



Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Provider Resource Guide

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Every year, a random sample of Ambetter of Tennessee members are surveyed about their experience with their doctors, services, and health plan. It is an important component of ensuring that patients are satisfied, not only with their health outcomes but also with their healthcare experience.

CAHPS® surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Ambetter of Tennessee, we are committed to partnering with our providers to deliver an outstanding patient experience.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and to familiarize yourself with some of the key topics included in the survey.

CAHPS® MEASURE: GETTING NEEDED CARE

The *Getting Needed Care* measure assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.

Incorporate the following into your daily practice:

- Office staff should help **coordinate specialty appointments** for urgent cases
- Encourage patients and caregivers to view results on the **patient portal** when available
- Inform patients of what to do if care is needed **after hours**
- Offer appointments or refills via **text and/or email**

CAHPS® MEASURE: GETTING CARE QUICKLY

The *Getting Care Quickly* measure assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.

Incorporate the following into your daily practice:

- Ensure a **few appointments each day** are available to accommodate urgent visits
- Offer appointments with a **nurse practitioner or physician assistant** for short notice appointments
- Maintain an **effective triage system** to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care
- Keep patients informed if there is a longer wait time than expected and give them an **option to reschedule**

CAHPS® MEASURE: CARE COORDINATION

The *Care Coordination* measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.

Incorporate the following into your daily practice:

- Ensure there are open appointments for **patients recently discharged** from a facility
- Integrate PCP and specialty practices through **EMR or fax** to get reports promptly
- Ask patients if they have seen any other providers; **discuss visits to specialty care** as needed
- Encourage patients to **bring in their medications** to each visit

CAHPS® MEASURE: HOW WELL DOCTORS COMMUNICATE

The *How Well Doctors Communicate* measure assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.

What is Teach-back?

- A way to ensure you—the healthcare provider— have explained information clearly. It is not a test or quiz of patients
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way
- A way to check for understanding and, if needed, re-explain and check again
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes

CAHPS® MEASURE: RATING OF HEALTH CARE QUALITY

The CAHPS® survey asks patients to rate the overall quality of their health care on a 0-10 scale.

Incorporate the following into your daily practice:

- Encourage patients to make their **routine appointments** for checkups or follow up visits as soon as they can – weeks or even months in advance
- Ensure that **open care gaps** are addressed during each patient visit
- Make use of the provider portal when requesting prior authorizations

GETTING NEEDED CARE

Access to medical care, including primary care, specialist appointments and appointment access, are key elements of quality care.

Each year, the CAHPS® survey asks questions like:

- In the last 6 months, how often was it easy to get appointments with specialists?
- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?

Ensure your patients are satisfied with their ease of access by:

- Seeing members within access and availability standards.
- Scheduling appointments in a reasonable window for each request.
- Following up with members after referral to specialists to ensure care is coordinated.
- Ensuring all information for specialists, tests, and procedure authorizations is provided and following up as necessary.
- Reducing time in the waiting room to no more than 15 minutes from appointment time.

Helpful tips to provide the needed care to your patients:

Ambetter of Tennessee continually monitors and evaluates measures that reflect appropriate coordination of care practices. These include:

- Reviewing medications with your patients.
- Offering to schedule specialist and lab appointments while your patients are in the office.
- Reminding your patients about annual flu shots and other immunizations.
- Making sure your patients know you also are working with specialists on their care. Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Tell your patient the results of all test and procedures. Sharing decision making with patients to help them manage care. And please follow up on all authorizations requested for your patient.
- Contacting your patients to remind them when it's time for preventive care services such as annual wellness exams, recommended cancer screenings, and follow-up care for ongoing conditions such as hypertension and diabetes.

QUICK TIPS – PROVIDER FOCUS

At Ambetter of Tennessee, we value everything you do to deliver quality care to our **members** – your patients – and ensure they have a positive healthcare experience.

Below are some tips you can follow to improve on the four quality measures listed below:

Getting Needed Care

- For urgent specialty appointments, office staff should help coordinate with the appropriate specialty office.
- If a patient portal is available, encourage patients and caregivers to view results there.

Getting Care Quickly

- Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.
- For patients who want to be seen on short notice but cannot access their doctor, offer appointments with a nurse practitioner or physician assistant.
- Ensure a few appointments each day are available to accommodate urgent visits.
- Address the 15-minute wait time frame by ensuring patients are receiving staff attention.
- Keep patients informed if there is a wait and give them the opportunity to reschedule.

