

CAHPS[®] Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives

ACO Survey Vendor Training

July 2016



Welcome!

In today's CAHPS for ACOs Survey training session, we will:

- Provide Overview and Background of the Survey
- Explain the Sample Design
- Review Data Analysis and Public Reporting
- Administer the Post Training Quiz

Post Training Quiz

- Each survey vendor must complete and pass the Post Training Quiz in order to be approved to administer the 2016 CAHPS for ACOs Survey
- Quiz must be completed online immediately following the training session
- One Quiz Form for this session will be accepted per survey vendor
- We will notify survey vendors of their Post Training Quiz results by 7/20/2016

Overview and Background



Topics

- Overview of the Shared Savings Program, Pioneer ACO Model and Next Generation ACO Model
- The Shared Savings Program Quality Measures and Domains
- The Patient/Caregiver Experience of Care Domain – CAHPS for ACOs Survey
- ACO-9 and ACO-12 Survey Versions

Shared Savings Program Goals

- The Medicare Shared Savings Program is an approach to the delivery of health care aimed at reducing fragmentation, improving population health and lowering overall growth in expenditures by:
 - Promoting accountability for the care of Medicare fee-for-service (FFS) beneficiaries
 - Improving coordination of care for services provided under Medicare Parts A and B
 - Encouraging investment in infrastructure and redesigned care processes

Shared Savings Program Vision

- ACOs promote the delivery of seamless, coordinated care that promotes better care, better health and lower growth in expenditures by:
 - Putting the beneficiary and family at the center of care
 - Remembering patients over time and place
 - Attending carefully to care transitions
 - Managing resources carefully and respectfully
 - Evaluating data to improve care and patient outcomes
 - Using innovation focused on the three-part aim
 - Investing in care teams and their workforce

Pioneer ACO Model

- The Pioneer ACO Model is designed for health care organizations and providers that are already experienced in coordinating care for patients across care settings. It is designed to work in coordination with private payers by aligning provider incentives which will improve quality and health outcomes for patients across the ACO and achieve cost savings for Medicare, employers and patients.

Next Generation ACO Model

- The Next Generation ACO Model builds upon the experience from the Pioneer ACO Model and Medicare Shared Savings Program to offer a new opportunity to ACOs that are experienced in coordinating care for populations of patients. The goal of the Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Medicare FFS beneficiaries.

Patient Population

- ACO accepts responsibility for an “assigned” patient population
- Assignment will not affect beneficiaries’ guaranteed benefits or choice of doctor or any other provider
 - Shared Savings Program beneficiary assignment methodology depends on which “Track” ACO selects
 - Tracks 1 and 2, preliminary prospective beneficiary assignment with final retrospective beneficiary assignment
 - Track 3, prospective beneficiary assignment
 - Pioneer Model prospective assignment
 - Next Generation Model prospective assignment

Quality Measurement and Performance

- Quality measures are separated into the following four key domains that serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:
 - Better Care for Individuals
 1. Patient/Caregiver Experience
 2. Care Coordination/Patient Safety
 - Better Health for Populations
 3. Preventative Health
 4. At-Risk Population
- Each of the 4 domains is equally weighted and is 25 percent of an ACO's quality score

CAHPS for ACOs: Two Survey Versions

- CMS will provide 2 versions of the CAHPS for ACOs Survey to assess patient experience of care received from ACOs for quality reporting period 2016. ACOs must select survey version and inform survey vendor:
 - ACO-9: required content
 - ACO-12: required content + optional content
- ACO-9 includes core CG-CAHPS Survey plus the Summary Survey Measures (SSMs) in the Shared Savings Program final rule and the 2015 Physician Fee Schedule rule
- ACO-12 includes 3 SSMs that are not part of the ACO quality score
- ACO-12 is the survey that was used to measure reporting periods 2012 and 2013, and has been optional since 2014
- ACO data warehouse will accept data for both versions of survey

Summary Survey Measures: ACO-9

Measure	SSM Content	Source
ACO 1-7	<ul style="list-style-type: none"> • Getting Timely Care, Appointments & Information • How Well Your Providers Communicate • Patient's Rating of Provider • Access to Specialists • Health Promotion and Education • Shared Decision Making • Health Status & Functional Status 	CG CAHPS Core, CG CAHPS Supplemental, Program Specific – Scored
ACO-34	<ul style="list-style-type: none"> • Stewardship of Patient Resources 	CG CAHPS Supplemental – Scored
CG-CAHPS CORE requirement	<ul style="list-style-type: none"> • Courteous & Helpful Office Staff 	CG CAHPS Core – Not part of ACO Quality Score

