



# Hennepin Health

## 2016 CAHPS Survey

### ***Description***

DataStat, Inc., on behalf of the Minnesota Department of Human Services (DHS), administers the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey for public managed care programs on an annual basis. DataStat, Inc. analyzes the survey results and compares the satisfaction of enrollees in the public managed care programs which include the following health plans: BluePlus, HealthPartners, Hennepin Health, Itasca Medical Care, Medica, PrimeWest Health, South Country Health Alliance and UCare.

The purpose of the survey is to assist health plans in measuring how well they are meeting their enrollee's expectations and needs. The survey is able to identify areas of recent improvement and highlight other areas needing attention to improve the quality of care and service provided. The survey results, like the HEDIS data, is based on calendar year 2015; therefore, Hennepin Health's Families and Children/ MNCare enrollees were not included in this survey as these programs were not a part of Hennepin Health until January 1, 2016. For the purpose of this report section, "Hennepin Health" will refer to Hennepin Health Medical Assistance demonstration program which existed from 2011 – 2015. This program served only the State's Medicaid early expansion population of adults without dependent children aged 21-64 years. This is the fourth year that Hennepin Health's demonstration program enrollees were included in this survey. For consistency, "Cornerstone – SNBC" – the name for the SNBC program in 2015 – will be used in this report as well.

### ***Process and Documentation***

The Hennepin Health products evaluated in 2016 were Special Needs Basic Care (SNBC) and the Hennepin Health demonstration program. . The 2016 survey contained 58 standard questions. The addition of different sets of supplemental questions created two versions of the survey. The survey was conducted in the same way as in previous years. Participation in the survey was voluntary. Attempts were made by mail and telephone during the period of November 2015 through February 2016 using a standardized procedure and questionnaire. A four-wave protocol to administer the survey consisted of a pre-notification letter, first questionnaire packet, and a reminder letter to all selected enrollees. A second mailed questionnaire packet was sent to non-respondents, as well as a phone call follow-up being made to those who have not responded to the mailings.

Respondents were surveyed in English or Spanish. A language block printed on the back of the letter in Hmong, Russian, Somali, and Vietnamese informed respondents that the survey was to be conducted in English and Spanish, and that they could call DataStat to have their name removed from the sample list if they do not wish to participate.

**Analysis**

The sampling population was eighteen to sixty-four (18-64) years of age; SNBC (271/852) and Hennepin Health (282/1416) (respondents/enrollees); and continuously enrolled for five out of the last six months of 2015. The response rates for 2016 were broken out as follows:

<b>2016 CAHPS Response Rates by Product</b>			
<b>Health Plans</b>	<b>SNBC</b>	<b>Hennepin Health</b>	<b>Overall</b>
Hennepin Health/ MHP	32%	20%	24%
All Health Plans	35%	20%*	31%

