacific Islander (e)	American Indian or Alaska Native (f)	Other (g)	Hispanic (h)	Not Hispanic (i)
Total	**77**	**21**	**3**	**35**	**2**	**2**	**13**	**17**	**54**
Always	50.65%	52.38%	66.67%	45.71%	50.00%	50.00%	76.92%	64.71%	50.00%
Usually	14.29%	4.76%	0.00%	20.00%	0.00%	0.00%	7.69%	23.53%	12.96%
Sometimes	29.87%	33.33%	33.33%	31.43%	50.00%	50.00%	15.38%	5.88%	31.48%
Never	5.19%	9.52%	0.00%	2.86%	0.00%	0.00%	0.00%	5.88%	5.56%
Percentage: Poor (Never/Sometimes)	**35%**	**43%**	**33%**	**34%**	**50%**	**50%**	**15%**	**12%**	**37%**
Gross: Poor (Never/Sometimes)	**27**	**9**	**1**	**12**	**1**	**1**	**2**	**2**	**20**
Correlation	**0.96**	**1.00**	**0.99**	**0.88**	**0.93**	**0.93**	**0.89**	**0.76**	**1.00**
R^2	**92%**	**100%**	**99%**	**78%**	**87%**	**87%**	**79%**	**58%**	**100%**

- Regarding the availability of quick care in the past 12 months, respondents identifying as Hispanic showed the lowest proportion of dissatisfaction, with 12%.
- Contrarily, respondents identifying as White showed the highest proportion of dissatisfaction, with 43%.
- Respondents identifying as Asian reported a proportion of dissatisfaction of 34%.
- Compared to Asian respondents, Hispanic respondents reported a proportion of dissatisfaction 22 percentage points lower, while White respondents had a proportion of dissatisfaction that was 9 percentage points higher.

Table 4: CAHPS Correlation Analysis Q6

Correlation Analysis Q6									
		Race						Ethnicity	
Q6. In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	2022 Plan Total (A)	White (b)	Black or African-American (c)	Asian (d)	Native Hawaiian or Other Pacific Islander (e)	American Indian or Alaska Native (f)	Other (g)	Hispanic (h)	Not Hispanic (i)
Total	**189**	**39**	**8**	**109**	**3**	**3**	**25**	**31**	**147**
Always	34.39 %	30.77 %	37.50%	33.94 %	0.00%	33.33%	48.00 %	45.16%	33.33%
Usually	28.04 %	38.46 %	12.50%	27.52 %	33.33%	33.33%	24.00 %	25.81%	28.57%
Sometimes	31.22 %	20.51 %	50.00%	34.86 %	66.67%	33.33%	20.00 %	19.35%	31.97%
Never	6.35%	10.26 %	0.00%	3.67%	0.00%	0.00%	8.00%	9.68%	6.12%
Percentage: Poor (Never/Sometimes)	**38%**	**31%**	**50%**	**39%**	**67%**	**33%**	**28%**	**29%**	**38%**
Gross: Poor (Never/Sometimes)	**71**	**12**	**4**	**42**	**2**	**1**	**7**	**9**	**56**
Correlation	**0.73**	**1.00**	**0.19**	**0.66**	**0.13**	**0.80**	**0.64**	**0.73**	**1.00**
R^2	**54%**	**100%**	**4%**	**44%**	**2%**	**64%**	**40%**	**54%**	**100%**

- Respondents identifying as Hispanic reported the lowest level of dissatisfaction regarding the availability of quick preventive care appointments in the last 12 months, with 29% of respondents being dissatisfied.
- Respondents identifying as Asian reported the highest proportion of dissatisfaction, with 39%.
- Similarly, 31% of respondents identifying as White reported being dissatisfied with the availability of quick preventive care appointments
- Compared to the most dissatisfied group, Asians, Hispanic respondents were 10 percentage points less dissatisfied, while White respondents were 8 percentage points less dissatisfied.