Summary Survey Measures: ACO-12

Measure	SSM Content	Source
ACO 1-7	<ul style="list-style-type: none"> • Getting Timely Care, Appointments & Information • How Well Your Providers Communicate • Patient's Rating of Provider • Access to Specialists • Health Promotion and Education • Shared Decision Making • Health Status & Functional Status 	CG CAHPS Core, CG CAHPS Supplemental, Program Specific – Scored
ACO-34	<ul style="list-style-type: none"> • Stewardship of Patient Resources 	CG CAHPS Supplemental – Scored
CG-CAHPS CORE requirement	<ul style="list-style-type: none"> • Courteous & Helpful Office Staff 	CG CAHPS Core – Not part of ACO Quality Score
Additional SSMs	<ul style="list-style-type: none"> • Care Coordination • Between Visit Communication • Helping you Take Medications as Directed 	CAHPS Supplemental, Program Specific items – Not part of ACO Quality Score

Resources

- For more information about:
 - The Medicare Shared Savings Program
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/>
 - The Pioneer ACO Model
<https://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
 - The Next Generation ACO Model
<https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>
- For more information about CAHPS for ACOs Survey implementation <http://acocahps.cms.gov/>

Sample Design and Beneficiary Selection



Objectives

- Overview
- Sample Selection and Eligibility Criteria
- Sample File Layout
- Delivery of Sample File to Vendors
- ACO-9 and ACO-12 Survey Versions

Overview

- Samples for the 2016 survey will be drawn by CMS
 - 860 Medicare FFS beneficiaries per ACO
 - At least two visits for primary care
 - Primary care was not delivered by a hospitalist or other excluded provider type

Sample Selection and Eligibility Criteria

- CMS selects the sample for each ACO
 - Medicare FFS beneficiaries assigned to the ACO
 - 18 years or older
 - Live in the United States, Puerto Rico or U.S. Virgin Islands
 - Ineligible beneficiaries include individuals known to be institutionalized
 - Living in an institution or residential facility

Sample Files

- CMS will provide the most complete and current contact information available for sampled beneficiaries
 - Addresses and phone numbers as of October 2016
- Oversample high users of care
 - 25% of each ACO's sample
 - Drawn from top 10% of beneficiaries based on visits

Sample File Layout

- File Record Layout for the Sample File

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
FINDER	1	8	Numeric	Unique beneficiary finder number assigned by CAHPS for ACOs Survey Data Coordination Team
FNAME	9	30	Text	CMS beneficiary first name
MNAME	39	15	Text	CMS beneficiary middle name
LNAME	54	40	Text	CMS beneficiary last name
DOB_C	94	8	yyyymmdd	Date of birth
ZIP	102	9	Char	Mailing address zip code
ADDR1FINAL	111	50	Text	Mailing address line 1
ADDR2FINAL	161	50	Text	Mailing address line 2
CITY	211	40	Text	Mailing address city name
PR_CD	251	28	Text	Puerto Rican urbanization code
STATE	279	2	Char	Mailing address USPS state code
FIPS_STATE	281	2	Char	CMS state FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS county FIPS code, 3 numbers with leading zeros

Sample File Layout (cont'd)

- File Record Layout for the Sample File

RAND Field Name	Starting Position in Record	Field Length	Valid Codes	Field Contents
GENDER	286	1	1-2	Gender code: 1 = male, 2 = female
ACO_ID	287	5	[A]nnnn [P]nnn [V]nnn	Five-character MSSP ACO identifier: begins with a letter "A" followed by 4 numbers Four-character Pioneer or NGACO identifier: begins with a letter "P" or "V" followed by 3 numbers
ACONAME	292	65	Free text	ACO name provided by CMS
FOCALTYPE	357	1	Numeric	Provider type: 1 = primary care 2 = specialist
PRTITLE	358	35	Text	Type of provider [physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist]
PRFNAME	393	30	Text	Provider first name
PRLNAME	423	50	Text	Provider last name
TELEPHONE NUMBER	473	10	Char	Beneficiary phone number