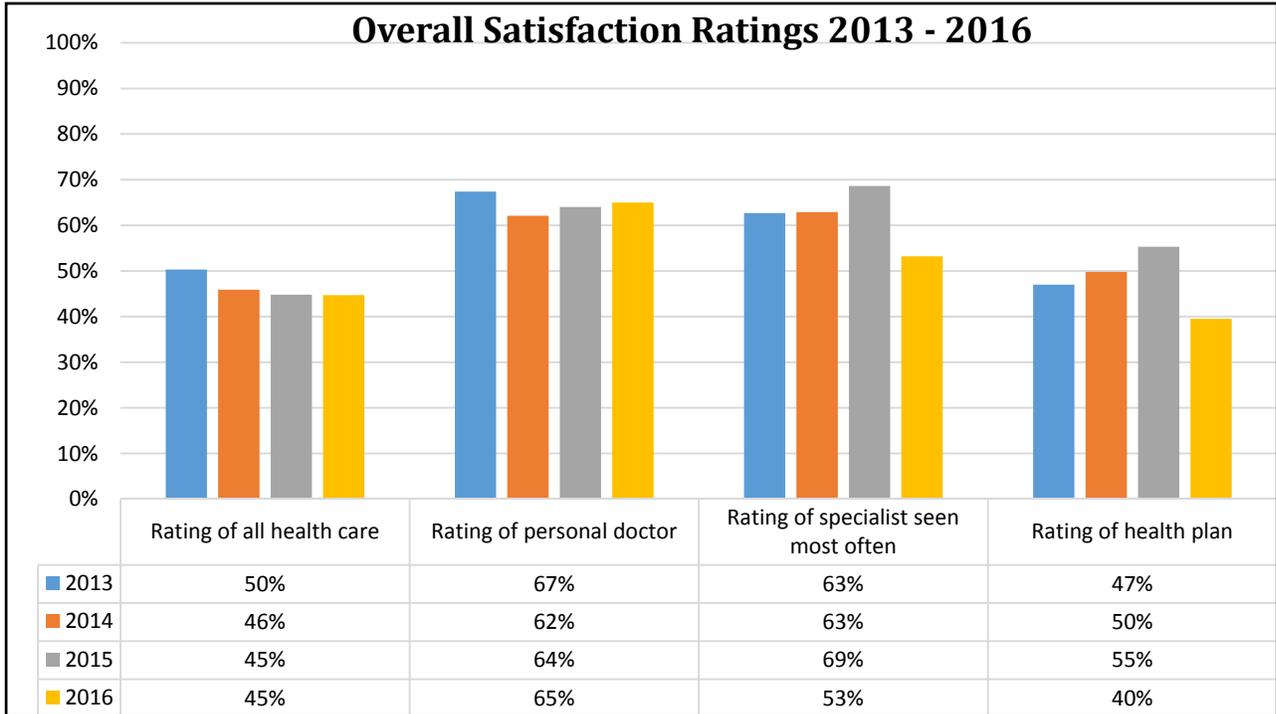
\*refers to PMAP program

Results for the overall satisfaction and composite scores represent the percentage of people who responded most favorably to the questions. The survey results were adjusted for age and self-reported health status using a regression technique so health plans could be fairly compared.

**Overall Satisfaction Scores**

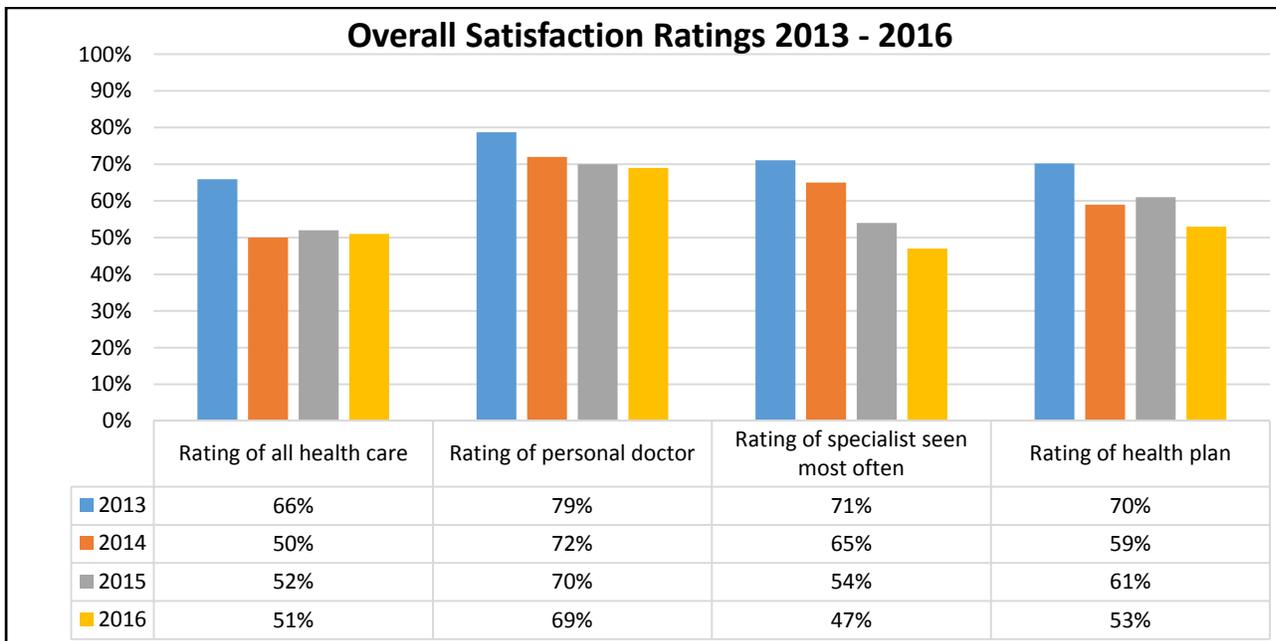
Surveyed enrollees were asked to rate the health care received from their health plan and their health care providers, using a scale of 0 – 10, where 0 = worse possible and 10 = best possible. The satisfaction score represents the percent of enrollees who responded most favorably, (scores 9 – 10), to the questions in that area. For Hennepin Health – SNBC, a comparison to the MN Health Plans SNBC average is available. In 2015, Hennepin Health was still considered a demonstration project; a unique MCO product in Minnesota, that served only the State’s Medicaid early expansion population of adults without dependent children aged 21-64 years. The needs of this sub-population were so unique, that comparisons to other Minnesota MCOs Medicaid performance benchmarks were not valid.