QHP Getting Care Quickly Population Segment Highlights

The QHP Getting Care Quickly Population Segment Analysis evaluates Access to Care and race/ethnicity variables.

Table 5: QHP Correlation Analysis Q22

Correlation Analysis Q22								
		Race					Ethnicity	
Q22. In the last 6 months, when you needed care right away, in an emergency room, doctor's office, or clinic, how often did you get care as soon as you needed? Include in-person, telephone, or video appointments.	2022 Plan Total (A)	White	Black/African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Hispanic or Latino	Not Hispanic or Latino
Total	**119**	**25**	**4**	**6**	**65**	**5**	**30**	**75**
Always	32.77%	56.00%	25.00%	50.00%	23.08%	20.00%	46.67%	30.67%
Usually	21.85%	12.00%	25.00%	50.00%	24.62%	60.00%	20.00%	20.00%
Sometimes	21.85%	24.00%	50.00%	0.00%	20.00%	20.00%	23.33%	21.33%
Never	23.53%	8.00%	0.00%	0.00%	32.31%	0.00%	10.00%	28.00%
Percentage: Poor (Never/Sometimes)	**45%**	**32%**	**50%**	**0%**	**52%**	**20%**	**33%**	**49%**
Gross: Poor (Never/Sometimes)	**54**	**8**	**2**	**0**	**34**	**1**	**10**	**37**
Correlation	**0.91**	**1.00**	**0.30**	**0.48**	**-0.51**	**-0.11**	**0.45**	**1.00**
R^2	**82%**	**100%**	**9%**	**23%**	**26%**	**1%**	**21%**	**100%**

- Regarding the availability of quick care in the last 6 months at the emergency room, doctor's office, or clinic, 32% of respondents identifying as White reported being dissatisfied.
- Similarly, 33% of Hispanic respondents were dissatisfied with the availability of quick care at the emergency room, doctor's office, or clinic.
- Over half of the respondents identifying as Asian, 52%, reported being dissatisfied with the availability of quick care at the emergency room, doctor's office, or clinic.
- Overall, respondents identifying as Asian reported a dissatisfaction proportion that was 20 and 19 percentage points higher than White and Hispanic respondents, respectively.

Table 6: QHP Correlation Analysis Q23

Correlation Analysis Q23								
		Race					Ethnicity	
Q23. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? Include in-person, telephone, or video appointments.	2022 Plan Total (A)	White	Black/African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Hispanic or Latino	Not Hispanic or Latino
Total	**163**	**40**	**6**	**9**	**91**	**5**	**33**	**112**
Always	29.45%	40.00%	50.00%	22.22%	24.18%	20.00%	39.39%	27.68%
Usually	26.99%	32.50%	16.67%	33.33%	29.67%	20.00%	15.15%	30.36%
Sometimes	26.99%	17.50%	33.33%	22.22%	28.57%	40.00%	27.27%	25.89%
Never	16.56%	10.00%	0.00%	22.22%	17.58%	20.00%	18.18%	16.07%
Percentage: Poor (Never/Sometimes)	**44%**	**28%**	**33%**	**44%**	**46%**	**60%**	**45%**	**42%**
Gross: Poor (Never/Sometimes)	**71**	**11**	**2**	**4**	**42**	**3**	**15**	**47**
Correlation	**0.82**	**1.00**	**0.71**	**0.37**	**0.48**	**-0.37**	**0.24**	**1.00**
R^2	**67%**	**100%**	**50%**	**13%**	**23%**	**13%**	**6%**	**100%**

- Respondents identifying as Asian had the highest percentage of dissatisfied members regarding the availability of quick preventive care in the last 6 months, with 46% of respondents reporting dissatisfaction.
- Hispanic respondents showed a similar proportion of dissatisfaction, with 45% of respondents being dissatisfied.
- White respondents were the least dissatisfied, as 28% of respondents reported dissatisfaction with the availability of quick preventive care in the last 6 months.
- Asian and Hispanic respondents showed similar proportions of dissatisfaction with the availability of quick preventive care in the last 6 months and were 18 and 17 percentage points more dissatisfied than White respondents, respectively.