Note: ACOs must select survey version and inform survey vendor

Delivery of Sample File

- CAHPS for ACOs Survey Data Coordination Team will:
 - Provide a separate file for each survey vendor
 - Authorize survey vendors to access the secure ACO data warehouse
 - Deliver encrypted sample files to the secure ACO data warehouse at: <https://mft1.rand.org>
 - Survey vendors can only access their own files

Data Analysis and Public Reporting



Objectives

- Overview of SSMs
- Data Transformation
- Benchmarks and Scoring
- Data Analyses Conducted by CMS
- Public Reporting of ACO Data
- How Data are Reported to ACOs
- Data Analyses Conducted by Survey Vendor

What is an SSM?

- An SSM is a roll-up of multiple questions on a similar aspect of experience (e.g. care coordination)
 - Patient's Rating of Provider and Stewardship of Patient Resources are single-item SSMs

Steps to Score an SSM

1. Assign points for individual question responses
2. Apply sampling and non-response weights
3. Adjust for case-mix
 - Ensures a “level playing field” and that data represent ACOs fairly
4. Convert the score to a 0-100 scale using a linear transformation

Transformation to 0-100 Scale

- For reporting, individual questions and SSMs are converted to a 0-100 scale
 - For all scores, 0 is the lowest and 100 is the best performance
 - Rescaling does not change ACO performance rankings (i.e. the best performers remain the best, the poorest performers remain the poorest)

Formula for 0-100 Transformation

- Let X = the CAHPS score on its original scale
- Let a = the minimum possible score on the original scale
- Let b = the maximum possible score on the original scale

The 0-100 score is calculated as:

$$Y = \frac{(X-a) \times 100}{(b-a)}$$

Example: Provider Rating

- Provider rating is a single-item SSM
- The original scale for this measure is 0 to 10

Item Question

Q. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

Example: Provider Rating (cont'd)

- The table below shows the weighted and case-mix adjusted means for several hypothetical ACOs and the converted 0-100 score for each mean

ACO	Mean Score	Calculation of 0-100 Score	Converted Score
ACO A	7.5	$(7.5 - 0)/(10 - 0) \times 100$	75
ACO B	8.0	$(8.0 - 0)/(10 - 0) \times 100$	80
ACO C	9.0	$(9.0 - 0)/(10 - 0) \times 100$	90

Example: Access to Specialists

- Access to Specialists is composed of two survey items
- Each item has a 1 to 4 ordinal scale:
 - 1 = Never
 - 2 = Sometimes
 - 3 = Usually
 - 4 = Always

Item Questions

Q1. In the last 6 months, how often was it easy to get appointments with specialists?

Q2. In the last 6 months, how often did the **specialist you saw most** seem to know the important information about your medical history?

Example: Access to Specialists (cont'd)

- The table below shows the weighted and case-mix adjusted means for several hypothetical ACOs and the converted 0-100 score for each mean

ACO	Mean Score		Average of Adjusted Scores	Calculation of 0-100 Score	Converted Score
	Q1	Q2			
ACO A	1	2	1.5	$(1.5 - 1)/(4 - 1) \times 100$	17
ACO B	3	4	3.5	$(3.5 - 1)/(4 - 1) \times 100$	83
ACO C	2.5	2.5	2.5	$(2.5 - 1)/(4 - 1) \times 100$	50

Point Value Assignment for Scored Measures

- 8 SSMs contribute to the final CAHPS quality score
- Each measure is worth a maximum of 2 points
- For RY16, all ACOs successfully reporting CAHPS receive an automatic 2 points for two pay for reporting measures
 - Health and Functional Status*
 - Stewardship of Patient Resources
- The point value for the remaining measures is determined by comparing the 0-100 scores against a set of established benchmarks
- ACOs that demonstrate significant improvement in performance may also receive quality improvement points

* This measure is pay for reporting for all reporting years

Benchmarks

- ACO performance on each pay-for-performance measure is compared to the measure's benchmark (which is the same across all ACOs). ACOs earn points for each measure based on a sliding scale (see below)
 - For more information on the benchmarks that will be used as measures phase into Pay for Performance, please refer to the Quality Measure Benchmarks for the 2016/2017 Reporting Year, available on the Shared Savings Program website: <https://www.cms.gov/Medicare/Medicare-Fee-for-service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>
 - Performance below the minimum attainment level (i.e., incomplete reporting or performance below 30% or below 30th percentile benchmark) would earn zero points for that measure