## Hennepin Health Overall Satisfaction Ratings CAHPS 2016



In 2016, all health plans witnessed a downward trend in their overall satisfaction ratings in comparison to 2015. The biggest rating drop for all health plans, including Hennepin Health, was the *Rating of Health Plan*; Hennepin Health's rate dropped by 15% from 2015.

## Cornerstone – SNBC Overall Satisfaction Ratings CAHPS 2016



Cornerstone – SNBC’s 2016 overall satisfaction ratings also declined when compared to 2015. This decline was witnessed across all health plans’ SNBC programs. The overall MN Health Plans SNBC average rating scores were as follows:

- *Rating of Health Care* – 48%
- *Rating of Personal Doctor* – 68%
- *Rating of Specialist Seen Most Often* – 60%
- *Rating of Health Plan* – 58%

When comparing Cornerstone - SNBC’s overall satisfaction ratings’ to the MN Health Plans SNBC average rating, it reveals that Cornerstone – SNBC’s overall scores are equivalent or above the MN Health Plans SNBC’s average rating scores in the areas of *Rating of All Health Care* and *Rating of Personal Doctor*. The ratings that differ and are significantly lower than the MN Health Plans SNBC average are: *Rating of Specialist Seen Most Often* and *Rating of Health Plan*.

### **Composites**

Enrollees were also asked questions relating to how often they received quick/needed care, how often doctors communicated well, and how often their health plan’s customer service was friendly and helpful. Enrollees could respond: Never, Sometimes, Usually, or Always. The score represents a composite of the percent of enrollees who responded most favorably, Always, to the questions in that area. Questions in each area are as follows:

#### *Getting Needed Care:*

- Found it easy to get appointments with specialists
- Got care, tests, or treatment they thought they needed

#### *Getting Care Without Long Waits:*

- Got treated as soon as they wanted when sick or injured
- Got an appointment as soon as they wanted for regular or routine care

#### *How Well Doctors Communicate:*

How often doctors or other health providers:

- Listened carefully
- Explained things in an understandable way
- Showed respect for what they had to say
- Spent enough time with them

