

# STATE HEALTH POLICY

STATE HEALTH POLICY BRIEFING PROVIDES AN OVERVIEW AND ANALYSIS OF EMERGING ISSUES AND DEVELOPMENTS IN STATE HEALTH POLICY.

Maine was one of six states selected to participate in a 15-month “Medicaid Safety Net Learning Collaborative.” The learning collaborative and this *State Health Policy Briefing* were made possible by the Health Resources and Services Administration (HRSA grant number UD3OA22891). The purpose of the learning collaborative was to support partnerships between Medicaid and safety net partners on projects that addressed state priorities. The National Academy for State Health Policy (NASHP) provided state teams with an array of technical assistance, including an in-person group meeting, site visits, facilitated access to federal, state, and national experts, and team calls. The contents of this paper are solely the responsibility of NASHP and do not necessarily represent the official views of HRSA.

NATIONAL ACADEMY  
for STATE HEALTH POLICY

# Briefing

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## USING CONSUMER EXPERIENCE SURVEYS FOR QUALITY IMPROVEMENT IN MAINE HEALTH CENTERS

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One of Maine’s goals in participating in NASHP’s Medicaid Safety Net Learning Collaborative was to help support the state’s payment and delivery system reforms, with an emphasis on how safety net providers such as federally qualified health centers can drive better quality and lower costs. The Collaborative was funded by a HRSA Cooperative Agreement from May 2012–August 2013. This brief will describe a series of web trainings developed for health centers to help them understand and use the Consumer Assessment for Healthcare Providers and Systems (CAHPS) patient satisfaction survey to improve quality and prepare for the state’s expansion of Patient-Centered Medical Home (PCMH) and accountable care strategies. Measuring and leveraging patient experience data are important criteria for Maine’s reform efforts, and health centers have been active participants in these efforts. Maine’s experience may be instructive for other states considering ways to engage safety net providers in delivery system reform efforts.

## BACKGROUND

Maine has been pursuing several major projects to expand its use of PCMH, health home, and accountable care strategies to improve quality and reduce costs. Maine's health centers have been active participants in each of these efforts. In 2008, Maine began planning for a multi-payer Patient-Centered Medical Home Pilot, launched in 2009. Practices selected to participate in the pilot receive per-member per-month care management payments from MaineCare (Maine's Medicaid program) and major commercial payers, as well as practice supports, technical assistance, and support from community care teams that assist practices in providing care for the most complex patients.<sup>1</sup> In 2012, Medicare joined the PCMH pilot as a participating payer.<sup>2</sup> In 2013, the state received approval for a Section 2703 health home state plan amendment to improve care for individuals with multiple chronic conditions.<sup>3</sup> In designing its health homes initiative, Maine prioritized coordination with the PCMH Pilot, aligning practice expectations and incorporating resources available through the PCMH Pilot into the health home model. Since their inception, the PCMH pilot and health home projects have grown to incorporate almost 170 practice sites across the state.<sup>4</sup> Currently, 16 of Maine's 19 health center grantees participate in the PCMH and health home projects. Also in 2013, Maine was one of six states selected to receive \$33 million in federal funding under a State Innovation Model (SIM) Model Testing Award to expand its medical home and accountable care activities.<sup>5</sup>

Measurement of patient satisfaction is a consistent component of Maine's delivery system reform efforts. The state and the Maine Primary Care Association (PCA) have both worked to promote the use of the CAHPS survey to assess patient experience within PCMH and health home practices. Through the "Patient Experience Matters" project, Maine's Dirigo Health Agency provided financial support in 2012 to select practices to administer CAHPS.<sup>6</sup> The PCMH Pilot requires that participating practices administer a patient experience survey.<sup>7</sup> To support the SIM project, the Maine Quality Forum also plans to conduct a statewide Clinicians and Groups CAHPS Survey (CG-CAHPS) across primary care

and specialty physicians to develop baseline data on patient experience. The state plans to particularly focus on assessing Medicaid enrollees relative to the overall state population.<sup>8</sup>

In 2012, nine health center grantees received funding through the Patient Experience Matters project to pilot CAHPS. The Maine PCA worked with HRSA to identify support through health center controlled network funding for additional health centers to try the survey in 2014. The NASHP Medicaid Safety Net Learning Collaborative presented an opportunity to provide health centers with training on patient experience surveys during the 2013 "gap year." The PCA worked with NASHP to plan a series of webinars during the summer and fall of 2013 that focused on how health centers could deploy the survey.

