Preliminary Issue Brief - Care Experience Survey

The Connecticut Healthcare Innovation Plan proposes that Connecticut will implement care experience surveys with sufficient statistical reliability and validity at the level of the practice or provider system to support the inclusion of care experience scores in the value-based payment methodology. In this brief we use the term provider to refer to the entity that enters into a value-based payment contract with payers, whether a small practice, large medical group, ACO or integrated delivery system. A better care experience is associated with person-centered care—care that is aligned with an individual's values and preferences and that may be less costly.

Background

Currently, most health plans conduct annual care experience surveys using a Consumer Assessment of Healthcare Providers and Systems (CAHPS) specifically design for health plans. The sample is drawn from statewide membership and is not practice specific. Health plans in Connecticut do not do provider level care experience surveys and, consequently, care experience is not a factor in value-based payment.

Medicare implements a CAHPS survey specifically designed for ACOs and they use CAHPS performance information as a factor in the calculation of shared savings.

DSS (Medicaid) implements a CAHPS survey through its ASO (CHNCT) for the purpose of assessing the performance of its PCMH program and for the administration of its performance incentive payments. They are preparing this year to survey 50 consumers at each PCMH and glide path practice as well as a sample of consumers who are not-attributed to a PCMH or glide path provider. This will enable DSS to assess whether consumers attributed to a PCMH program have a better care experience than consumers otherwise attributed. In addition, DSS pools the survey results from the PCMH practices and uses this as a factor in calculating performance payments. The per practice sample size is not sufficient to assess care experience at the level of the practice so performance rewards are based on pooled performance. This small sample approach is less costly, but has the disadvantage of weakening the perceived relationship between a particular provider's care experience performance and its payment reward. (See Table 1 to determine sample size required for statistically reliable results at the level of the provider, according to NCQA).

Table 1

Sample Sizes

Number of Clinicians	Sample Size
1	128
2-3	171
4-9	343
10-13	429
14-19	500
20-28	643
29 or more	686

NCQA recognized PCMH practices are required to undertake their own care experience surveys. Under the 2011 guidelines, practices have some flexibility with respect to choice of instrument and how the survey is administered. As of 2012, practices can receive a point of distinction if they use the PCMH CAHPS and an NCQA certified vendor for the administration of the survey. Accordingly, care experience measurement is an obligation and a cost that these practices experience as a condition for PCMH recognition.

Cost

The per provider cost of administering a statistically sufficient PCMH CAHPS depends on the number of primary care clinicians employed by or affiliated with the provider for the purpose of performance accountability and the methods that are used. Table 2 presents the approximate cost per provider based on the required sample size, using the PCMH CAPHS and the NCQA certified vendor and methods.

Table 2

Care Experience Survey		
Cost per practice		
Sample Size	Low Range ($5/completed)	High Range ($10/completed)
128	$ 640	$ 1,280
171	$ 855	$ 1,710
343	$ 1,715	$ 3,430
429	$ 2,145	$ 4,290
500	$ 2,500	$ 5,000
643	$ 3,215	$ 6,430
686	$ 3,430	$ 6,860

We do not have reliable information about the number of practices that would be participating in value-based payment methods and the number of associated clinicians. However, we prepared the attached hypothetical model to provide a sense of the order of magnitude for discussion purposes. At this time, the estimated number and size of practices is speculative.

Table 3

Care Experience Survey					
Hypothetical statewide cost estimate					
Clinicians per provider	Sample Size	Low range # of providers	Low Range Cost	High range # of providers	High Range Cost
1	128	75	$ 72,000	110	$ 105,600
2-3	171	50	$ 64,125	95	$ 121,838
4-9	343	30	$ 77,175	70	$ 180,075
10-13	429	20	$ 64,350	55	$ 176,963
14-19	500	10	$ 37,500	35	$ 131,250
20-28	643	5	$ 24,113	20	$ 96,450
29 or more	686	15	$ 77,175	15	$ 77,175
			$ 416,438		$ 889,350
Note: Assumes mid-range survey cost - $7.50/completed survey					

We will be further reviewing these estimates based on our current workforce data and welcome any feedback that would improve their precision.

Proposed

In accordance with the Innovation Plan, we are proposing that all payers require a statistically valid and sufficient survey as a condition for participating in a value-based payment arrangement as of the xxxx contract year, using a care experience survey tool recommended by the Quality Council and approved by the Healthcare Innovation Steering Committee. The results of such survey would be used to assess the performance of each provider for the purpose of value-based payment. The sample would be drawn from each provider's attributed patients, without regard to payer or source of coverage.

Providers should have the option to arrange and finance the care experience survey themselves, provided they use the survey tool and methods approved by the Steering Committee. The state, either through the SIM project management office or DSS, will co-source the conduct of the survey on behalf of those providers that do not wish to undertake the survey themselves at a cost sufficient to cover administration and conduct of the survey. We believe that combining the purchasing power of participating providers will significantly reduce the cost per completed survey. Use of the existing Medicaid administrative process for the conduct of surveys would likely be cost-efficient and should be considered.

We do not believe that it is likely that we can combine this survey with that of Medicare's ACO survey, but will further explore this option.