#### *Health Plans Customer Service:*

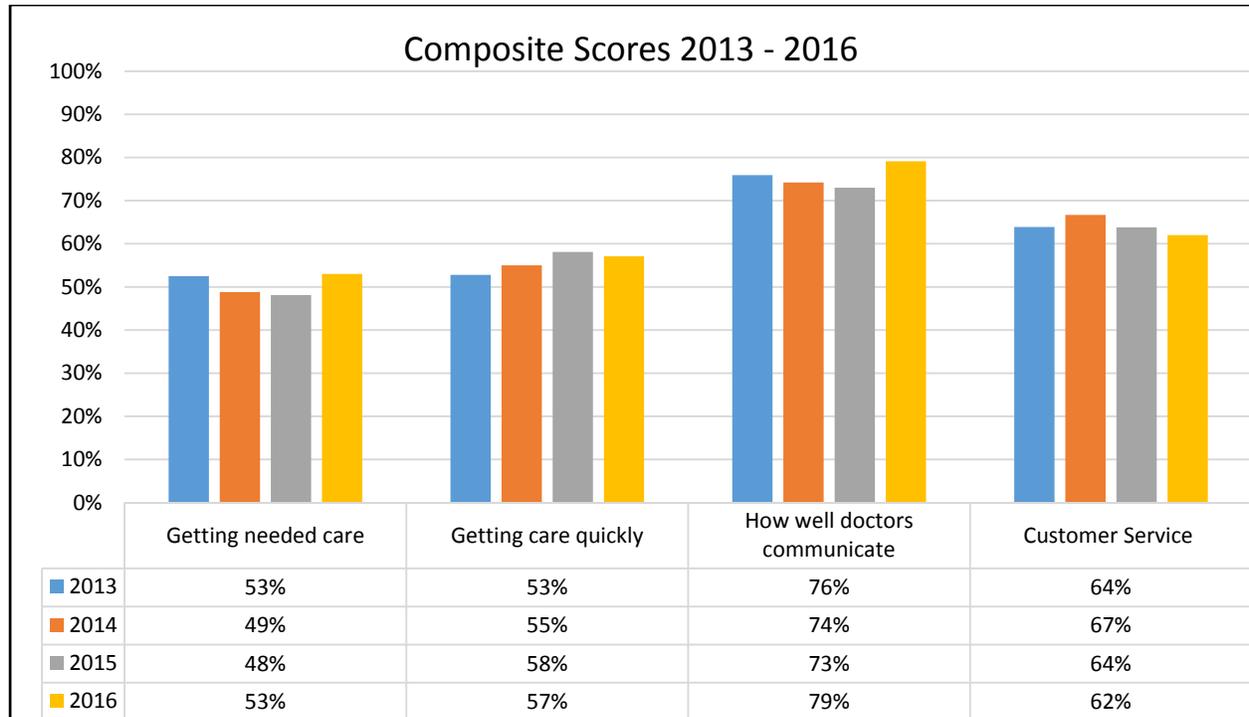
- Their health plan's customer service gave needed information or help
- They were treated with courtesy and respect by their health plan's customer service

*Shared Decision Making: (The questions comprising this composite were revised in the 2016 questionnaire, making a trend year comparison inappropriate).*

How often Doctor/ Health Provider:

- Talked about reasons you might want to take a prescription medicine
- Talked about reasons you might NOT want to take a prescription medicine
- Asked what was best for you when starting or stopping a prescription medicine

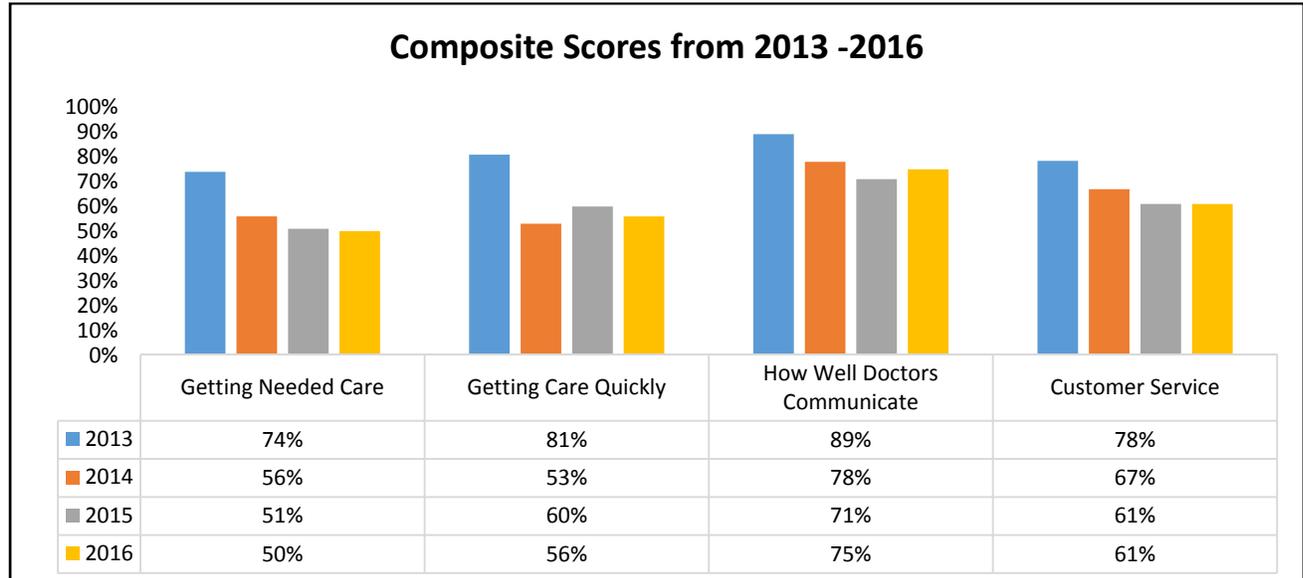
## Hennepin Health Composite Scores CAHPS 2016



