

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Introducing the CAHPS Outpatient Mental Health Survey

A Webinar Presented by the AHRQ CAHPS User Network
Thursday, October 17
1:00 – 2:00 pm ET

Webcast Technical Info



- Audio issues
- Poor connection
- Use Q&A: For Questions and communication
- **Event Website: <https://events.westat.com/cahps/webcast>**
 - ▶ Download presentation slides, view agenda and speaker bios

Today's Speakers



Paul Cleary, PhD
Anna M.R. Lauder
Professor Emeritus
and Dean Emeritus
Yale School of Public
Health
Moderator



Jonathan Bakdash, PhD
Social Science Analyst, CAHPS and SOPS
Program
Agency for Healthcare Research and Quality



Lee Hargraves, PhD
Interim Director of the Center for Survey Research
UMass Chan Medical School



Daniel Mullin, PsyD, MPH
Director of the Center for Integrated Primary Care
UMass Chan Medical School

Today's Agenda

- Welcome from AHRQ
- Overview of CAHPS Mental Health Surveys
- Outpatient Mental Health Survey
 - ▶ Purpose
 - ▶ Development
- Field Testing the Survey
- Questions and Answers

AHRQ'S CAHPS PROGRAM



**Consumer Assessment of Healthcare Providers and
Systems**

**Jonathan Bakdash, Ph.D.
Social Science Analyst,
Center for Quality Improvement & Patient Safety, AHRQ**

Agency for Healthcare Research and Quality (AHRQ)



AHRQ is:

- ▶ A research and science-based agency
- ▶ Lead Federal agency: Improving the safety and quality of the U.S. healthcare system

AHRQ is **not**: A regulatory agency

Patient Experience



CAHPS Surveys

Measuring patient experience

- Clinicians and Medical Groups
- Hospices
- Home Health Care
- Surgical Care

Experience with Providers

Experience with Facility-Based Care

- Hospitals (adult and pediatric)
- Dialysis Centers
- Nursing Homes
- Outpatient Ambulatory Surgical Centers

- Cancer Care
- Mental Health Care

Experience with Condition-Specific Care

Experience with Health Plans

- Health Plans
- Dental Plans
- Home and Community-Based Services

Uses for CAHPS Surveys

Quality improvement

Public reporting

Certification and recognition

Value-based purchasing

Health services research

Overview of CAHPS Mental Health Surveys

**Paul Cleary, Ph.D.
Anna M.R. Lauder Professor Emeritus and Dean
Emeritus
Yale School of Public Health**

Today's Presentation

- Short history of CAHPS Mental Health care Surveys
- Findings from qualitative research among people with mental health or substance use disorders (SUD)
- Key finding from a 2021 survey of State health care plans (Medicaid)
- Preliminary results from our 2022 pilot test in family medicine practices

Overview of CAHPS Mental Health Surveys

- Surveys designed to assess and guide improvement of patient experiences with behavioral health, mental health, and/or substance use services.
 - ▶ CAHPS Experience of Care and Health Outcomes (ECHO) Survey
 - ▶ Supplemental items on access to mental health care services for the CAHPS Clinician & Group Survey and the CAHPS Health Plan Survey
 - ▶ **New in 2024:** CAHPS Outpatient Mental Health Survey
 - ▶ **In progress:** CAHPS Inpatient Survey; field testing spring, 2025

Early History of CAHPS Mental Health Care Surveys



Year	Event
1998	The National Committee for Quality Assurance (NCQA) convened a measurement committee to evaluate instruments for assessing consumer experiences with behavioral health care.
1999	CAHPS Consortium reviewed the Mental Health Statistics Improvement Program (MHSIP) survey and developed the Consumer Assessment of Behavioral Health Services (CABHS) survey.
1999	Tested 3 surveys—CABHS, MHSIP, and a hybrid. Synthesized into <u>Experience of Care and Health Outcomes (ECHO)</u> survey
2000	Cognitive testing of ECHO survey
2002	Field test of ECHO → trademarked by AHRQ
2007	Endorsed by the National Quality Forum

Experience of Care & Health Outcomes (ECHO) Survey



- ▶ Collects patient experience information *and* information on health outcomes related to behavioral health
- ▶ Focused on experiences with providers, insurers, and managed care organizations
- ▶ Early updates to maintain consistency with CAHPS family of instruments

<http://www.ahrq.gov/cahps/surveys-guidance/echo/about/Development-ECHO-Survey.html>

The New Mental Health Outpatient Survey

**Lee Hargraves, Ph.D.
Director of the Center for Survey Research,
UMass Boston**

What Changed in 20 Years & What Has Not?