Summary of findings

Overall, Asian respondents had the highest dissatisfaction proportion in three of the four survey questions. Regarding the availability of quick preventive care appointments in the last 12 months, Asian respondents were 10 and 8 percentage points higher in dissatisfaction proportion than Hispanic and White respondents, respectively. Dissatisfaction among Asian respondents continues when asked about member experience with the availability of quick care in the last 6 months, where Asians were 20 and 19 percentage points more dissatisfied than White and

Hispanic respondents, respectively. In fact, over half of Asian respondents (52%) were dissatisfied with their experience regarding the availability of quick care in the last 6 months. Lastly, Asians were 1 and 18 percentage points more dissatisfied than Hispanic and White respondents, respectively, when asked about their experience regarding the availability of quick preventive care in the last 6 months.

In conclusion, the results of the survey demonstrate that a higher proportion of Asian members experience dissatisfaction related to their ability to access quick medical care in distinct settings when comparing member experience metrics among ethnic and racial groups. Due to these findings, Valley Health Plan has selected the Asian population of the membership as a focus area to implement targeted interventions to improve access to care, quality of care, and member experience.

Discussion

Objective 1: Population Segment Analysis of Respondents Citing Access Concerns

The Access to Care Getting Care Quickly measure was used to conduct a segmented analysis where descriptive statistics were used to find the percentage of negative responses. The data explored which population segment scored Access to Care Getting Care Quickly measures the lowest, which population segment had the most respondents, and the intersection of the population segment that scored the lowest and had most respondents.

VHP conducted a secondary analysis using the data from the SPH survey results. Responses were further narrowed down by analyzing the correlation between survey responses to the two questions and the Reponses by subcategory. A high correlation between the question and a subgroup can be inferred to have more explanatory power than a lower correlation. Correlation analysis was used to determine which subgroups gave responses that correlated highest with questions QHP Question 22, QHP Question 23, CAHPS Question 4, and CAHPS Question 6. R2 analysis was performed using the least of two squares method to find the explanatory power of each of the subgroups. A higher percentage within the R2 analysis indicated that the subgroup analyzed had high explanatory power over the question.

The population segment analysis for CAHPS identified several subpopulations that impact the results of the regulatory survey. The largest number of respondents (35) and lowest Q4 score (34%) isolated for the race/ethnicity variable were individuals who identify as Asian. The largest number of respondents (109) and lowest Q6 score (39%) isolated for the race/ethnicity variable were individuals who identify as Asian.

The population segment analysis for QHP Member Experience identified several sub-populations that impact the results of the regulatory survey. The largest number of respondents (65) and lowest Q22 score (52%) isolated for the race/ethnicity variable were individuals who identified as Asian. The largest number of respondents (91) and lowest Q23 score (46%) isolated for the race/ethnicity variable were individuals who identified as Asian.

The population segment analysis allows the plan to evaluate differences across segments of the respondent sample. The analysis identified which race/ethnicity population represented the highest volume of respondents and/or those who rate VHP with low access to care scores. There is a quantifiable difference in race/ethnicity populations when compared. Asian respondents have a higher correlation in comparison to the other groups indicating they are more likely to have experienced access to care and more likely to respond to the survey than other groups.

Conclusion

The health disparities analysis was conducted to better inform future quality improvement efforts and further explore the underlying problems members experience with accessing health services. The exploration of Asian members as a priority population will inform future targeted interventions and allow for the creation of data-driven, culturally sensitive strategies to improve the member experience. VHP has identified that the Asian

population is experiencing a health disparity when compared to other race/ethnic populations by reporting disproportionate access to care issues on the regulatory surveys.