Shared Decision Making Composite Score – 84%

A review of scores for each program population, comparing the 2016 scores to the baseline scores (CY 2015), shows that composite scores are trending higher. *How Well Doctors Communicate* was the composite score that increased for most program populations. *Getting Needed Care* and *How Well Doctors Communicate* were the two composite scores that improved for Hennepin Health. The two composite scores that decreased included *Getting Care Quickly* and *Customer Service*, which declined slightly by 1-2%.

## Cornerstone – SNBC Composite Scores CAHPS 2016



Shared Decision Making Composite Score – 77%

For Hennepin Health – SNBC, the composite scores trended lower in the areas of *Getting Needed Care* and *Getting Care Quickly*. The *Customer Service* composite remained unchanged from 2015. As witnessed with other health plans and products, *How Well Doctors Communicate* trended higher, in comparison to 2015 and is also above the MN Health Plan SNBC average. When comparing Hennepin Health – SNBC’s other composite scores to the MN Health Plans SNBC average scores, Hennepin Health-SNBC is slightly lower in the areas of: *Getting Needed Care*, *Customer Service* and *Shared Decision Making*.

The MN Health Plans SNBC average rating scores were as follows:

- *Getting Needed Care* – 53%
- *Getting Care Quickly* – 56%
- *How Well Doctors Communicate* – 73%
- *Customer Service* – 66%
- *Shared Decision Making* – 80%

### Key Findings

Key Findings are defined as those plan scores that are statistically significantly higher or lower than the program average, for the program in which that plan participates. Key findings were provided for Cornerstone – SNBC only, as Hennepin Health was a still a demonstration project in 2016, with no comparison health plans.

Key findings identified for Cornerstone – SNBC were in the areas of:

- *Getting Needed Care*
- *Customer Service*
- *Rating of Specialist Seen Most Often*

Cornerstone – SNBC was identified as being statistically significantly lower than the SNBC program average, in these three areas. All three areas have trended lower over the last four years and have been identified as opportunities for improvement.

### ***Recommendations and Next Steps***

Based off the 2016 CAHPS results, Hennepin Health has decided to focus its' efforts in improving the Rating of Health Plan and Customer Service. These two areas have shown a significant decline over the last four years and are also correlated. The *Customer Service* experience directly impacts enrollee satisfaction with Hennepin Health, which in turn impacts the *Rating of the Health Plan*. The following actionable recommendations will be based on improving these two areas.

The Quality Management staff will work with the Customer Service department to improve the *Customer Service* composite score. Sharing and providing an analysis of the survey results will provide Hennepin Health's Customer Service Department with a tool for training and educating staff on the importance and critical part customer service plays in a health plan. Quality Management will also work with the Care Guides and Medical Administration Engagement Teams on improving customer service. Customer service is provided by these teams through care coordination and enrollee outreach. Follow up with the Care Guides will be done to ensure enrollees are getting help coordinating care and are educated on their benefits.

The Customer Service Department is also looking to create a post customer service call survey, in efforts to capture and identify enrollee concerns/experiences with Hennepin Health. This will help to focus efforts and generate new ideas for improving customer service experiences for our enrollees. The implementation of this post survey can help improve the *Customer Service* and *Rating of Health Plan* CAHPS scores as well.

One of the greatest challenges with the state of MN (DHS) developed and administered CAHPS survey is that Hennepin Health does not have the ability to identify any specific enrollees who may have answered questions in the survey in a manner that would warrant follow-up by Hennepin Health. For example, if an enrollee said they rate the care coordination they receive as poor.

Hennepin Health does not have the necessary information needed to investigate and correct the specific issues that would be causing that enrollee to rate his or her care coordination as poor. For this reason, although the CAHPS survey is a valid satisfaction monitoring tool in the general sense, it is still very difficult to be very intentional on

improving any of the specific measures. Hennepin Health will continue to explore ways to supplement the CAHPS data in order to obtain the information needed to investigate and correct the specific issues identified in the DHS DataStat, Inc. CAHPS survey.