- 20th Century health plans often limited enrollees to 8 or 10 outpatient visits—restricted access was a theme in focus groups
- Mental and physical health plans were often separate entities
- Mental Health Parity and Addiction Equity Act (2008) extended Mental Health Parity Act (1996) prohibitions on limited benefits
- Patient Protection and Affordable Care Act (ACA 2010) deemed mental health care as an essential benefit
- The ACA expanded small group and individual health insurance markets and Medicaid
- Groups like the National Alliance on Mental Illness worked to reduce stigma associated with mental health
- 1 in 5 adults experience mental illness each year

Refinements of CAHPS Mental Health Care Surveys

Year	Event
2016	Cognitive testing and focus groups to understand relevance of survey content given changes in mental health care landscape
2017	Cognitive testing and focus groups with a revised survey
2017	Online survey to assess use of different treatment modes
2018	Technical Expert Panel reviewed developments and made recommendations
2018	Additional cognitive testing and a new draft instrument
2018	Field test of a revised survey using online panel and with Department of Veterans Affairs panel
2021	Field testing of a revised survey in four Medicaid health plans
2022	Field testing of a revised survey in a four family medicine practices

What did we learn?

- Cognitive interviews showed problems with wording
 - ▶ For example, participants didn't understand “using up” mental health benefits
- Focus groups reflected how mental health care has changed
 - ▶ Plan arrangements have evolved
 - ▶ New ways of interacting with ALL health care
- On the other hand, the more things change, the more they stay the same—patients build their medication and counseling systems

Some of the Major Changes between ECHO and the new CAHPS Outpatient Mental Health Survey



Dropped:

- Questions about health plans
- Questions about perceived improvement and functioning

Added:

- Questions about including family and friends in treatment/decisions
- Question asking whether patients were given information about their rights
- Question asking whether patients felt they could refuse a specific type of treatment

First Field Test of Current Mental Health Care Survey



- Medicaid selected four health plans
- Random sample of 1000 enrollees per plan
- Patients 21 years and older who had visit in the last 6 months for a mental health diagnosis, a substance use disorder or both

Field Test Protocol

1. Sent a prenotification letter with URL for web survey.
 2. Mailed a self-administered questionnaire, a cover letter, and a business reply envelope.
 3. Nonrespondents sent a second questionnaire packet 3 weeks after the first mailing.
- ▶ LIMITED RESPONSE!!!
- ▶ Second mailing to 1508 plan members with no prenotification letters since few respondents used the web-based survey.
 - ▶ Two mailings of questionnaire packets

Results

Protocol	Eligible	Web complete	Paper complete	Response Rate
1. Push-to-Web & Mail a. Letter with URL b. Survey Packet, no URL c. Survey Packet with URL	3408	25	336	10.6%
2. Mail Only a. Survey Packet with URL b. Survey Packet with URL	1316	14	87	7.7%

Notes: About 14% of mailings to sampled plan members were returned due to bad addresses and some were returned from people no longer living in the state.

We found small difference in response rates between the 4- and 8-page questionnaires in round 2.
7.4% response rate for the 4-page and 8.6% for the 8-page questionnaires.

