Consumer-Purchaser
DISCLOSURE PROJECT

Better information. Better decisions. Better health.

August 27, 2013

Kathleen Jack
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS- 10488: Information Collection Request: Enrollee Satisfaction Survey Data Collection

Dear Ms. Jack:

The 19 undersigned organizations represent a collaboration of leading consumer, labor, and employer organizations, committed to improving quality and affordability of health care through the use of performance information to inform consumer choice, payment and quality improvement. Our shared vision is that with transparency of information, Americans will be better able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency. It is in this context that we greatly appreciate the opportunity to submit comments to CCIIO on the two survey tools being developed as part of the implementation of the Affordable Care Act's Health Insurance Marketplace. We believe that a critical element of the marketplace's success will be the ability to assess consumers' experiences with purchasing coverage, as well as their experiences in receiving care through their Qualified Health Plan (QHP). This consumer-reported information will be critical to identifying and addressing what is and is not working in the marketplace, with a stronger program as a result.

Please note that throughout our comments, we use the term "consumer experience," as opposed to "enrollee satisfaction," which is the term used in the federal register notice. The Consumer Assessment of Healthcare Providers and Services (CAHPS) survey, which forms the core set of the questions for both of the proposed survey instruments, was designed to collect and report on *patients' experiences* with care. Experience is considered a more objective and relevant source of data than "satisfaction." Thus, in addition to our specific comments on the proposed tools, we strongly recommend to HHS that it discontinue using the term "enrollee satisfaction" in relation to this survey, and use the terminology that is best aligned with the CAHPS tool.

Overall, we support the use of the CAHPS Health Plan Survey 5.0, the Adult Medicaid Survey, and the Adult Supplemental Survey, to form the core of both tools. Our specific comments pertain to the following:

- Suggestions to remedy the absence of questions in the **QHP Survey** related to shared-decision making, self-care management, and the availability of patient-centered medical home elements.

- Concern that there is nothing explicitly stated – either in the federal register notice or in the **Health Insurance Marketplace Survey** itself – about the intent to collect data from those consumers who end up not purchasing coverage from the Exchange.

- Recommendations regarding the use/public reporting of **QHP CAHPS survey data to fill the gap** until these survey tools are available for implementation.

QHP Survey Recommendations
We are very pleased to see that many of the recommendations that we made in our letter from July 20, 2012 are reflected in the proposed QHP survey tool, including the series of questions on access to care, provider communication, care coordination, and cultural competence. However, we are concerned by the absence of three domains which are critical to identifying and addressing gaps in person-centered care delivery: 1) Shared Decision-Making, 2) Self-Care Management (some of which overlaps with elements of the Patient-Centered Medical Home), and 3) Health Status/Functional Status. We strongly suggest that the following questions be added to the QHP survey before field testing occurs:

Shared Decision-Making (Questions from the CAHPS 5.0 Adult Questionnaire)
- Q9: Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. Did a doctor or other health provider tell you there was more than one choice for your treatment or health care?
- Q10: Did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?
- Q11: When there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?

Self-Care Management (Questions from the CAHPS Supplemental Item Set on Chronic Conditions)
Did you and anyone in this doctor's office…
- CC4: talk about how you are monitoring this health condition?
- CC5 (aligned with PCMH CAHPS Question 12): work with you to set specific goals for managing this health condition?
- CC6 (aligned with PCMH CAHPS Question 13): talk about the things that make it hard for you to manage this health condition?
- CC7: Offer you help for the things that make it hard for you to manage this health condition?
- CC8: Give you instructions about how to manage this health condition?
- CC9: Help you learn the skills you needed to manage this health condition?

Health Status/Functional Status (Questions from the VR-12 Tool)
- Does your health interfere with normal social activities?
- Do you have problems with work or daily activities due to health?
- Does your health limit functions you normally do during a typical day?

