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(CMS-R-246) Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Comment On: CMS-2014-0161-0001

(CMS-R-246) Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

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General Comment

We have concerns about the length of the Medicare CAHPS survey and member burden. Although the proposed revisions do not expand CAHPS, it is critical to point out that the MA-only version contains 78 questions and the MA-PDP version has 95 questions. We have seen our response rate decline over time and believe it is due to the growing length of the survey. At some point the survey will be so long that members will stop responding. Although placing the survey online provides greater access to modalities for taking the survey, it does not make the survey less of a burden for seniors to complete. We recommend shortening the length of the survey and carefully considering the value of the questions against the length of the survey.

We challenge the necessity and inclusion of certain CAHPS questions such as questions 26-28 regarding doctor's use of handheld electronic devices. Handheld devices are ubiquitous, both at work and home. It seems unnecessary to devote 3 questions to their use with doctors and patients comfort level with the integration into the exam process. The survey doesn't ask these types of questions regarding any other type of exam room medical device. We also challenge the inclusion of question 38 regarding personal doctor seemed informed, up-to-date about care from specialists. This question asks patients to infer what information their personal doctor knows. Unless the personal doctor makes a specific mention of this information during an office visit, it is very challenging for the respondent to answer this question, especially on a frequency-based rating

scale.

In regards to the How Well Doctors Communicate composite, health plans ability to influence this composites scores is small, especially since plans cannot segment the results by medical group. CG-CAHPS provides a more robust arena for this composite and subsequent improvement activity. Given the number of questions in the Medicare CAHPS survey and the duplication with CG-CAHPS, we respectfully request CMS to consider removing this composite from Medicare CAHPS or shortening it to questions only about doctors listening and explaining.

We have concerns with the wording of question 47 a-c regarding reminders "from a doctors office or health plan" for appointments, flu shot/immunization and screening tests. We are concerned that respondents will primarily think of their doctors office and not their health plan when considering their answers to these 3 questions, especially since the questions are located after the plan rating measure and respondents are already thinking about their health plan. We recommend the question be reworded to switch the order and move 'doctors office' after 'health plan' to read: "In the last 6 months, did you get a reminder from your health plan or doctors office a.- about appointments for tests or treatment.

We believe the validity and reliability of self-report surveys such as Medicare CAHPS must be questioned for beneficiaries with intellectual disabilities or cognitive impairments such as dementia. Nationally recognized researchers have indicated that self-report questions should be limited to those that can be addressed by individuals to whom they are targeted. Self-report surveys for Special Needs Plans (SNPs), like dual eligible SNPs, with significant multiple co-morbid illness and co-morbid mental illness may not be as reliable and therefore, their responses are difficult to compare to an MA population. We recommend developing a CAHPS-modified survey, like HOS-M, for SNPs and make it shorter and easier to complete to enhance response rates.