Second Field Test: Patients Seen in Family Medicine

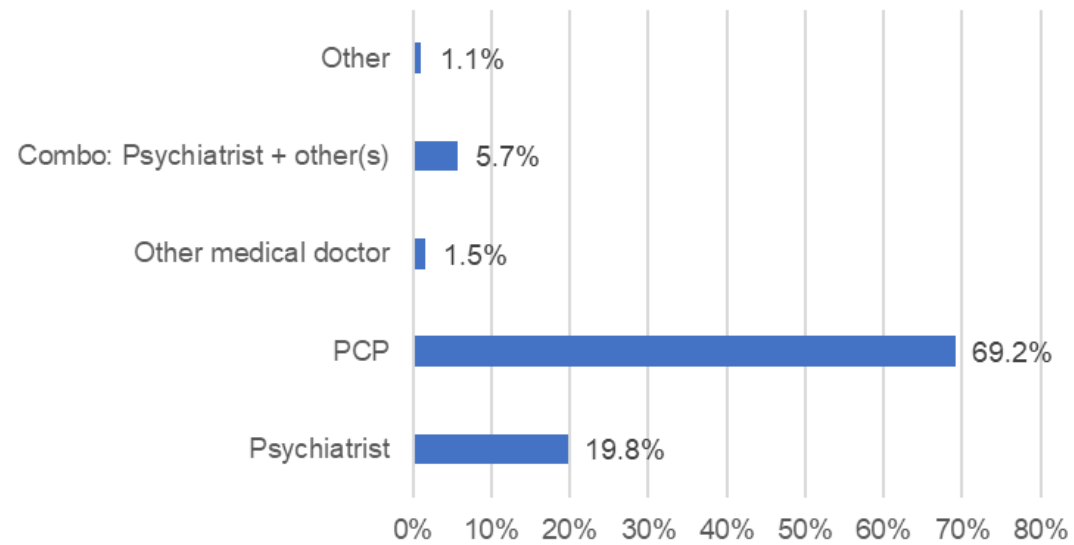
- Four family medicine practices in central Massachusetts
- Random sample of 750 or more patients per practice
 - ▶ Planned 250 mental health diagnosis, 250 substance use disorder, 250 Both
 - ▶ Practices had fewer patients seen for substance use disorder, reallocated sample
- Patients seen between March 1 & August 22, 2022
- Adults 18 years and older who had visit in the last 6 months for a mental health diagnosis, a substance use disorder, or both
- Exclusions: Patients with intellectual disabilities or dementia

Second Field Test Protocol

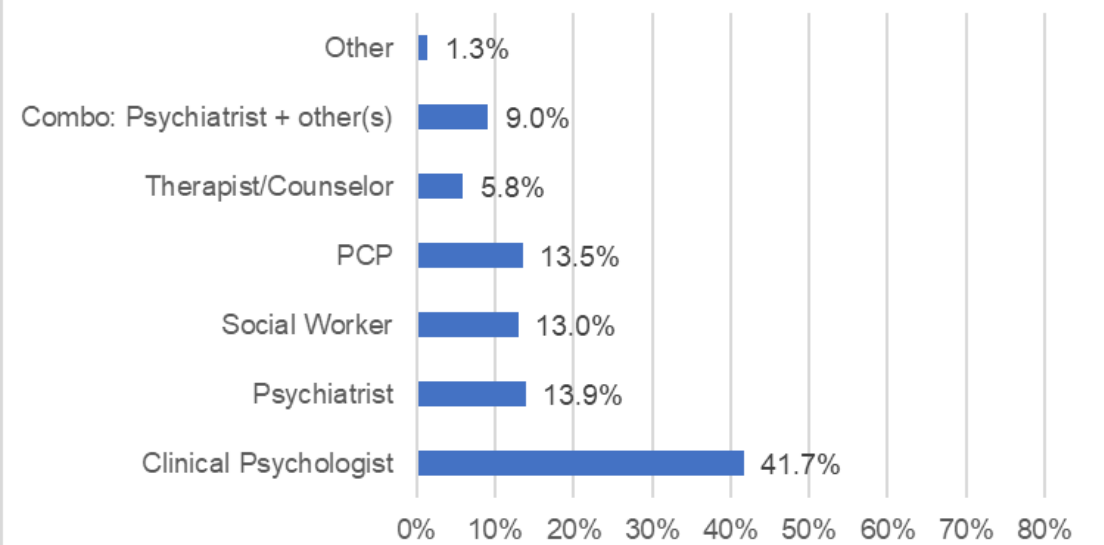
- Sent a survey invitation in English and Spanish with URL for web survey
- Qualtrics web survey in English and Spanish
- Included a self-administered questionnaire and a business reply envelope.
- Nonrespondents sent a second questionnaire packet several weeks after the first mailing.
- Paper surveys available in English and Spanish
 - ▶ English included in mailings
 - ▶ Spanish upon request