While we understand the need to make the survey tool efficient to field, we believe that not including the above questions will amount to a wasted opportunity to gather patient-reported data on these critical areas. However, recognizing that the length of this survey tool may become daunting, we suggest that consideration be made to 1) possible retirement of certain questions as the Exchanges mature; and 2) using innovative health information technology portals to streamline the use of the tool, e.g. an internet-accessible tool that operates similarly to the Patient-Reported Outcomes Measurement Information System (PROMIS), that allows respondents to customize the survey based on which questions are relevant to their experience.

Health Insurance Marketplace Survey

We support the construct of the Marketplace survey and believe it comprehensively covers the most important issues (which we specified in the above-referenced July 2012 letter) related to using the Exchange to purchase coverage, including:

- Accuracy of eligibility and tax credit determinations;
- Accessibility and effectiveness of consumer support tools
- Appeals process for both eligibility determination and coverage
- Identifying where consumers are primarily accessing information
- Effectiveness of marketing and outreach efforts

Our main concern with this survey is that it not be limited to those who complete a purchase of coverage through the Exchange, but that it be fielded also to those consumers who do not complete their purchase. Identifying the reasons why a consumer did not purchase coverage will be as important as understanding the experiences of those who did purchase coverage. Given that millions of individuals who heretofore have not interacted with the health insurance market will be faced with multiple decision-making points in this process, it will be critical that HHS can identify areas in which the Federally-facilitated Marketplace and the state Marketplaces *are* or are *not* meeting consumers' needs.

Finally, to reiterate an earlier point, while this tool is being labeled as a "customer satisfaction" survey as per the language used in the federal notice, we strongly urge substituting the term "consumer experience." The word "satisfaction" tends to skew results toward a favorable evaluation rather than the more neutral prompt that encourages consumers to describe their experience. Using the term "consumer experience survey" will also make it easier to explain the development of this survey as a supplemental item set to the CAHPS survey.

Survey Implementation Timing

According to the notice, HHS intends to field test the survey beginning in 2014, with a second round of testing to take place in 2015 and 2016 with the intent of reporting the survey data in time for the 2016 open enrollment/2017 coverage period. While we certainly appreciate HHS' efforts to develop comprehensive consumer and patient experience surveys, delaying the implementation and public reporting of the survey's responses will deny consumers critical information that has been found to be useful when choosing a health plan, particularly in the absence of clinical quality data. Thus, we strongly recommend that until this tool is finalized, states that are not already voluntarily doing so should be required to report CAHPS results for QHPs that have data on their commercial and/or Medicaid enrollees no later than the 2014 open enrollment/2015 coverage period. As we have advocated in all of our comments to HHS related to Exchange rulemaking, it is critical that HHS set a high standard for making quality information available, in order to drive consumers to make health coverage purchasing decisions based on value (i.e. quality plus cost), and not on cost alone. Finally, delaying reporting of consumer experience data will hamper efforts to align Exchanges with the goals of the National Quality Strategy and other federal efforts that seek to drive better health, better care, and lower costs.

We envision a future in which Exchanges activate consumers to make decisions based on quality and value. Our detailed recommendations regarding the scope of, and sampling for, both the QHP and the Marketplace Surveys reflect our belief that Exchanges can contribute to transforming the system, if a high bar is set for data collection and reporting on quality.

On behalf of the millions of Americans represented by the undersigned organizations, we appreciate the opportunity to provide comments on these survey tools. If you have any questions, please contact either of the Consumer-Purchaser Disclosure Project's co-chairs, Debra L. Ness, President of the National Partnership for Women & Families, or Bill Kramer, Executive Director for National Health Policy at the Pacific Business Group on Health.

Sincerely,

American Hospice Foundation
Childbirth Connection
Health Foundation for Western and Central New York
Health Policy Corporation of Iowa
Iowa Health Buyers' Alliance
Lamaze International
MidAtlantic Business Group on Health
National Business Coalition on Health
National Consumers League
National Partnership for Women & Families
New Jersey Health Care Quality Institute
Northeast Business Group on Health
OWL – The Voice of Midlife and Older Women
Pacific Business Group on Health
Puget Sound Health Alliance
The Empowered Patient Coalition
The Leapfrog Group
The Wellspouse Association
Virginia Business Coalition on Health