## THE CAHPS SURVEY

The Clinicians and Groups CAHPS Surveys (CG-CAHPS) measures patients' experiences with health care providers and staff in medical offices. The survey asks patients to rate their providers, including specific questions about access to care, whether they received needed care promptly, and whether their provider communicated respectfully and in an understandable way. The CG-CAHPS core measures can be supplemented with a set of questions specific to PCMH, including whether patients were able to receive care on evenings, weekends, or holidays, whether providers asked about the patient's health goals, and whether the provider seemed informed about care the patient is receiving from specialists.<sup>9</sup>

## INSIGHTS FROM THE WEBINAR SERIES

The CAHPS Innovations Series of webinars was hosted by CHCnet Maine, a health center-controlled network of 12 CHCs that drives the Maine PCA's efforts to provide assistance to health centers with health information technology initiatives.<sup>10</sup> The webinars were held in summer and fall 2013, and the PCA reports that the majority of health centers participated in at least one of the three webinars.

### CAHPS INNOVATIONS SERIES PRESENTERS

- David Keller, formerly of Rhode Island's Chronic Care Sustainability Initiative<sup>11</sup> and Massachusetts's Patient-Centered Medical Home Initiative,<sup>12</sup> discussed CAHPS results as a component of PCMH payment models.<sup>13</sup>
- Jillyn Reid and Nicole Van Borkulo of Qualis Health presented strategies that the Safety Net Medical Home Initiative, which supported demonstration projects in five states,<sup>14</sup> has used to incorporate CAHPS results into quality improvement activities at the practice level.<sup>15</sup>
- Roni Christopher of Health Partners Consulting discussed ways to use CAHPS as a tool to train clinic staff on how to build an environment that creates satisfied patients.<sup>16</sup>

Webinar presenters shared many insights, including the following:

- The CAHPS survey is useful because it is standardized, allowing practices to benchmark themselves against their peers and practices in other states;
- Consumer experience surveys are an important way to bring patients into the discussion about whether they are getting the care they want and value. In the context of payment reform efforts, data on individuals' satisfaction helps keep the patient at the center of care, rather than the money;
- Clinics should use survey results as a tool for self-improvement. Visual displays of data can help to involve staff and patient advisory groups in brainstorming solutions and opportunities for improvement;
- Confronting patient experience data can be challenging for staff, particularly if the results are unflattering. Transparency is important; clinic leadership should make the data available to everyone, for example by posting it in a visible place;
- Getting buy-in from staff to commit to change can be hard, but it is important for the people who

are involved in carrying out the work of quality improvement to be involved in developing the improvement plan and have ownership of the team;

- Starting small and moving quickly through rapid-cycle improvement efforts can help create a culture of continuous quality improvement and help clinics learn about how changes affect patient experience. Starting small can also help clinics build up to taking on bigger issues; and
- Improved patient satisfaction can also help improve staff morale.

The PCA reports that while the up-front work of preparing to deploy the survey and submit results is challenging given resource constraints, Maine health centers are excited about obtaining CAHPS data and using it for quality improvement. They are particularly interested in evaluating the specific experience of patients who are receiving more intensive care management interventions. In the past, many clinics had developed their own homegrown patient surveys; gaining the ability to do 'apples-to-apples' comparisons with their peers through the validated CAHPS tool has been useful. In addition, the PCA is providing health centers with a common vendor (National Research Corporation) that provides data dashboards and online learning communities, allowing clinics to more easily interpret and take action based on their data.<sup>17</sup> Usage of CAHPS will only become more important as the state continues to develop its approaches to accountable care and public reporting of provider quality measures,<sup>18</sup> and the PCA will continue to support health centers in keeping pace with these developments.

### SUMMARY

The NASHP Medicaid Safety Net Learning Collaborative presented an opportunity to sustain the health centers' momentum toward adoption of a standardized patient experience survey. The CAHPS survey is an important component of Maine's health reform efforts and greater use of CAHPS helps health centers to engage in those efforts, while also giving them an important tool for quality improvement.