Types of Providers

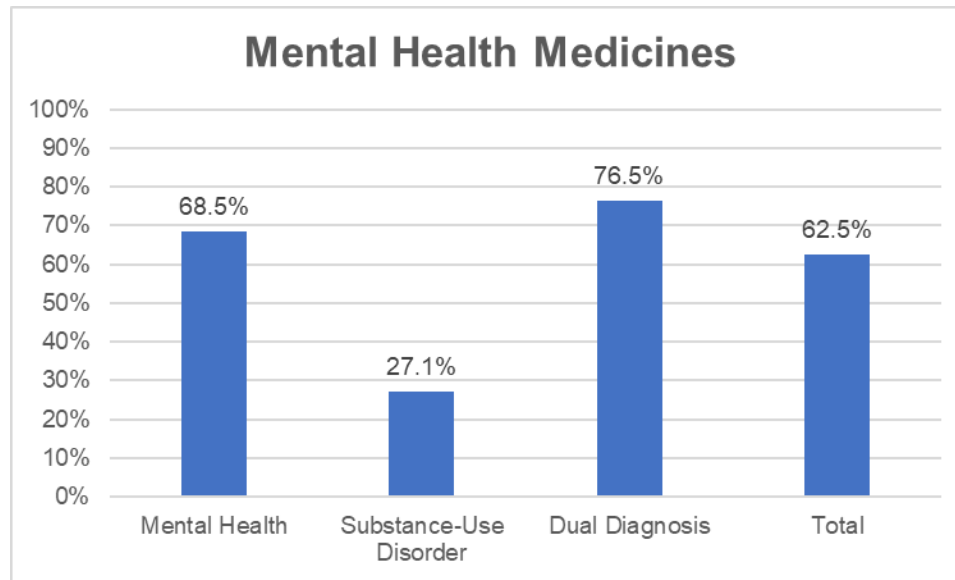
Types of Mental Health Medicine Prescribers



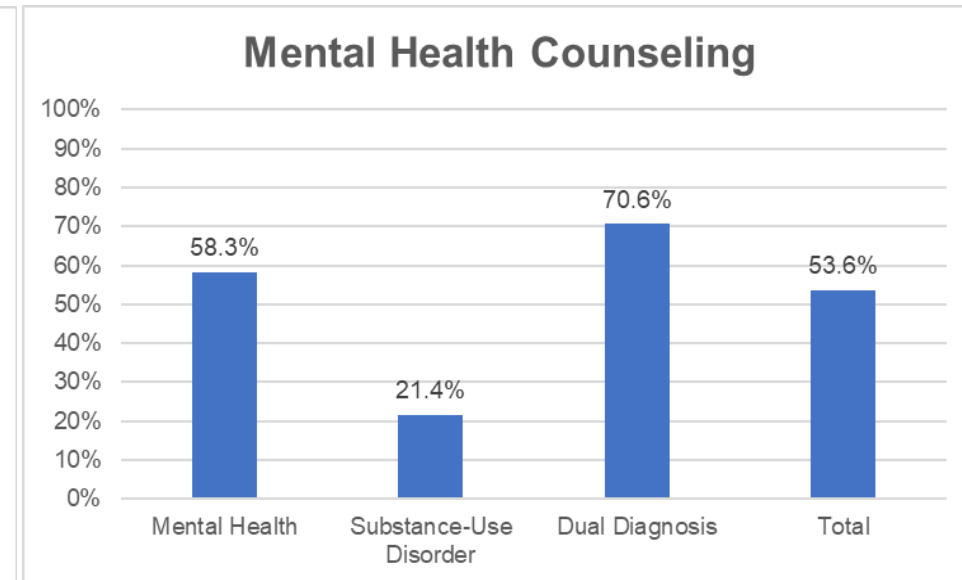
Types of Mental Health Counselors



Counseling or Mental Health Medicines by Treatment Group



“In the last 6 months, have you taken prescription medicine for any kind of mental health reason?”