Care Coordination

- Ensure there are open appointments for patients recently discharged from a facility.
- Integrate PCP and specialty practices through EMR or fax to get reports on time.
- Ask patients if they've seen any other providers. If you are aware specialty care has occurred, please mention it and discuss as needed.
- Encourage patients to bring in their medications to each visit.

Rating of Health Care

- Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – **weeks or even months** in advance.

COORDINATION OF CARE – WHAT IS COORDINATION OF CARE AND WHO PROVIDES IT?

Coordination of care requires proactively identifying the patient’s needs, organizing care and communicating vital information at the right time to the right people.

Coordination can occur among various parties but often includes:

- Primary care provider
- Specialty providers
- Behavioral health practitioners
- Inpatient hospitals
- Skilled nursing facilities
- Home care agencies
- Labs and other diagnostic services
- Family and caregivers
- Ambetter of Tennessee Care Managers
- Other Care Managers

Why is coordination of care important?

Appropriate care coordination and the availability of pertinent and up-to-date information leads to many positive benefits, including:

- Safer and more effective care
- Lower admission and readmission rates
- Fewer care complications and delays
- Smoother care transitions
- Increased efficiency and reduced costs
- Improved health and satisfaction for the patient

THE PROVIDER’S ROLE

Ambetter of Tennessee expects that providers follow these practice guidelines in coordinating care for our members. Our health plan and associated providers are rated and evaluated based on the ability to successfully carry out these practices. Please note that the care coordination measures are specifically evaluated in our annual member experience surveys (CAHPS®)*.

*CAHPS®-related measure

COORDINATION OF CARE – IMPORTANT PROVIDER COORDINATION OF CARE PRACTICES

Labs & X-rays*	Tell your patient when to expect lab, X-ray and other test results and deliver the results on time
Other providers*	Assist your patient in arranging care with other practitioners and services
Specialist referrals*	Follow up on referrals and discuss your patient’s current specialist care
Medical records*	Obtain relevant medical records prior to appointments and review with your patients
Prescriptions*	Regularly discuss and update your patient’s current prescription medications
Preventive care*	Remind your patients about important prevention measures, such as regular flu shots
Fall prevention	Discuss the risk and prevention of falling with your patient
Post-discharge care	Ensure appropriate follow-up care is in place after your patient’s hospitalization or emergency care
After hours care	Ensure that your patient knows how to receive care when your office is closed
Patient feedback	Encourage your patients to ask questions and express their needs and priorities; discuss and monitor your patient’s perception of physical and emotional health yearly
Care management	Collaborate with Ambetter of Tennessee’s Care Management programs for patients with coordination or educational needs; call 1-833-709-4735 (Relay 711)
Community Connections	Refer patients with community assistance or social determinants of health needs to Ambetter of Tennessee’s Community Connections Help Line at 1-833-709-4735 (Relay 711) ; we help connect members to local food, housing, financial and transportation services

ADDITIONAL INFORMATION

Additional information on the topic Care Coordination can be found at:

www.ahrq.gov/ncepcr/care/coordination.html

*CAHPS®-related measure

10 ELEMENTS OF COMPETENCE FOR USING TEACH-BACK EFFECTIVELY

Consider using the Teach-Back Method to ensure patients understand their health information.

What is Teach-back?

- A way to ensure you—the healthcare provider— have explained information clearly. It is not a test or quiz of patients
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way
- A way to check for understanding and, if needed, re-explain and check again
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes

10 ELEMENTS OF COMPETENCE CHECKLIST*

1	Use a caring tone of voice and attitude.
2	Display comfortable body language and make eye contact.
3	Use plain language.
4	Ask the patient to explain back, using their own words.
5	Use non-shaming, open-ended questions.
6	Avoid asking questions that can be answered with a simple yes or no.
7	Emphasize that the responsibility to explain clearly is on you, the provider.
8	If the patient is not able to teach back correctly, explain again and re-check.
9	Use reader-friendly print materials to support learning.
10	Document use of patient response to teach-back.

ADDITIONAL INFORMATION

Additional information on the topic Care Coordination can be found at:

www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html

*Schillinger, 2003