

# ● THE POWER OF AUGMENTS

INCREASING THE RESEARCH POTENTIAL OF CAHPS

## Augments as a Valuable Tool to Increase the Potential of CAHPS

Health plans dedicated to quality improvement and member satisfaction continually seek ways to enhance the value of the Commercial and Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey. While the CAHPS survey is the most comprehensive tool available for assessing consumers' experiences with their health plans and affiliated providers, there are limitations to the information it provides using the standard sampling protocol.

Augments are a powerful tool plans can use to expand upon the research potential of CAHPS. Augmenting the sample allows additional plan members to be surveyed. This involves following either a mail-only or mail plus phone protocol to obtain feedback from a certain segment or specific population of the health plan.

## Why Plans Choose to Augment

Plans find that augmenting CAHPS is an efficient and economical way to obtain additional information about their member populations.

For example, plans can gauge differences in the members' experience within the provider network. By identifying provider information within the database, plans can augment their sample to identify strengths and weaknesses among major groups, such as primary care physicians, group practices, doctor associations, etc.

### REASONS FOR AUGMENTING CAHPS SURVEYS

- Augments give the plan greater insight into significant differences across membership relative to satisfaction within the plan and the health care being received
- Augments equal cost efficiency as a supplemental survey to the standard CAHPS protocol
- Augments allow the plan to develop a more focused quality improvement/ action plan
- The plan is able to hold provider groups accountable for their results and quality improvement initiatives
- Quality improvement initiatives within plan service areas (Claims, Member Services, Collateral, etc.) can be developed, targeting membership by profile or demographic attributes
- To improve future CAHPS/NCQA scores

Other examples include the ability to measure the differences experienced by members in the delivery of health care or plan services by demographic areas or by the profile type of the member (newer members, health status, age, etc.).

The sales and/or public relations departments within a health plan have utilized augments as a way to obtain customized CAHPS results for one or more of their major employer accounts.

## Case Study of CAHPS Augments

**Objective:** A health plan was interested in learning more about the factors impacting their CAHPS scores which were consistently above the Quality Compass 75<sup>th</sup> percentile. Over the years, the plan had carefully considered the impact of key drivers on health plan satisfaction. After targeting improvement efforts on customer service and claims processing, the plan was interested in determining how demographics and certain member experiences were driving health plan rating scores. The plan determined it would be insightful to examine the differences in the members' experience (or strengths and weaknesses) within the provider network.

**Action:** The plan decided that they wanted to compare segments of both health clinics and health care utilization. Because there were a large number of health clinics, they established that 50 was an appropriate target threshold of completed surveys, and designed the stratified sampling to meet these thresholds. In addition, the plan included the number of visits as a custom data field and was able to compare low, medium, and high utilizers side by side without pulling any additional sample.

### Segment Categories for Augment Sampling Considerations:

- Regions
- Provider Groups/Types
- Key Accounts – Employer Groups
- State or Federal Employee Groups
- Frequency of provider visits
- Cost (i.e. high deductible option)
- Product Type

**Key Findings:** Health clinic results were compared side by side and to the aggregate health plan scores for all composites, rating questions, attributes, and key custom questions.

- Overall, members were satisfied with their experience with health care. There were notable differences for several clinics, particularly for the key drivers such as Getting Care Quickly and How Well Doctors Communicate, indicating the need for improved access for appointments for urgent and routine care.
- The data was used to provide credible and actionable information by which they could identify differences, strengths, and weaknesses within their provider network.
- The plan was able to share and discuss the findings with the health clinic office managers, administrators, and providers.
- Although the plan did not utilize a pay-for-performance program for PCPs, they could consider ways to link contracting, performance guarantees, or other incentives to the development of quality initiatives and benchmarked improvements.
- The plan anticipated that the increased number of visits could impact the perception of the member experience, especially related to their rating of health care and PCP. The plan noted more satisfied members were those with a larger number of visits, due in part to the quality of the “touch points” and member encounters.
- The plan was able to use the augment data to design future CAHPS studies. In the future, the plan will also analyze and compare health status to better understand the impact that self-reported health status has on members' experiences and plan loyalty.

## How to Design an Augment Sample

In order for the stratified augmented sample to be an effective method of yielding the desired segmentation analysis, each plan must consider their options and carefully design the sample. The plan should:

1. Ensure that the data field variable is included in the database. For example, if major provider groups are to be segmented and analyzed, the group ID or other indicator must be included in the sample frame or audited database prior to submission to the survey vendor.
2. Estimate response rates. Note that some sample groups may vary in responsiveness. If unsure, use prior year member satisfaction response rates, assuming comparable methodology.
3. Determine how many from the random HEDIS sample will be pulled into each group, and using the estimated response rates, project how many respondents will end up in each sample group.
4. Determine the number of desired completed surveys in each sample group. Using the projections from the random HEDIS sample, calculate how many additional completes are needed for an appropriate yield in each group. This determines the size of the augment.
5. Divide the additional number of completed surveys needed by the response rate to calculate the number of additional surveys required for the augment.

## Making the Most of CAHPS with Augments

Augmenting can be an important tool for obtaining additional member information and in developing a more focused quality improvement action plan.

SPH Analytics can provide plans with guidance and consultation for augmenting the CAHPS sample. As an NCQA–certified CAHPS Survey provider, we have been conducting the CAHPS Survey for almost two decades. Offering augments is one of the ways we continually support our clients and encourage plans to make the most of CAHPS.

Fifteen Percent of  
SPH Analytics’  
CAHPS Clients  
Augment Their  
CAHPS Surveys

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