“In the last 6 months, did you get any mental health counseling for any reason?”

Note: 45% reported both getting mental health counseling and taking prescription medicine for mental health reasons.

28% reported neither counseling nor medicines.

Mental Health Care Survey Questions to Create Measures


- CAHPS uses composite measures to summarize processes of care, for example:
 - ▶ Access (Getting Timely Appointments, Care, & Information)
 - ▶ Communication (How Well Providers Communicate with Patients)
- Single items
 - ▶ Questions that don't fit with others (Goal Setting for Self Management)
- Ratings of Providers
 - ▶ 0 to 10, where 0 is worst and 10 is best
- Reports often focus on the most positive response to questions, that is, a “top box” response.

Access to Mental Health Counselors

- How difficult was it to find this mental health counselor?
- In the last 6 months, how difficult was it to make appointments with your main mental health counselor?

Responses: Very difficult, Somewhat difficult, Not very difficult, Not difficult at all

“Top Box” response



Communication with Mental Health Counselors

- In the last 6 months, how often did your main mental health counselor listen carefully to you?
- In the last 6 months, how often did your main mental health counselor show respect for what you had to say?

Responses: Never, Sometimes, Usually, Always

Goal Setting

- Screening question: In the last 6 months, did you talk with your main mental health counselor about setting goals for your treatment?
 - ▶ 62% of those reporting counseling talked about goals.
- How much did your main mental health counselor consider what is important to you when setting the goals for treatment?

Responses: A lot, Some, A little, Not at all

Summary of Results

- About $\frac{1}{2}$ to $\frac{3}{4}$ of respondents reported difficulties in access to Rx prescribers and counselors, especially finding counselors
- Only 1 in 5 of those getting counseling reported communication problems

Composite Measures Reliability

Composite	Internal Consistency Reliability	Valid N
Counseling Access		
How difficult to find counselor	0.52	137
How difficult to make appt. w/counselor		
Counseling Communication*		
How often counselor listened	0.89	223
How often counselor treated w/respect		

* Adding “counselor considers what’s important in setting goals” doesn’t change the internal consistency coefficient ($\alpha=0.84$). However, the valid n drops to 170.

Composite Measures Inter-Unit Reliability

Composite	Inter-Unit Reliability	Intraclass Correlation Coefficient (ICC)	Number of subjects per practice necessary for 0.70 reliability
Counseling Access	0.549	0.0215	106
Counseling Communication	0.124	0.0026	911
Counselor Rating	0.598	0.0260	87

Summary and Conclusions

- Survey response was still a challenge
 - ▶ Response was slightly better among patients seen in family medicine practices, compared to a survey by health plan.
- Experiences among those seen for mental health conditions differ from those with Substance Use Disorder
- Results reported in composites are promising
- Construct validity is as expected; measures were associated with ratings of counselors
- Many are in the sample, yet did not report receiving or needing Mental Health or Substance Use Disorder care

The New Mental Health Outpatient Survey: Who, Why, and How?

**Daniel Mullin, Psy.D. M.P.H.
Director of the Center for Integrated Primary Care
UMass Chan Medical School**

Who may use the CAHPS Outpatient Mental Health Survey?

- Payers (Private and Public)
- Accountable Care Organizations and health systems
- Outpatient mental health and substance use disorder treatment organizations
- Practices with co-located mental health and primary care services
- Survey allows for monitoring changes in patient's experience of care over time
- Also useful for making comparisons between practices in the same system
- NOT Intended for making comparisons between individual clinicians

Why use the CAHPS Outpatient Mental Health Survey?