ACO Performance Level	Quality Points (all measures except ACO-11 EHR measure)
90 th percentile benchmark	2 points
80 th percentile benchmark	1.85 points
70 th percentile benchmark	1.7 points
60 th percentile benchmark	1.55 points
50 th percentile benchmark	1.4 points
40 th percentile benchmark	1.25 points
30 th percentile benchmark	1.10 point
<30 th percentile benchmark	No points

Example: Health Promotion and Education

- As an illustration, we consider the actual RY16 benchmarks for *Health Promotion and Education*
- Based on these benchmarks, an ACO with a score of 70 for this measure will receive the full 2 points, while an ACO with a score of 58 would receive 1.25 points

<u>Score</u>	<u>Points Earned</u>
63.41 – 100	2.00
61.37 – 63.40	1.85
60.17 – 61.36	1.70
59.23 – 60.16	1.55
58.27 – 59.22	1.40
57.44 – 58.26	1.25
56.27 – 57.43	1.10
0 – 56.26	0

Quality Performance Scoring for ACO-9 Survey Data

ACO-9 Survey Data	
6 SSMs	Points Earned
• Getting Timely Care, Appointments and Information	0-2 Points
• How Well Your Providers Communicate	0-2 Points
• Patient's Rating of Provider	0-2 Points
• Access to Specialists	0-2 Points
• Health Promotion and Education	0-2 Points
• Shared Decision Making	0-2 Points
2 SSMs	Points Earned
• Health Status and Functional Status	2 Points
• Stewardship of Patient Resources	2 Points
1 SSM	Points Earned
• Courteous and Helpful Office Staff	Not Scored
Total Possible Points for 8 SSMs	4-16 Possible Points

Quality Performance Scoring for ACO-12 Survey Data

All ACO-9 Survey Data Plus

3 SSMs	Points Earned
• Care Coordination	Not Scored
• Between Visit Communications	Not Scored
• Helping You to Take Medications as Directed	Not Scored

Public Reporting of ACO Data

- CAHPS for ACOs Survey data for 7 scored SSMs are reported on the Physician Compare website (<https://www.medicare.gov/physiciancompare/search.html>)
 - The Health Status and Functional Status SSM is not reported on Physician Compare
 - SSM scores with low reliability are flagged and scores with very low reliability are suppressed from reporting
 - Reliability summarizes the extent to which variation in patient experience responses reflect true differences between organizations

Public Reporting of ACO Data *(cont'd)*

- Scores for all SSMs for all ACOs are reported here:
 - Shared Savings Program:
<https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/yuq5-65xt>
 - Pioneer Model:
<https://innovation.cms.gov/initiatives/Pioneer-ACO-Model/index.html>
 - Next Generation Model:
<https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

How Data are Reported to ACOs

- Every ACO receives a detailed report
 - SSMs
 - Reported as case-mix adjusted mean scores
 - SSM scores with low or very low reliability are reported and flagged in individual reports to ACOs
 - Multi-question measures
 - Individual questions
 - Response rate information
 - Program-specific data

Data Analyses Conducted by Survey Vendor

- Survey Vendors may conduct own analyses of data for quality improvement purposes, however, per your CMS DUA:
 - Cell sizes must not be less than 11
 - No information based on fewer than 11 sampled members can be released, meaning no cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms
 - No number smaller than 11 should appear in any material provided to your client
 - For example, if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed, even if 11 or more responses were received for the corresponding question as a whole
 - Intervention or follow-up with low or high scoring individuals is not permitted
 - Survey vendors cannot provide individual-level data to ACOs

Data Analyses Conducted by Survey Vendor (*cont'd*)

- CMS-calculated results are official results
 - Vendors will not have sufficient information to replicate CMS analyses
 - Any report provided to an ACO must include a statement on each page indicating vendor results are unofficial and are for ACO's internal quality improvement purposes only
- CMS-calculated results include data from completed and partially completed surveys

Questions?



Contact Us

CAHPS for ACOs Survey Information and Technical Assistance

- Website: acocahps.cms.gov
- Email: acocahps@HCQIS.org
- Phone: Toll free 1-855-472-4746

Post Training Activities

Post Training Quiz –15 minutes

Post Training Evaluation Form –20 minutes