## ENDNOTES

- 1 For more information, see NASHP's Medical Home profile of Maine at <http://nashp.org/med-home-states/Maine> and Maine Quality Counts, "Maine PCMH and Health Homes Program Information." Retrieved March 17, 2014, <http://www.mainequalitycounts.org/page/2-712/pcmh-program-information>.
- 2 Medicare is participating in the Maine PCMH Pilot through the Multi-payer Advanced Primary Care Practice (MAPCP) initiative. See Centers for Medicare & Medicaid Services, "Details for title: Multi-payer Advanced Primary Care initiative," Retrieved March 24, 2014, <http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Medicare-Demonstrations-Items/CMS1230016.html>.
- 3 Maine Department of Health and Human Services, Office of MaineCare Services, "Health Homes for Members with Chronic Conditions (Stage A)." Retrieved March 24, 2014, <http://www.maine.gov/dhhs/oms/vbp/health-homes/index.html>.
- 4 Maine Quality Counts, "Maine PCMH and HH Orientation Toolkit." Retrieved March 17, 2014, <http://www.mainequalitycounts.org/page/2-728/pcmh-orientation-to-pcmh>.
- 5 Centers for Medicare & Medicaid Services, "State Innovation Models Initiative: Model Testing Awards," Retrieved March 24, 2014, <http://innovation.cms.gov/initiatives/State-Innovations-Model-Testing/index.html>.
- 6 Dirigo Health Agency, "Patient Experience Matters Fact Sheet," (September 2012). Retrieved March 19, 2014, <http://www.dirigohealth.maine.gov/Documents/PEMFactSheet092112.pdf>.
- 7 Maine Quality Counts, "2014 Practice Requirements: Core Expectations." Retrieved March 19, 2014, [http://www.mainequalitycounts.org/image\\_upload/2014%20PCMH%20Core%20Expectation%20Requirements.pdf](http://www.mainequalitycounts.org/image_upload/2014%20PCMH%20Core%20Expectation%20Requirements.pdf)
- 8 State of Maine, "Maine State Health Care Innovation Plan." (September 21, 2012). Retrieved March 18, 2014, [https://www.statereform.org/sites/default/files/maine\\_health\\_innovation\\_plan.pdf](https://www.statereform.org/sites/default/files/maine_health_innovation_plan.pdf).
- 9 Agency for Healthcare Research and Quality, "CAHPS Clinician & Group Surveys: Overview of the Questionnaires," (June 5, 2012). Retrieved March 17, 2014, [https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/2350\\_CG\\_Overview\\_of\\_Questionnaires.pdf](https://cahps.ahrq.gov/surveys-guidance/cg/cgkit/2350_CG_Overview_of_Questionnaires.pdf)
- 10 HRSA refers to a Health Center Controlled Network as "A group of safety net providers (a minimum of three collaborators/members) collaborating horizontally or vertically to improve access to care, enhance quality of care, and achieve cost efficiencies through the redesign of practices to integrate services, optimize patient outcomes, or negotiate managed care contracts on behalf of the participating members." Health Resources and Services Administration, "What is a Health Center Controlled Network?" Retrieved April 23, 2014, <http://www.hrsa.gov/healthit/toolbox/healthitadoptiontoolbox/opportunitiescollaboration/abouthccns.html>. For more on CHCNet Maine, see Maine Primary Care Association, "CHCNet Maine – A Health Center Controlled Network." Retrieved March 17, 2014, <http://mepca.org/hit/>.
- 11 Rhode Island Chronic Care Sustainability Initiative, Retrieved March 19, 2014, <http://www.pcmhri.org/pcmh-ri-programs>.
- 12 Massachusetts Executive Office of Health and Human Services, "Massachusetts Patient-Centered Medical Home Initiative," Retrieved March 19, 2014, <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/pcmhi/>.
- 13 CHCNet Maine, "CAHPS Innovations Series Webinar 1." Retrieved March 21, 2014, <https://www4.gotomeeting.com/register/671818975>. (registration required)
- 14 Safety Net Medical Home Initiative. Retrieved March 17, 2014, <http://www.safetynetmedicalhome.org/>.

- 15 CHCNet Maine, "CAHPS Innovations Series Webinar 2." Retrieved March 21, 2014, <https://www4.gotomeeting.com/register/422929543>. (registration required)
- 16 CHCNet Maine, "CAHPS Innovations Series Webinar 3." Retrieved March 21, 2014, <https://www4.gotomeeting.com/register/283984479> (registration required)
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The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: [www.nashp.org](http://www.nashp.org).

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