- The Institute for Healthcare Improvement suggests improving quality through a focus on:
 - ▶ reducing per capita cost of care for the benefit of communities
 - ▶ improving the health of the population
 - ▶ improving the patient experience of care
- Substantial efforts are focused on improving care through performance measurement of outcomes such as A1c, blood pressure, and self-reported depression
- The CAHPS Survey allows us to supplement our focus on process and outcome measures with a validated patient experience measure

Advice for Practices and Clinicians

- Administrators and medical directors should alert clinicians and patient facing staff **BEFORE** surveys are administered
 - ▶ Many patients are concerned about privacy and may raise questions about why they received the survey
 - ▶ Individuals with mental health concerns often have heightened vigilance regarding issues of privacy and safety

Potential Text for Practices

“Next week our practice will mail patients a survey inquiring about their experience with mental health services. These surveys are intended to improve our ability to address our patient’s mental health concerns.

The surveys are optional, patients are not required to complete them. If a patient raises questions or concerns about the survey, please reassure them that personal health information is kept private. Their individual responses are not connected to their names or any other identifying information.

If patients have additional questions or concerns, please connect them with the practice administrator.”

Q&A



?




?

CAHPS Updates



- Sign up for email updates

  Official website of the Department of Health & Human Services


[Careers](#) | [Contact Us](#) | [Español](#) | [FAQs](#) | [Email Updates](#)



Agency for Healthcare
Research and Quality


Search AHRQ



- CAHPS - Consumer Assessment of Healthcare Providers and Systems** 
 - CAHPS News & Events
 - TalkingQuality

Questions or Comments?

 E-mail: cahps1@westat.com

 Phone: 1-800-492-9261

 Website: www.ahrq.gov/cahps/

THANK YOU!

APPENDIX



Limitations

- The number of responses for each practice type was small. Thus, estimating inter-unit reliability was difficult.
- A survey that focuses on a visit to a specific provider may achieve higher response rates.
- Yet, many people obtain MH care from multiple providers, both Rx prescribers and counselors

Future Studies

- Re-assess sample selection protocol
 - ▶ Should the survey focus on a specific provider, given the diversity of providers in mental health care?
- Explore ways to encourage response
 - ▶ Sending a notice from practice to alert selected patients to look for survey
 - ▶ Promoting patient experience surveys as important by potential respondents, given all the survey activity in contemporary society.
 - Actively solicit survey response by providers without appearing to tell people “we need you to rate us a 10”

Selected References

- Beebe TJ, Harrison PA, McRae JA Jr, & Asche SE. 2003. Evaluating behavioral health services in Minnesota's Medicaid population using the Experience of Care and Health Outcomes (ECHO) Survey. *J Health Care Poor Underserved* 14(4): 608-21.
- Daniels AS, Shaul JA, Greenberg P, & Cleary PD. 2004. *The Experience of Care and Health Outcomes Survey (ECHO): A Consumer Survey to Collect Ratings of Behavioral Health Care Treatment, Outcomes and Plans*. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults* (pp. 839–866). Lawrence Erlbaum Associates Publishers.
- Eisen SV, Shaul JA, Clarridge B, Nelson D, Spink J, & Cleary PD. 1999. Development of a consumer survey for behavioral health services. *Psychiatr Serv* 50(6):793-8.
- Eisen, SV, Shaul JA, Leff HS, Stringfellow V, Clarridge B, & Cleary PD. 2001. Toward a national consumer survey: evaluation of the CABHS and MHSIP instruments. *J Behav Health Serv Res* 28 (3): 347-369.
- Eselius LL, Cleary PD, Zaslavsky AM, Huskamp HA, & Busch SH. 2008. Case-Mix Adjustment of Consumer Reports about Managed Behavioral Health Care and Health Plans. *Health Services Research* 43(6): 2014-2032.
- Frank, R. G., Beronio, K., & Glied, S. A. (2014). Behavioral health parity and the Affordable Care Act. *Journal of social work in disability & rehabilitation*, 13(1-2), 31–43.
- Shaul JA, Eisen SV, Stringfellow VL, Clarridge BR, Hermann RC, Nelson D, Anderson E, Kubrin I, Leff HS, & Cleary PD. 2001. Use of consumer ratings for quality improvement in behavioral health insurance plans. *The Joint Commission Journal on Quality Improvement* 27 (4): 216-229.