

CAHPS/HOS Provider Resource Guide

2022



CAHPS/HOS Provider Resource Guide

CAHPS (Consumer Assessment of Healthcare Providers and Systems)

Every year, a random sample of Absolute Total Care 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 Absolute Total Care, 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.



Provider Engagement Collateral

Getting Needed Care
Provider Quick Tips Guide



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



Provider Engagement Collateral

Care Coordination
Ten Elements for
Using Teach-back



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

HOS (Health Outcomes Survey)

The health plan HOS survey measures patients' perception of their health outcomes. Providers have a direct impact on HOS because patients' perceptions of their health outcomes is primarily driven by how well the providers communicate with patients.



Provider Engagement Collateral

HOS Provider Tip Sheet
Improve Patient Care
Tip Sheet



HOS Measure: Management of Urinary Incontinence in Older Adults

The Management of Urinary Incontinence in Older Adults measure assesses the percentage patients who:

- Reported having urine leakage in the past six months and who discussed their urinary leakage problem with a healthcare provider
- Reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a healthcare provider
- Reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot

Connect with your patients by asking:

- ✓ Have you experienced urine leakage in the past six months?
- ✓ How often and when do the leakage problem occur?
- ✓ Does urinary incontinence affect your daily life (such as leading to social withdrawals, depression or sleep deprivation)?



HOS Measure: Physical Activity in Older Adults

The Physical Activity in Older Adults measure assesses the percentage of patients who:

- Had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity
- Had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity

Connect with your patients by asking:

- ✓ What's your daily activity level?
- ✓ What activities do you enjoy?
- ✓ Do you feel better when you are more active?



HOS Measure: Fall Risk Management

The Fall Risk Management measure assesses the percentage of patients who:

- Were seen by a doctor in the past 12 months and who discussed falls or problems with balance or walking with their current doctor
- Had a fall or had problems with balance or walking in the past 12 months, who were seen by a doctor in the past 12 months, and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current doctor

Connect with your patients by asking:

- ✓ Have you had a fall in the past year?
- ✓ What were the circumstances of the fall?
- ✓ How do you think a fall could have been prevented?
- ✓ Have you felt dizzy, or had problems with balance or walking in the past year?
- ✓ Do you have any vision problems? Have you had a recent eye exam?



HOS Measure: Improving or Maintaining Physical Health

The Improving or Maintaining Physical Health measure assesses the percentage of patients whose physical health is the same or better after two years.

Connect with your patients by asking:

- ✓ How far can you walk?
- ✓ Do you have any trouble climbing up or down stairs?
- ✓ Are you able to shop for and cook your own food?
- ✓ Does pain limit your activities?



HOS Measure: Improving or Maintaining Mental Health

The Improving or Maintaining Mental Health measure assesses the percentage of patients whose mental health is the same or better after two years.

Connect with your patients by asking:

- ✓ Describe your energy level.
- ✓ Do you get out to socialize?

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:

Absolute Total Care 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 Absolute Total Care, 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
- Health plan 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:

Absolute Total Care 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®)*.

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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 Absolute Total Care's Care Management programs for patients with coordination or educational needs; call 1-866-433-6041
Community Connections	Refer patients with community assistance or social determinants of health needs to Absolute Total Care's Community Connections Help Line at 1-866-433-6041 ; we help connect members to local food, housing, financial and transportation services

* CAHPS®-related measure



Additional information on the topic Care Coordination can be found at <https://www.ahrq.gov/ncepcr/care/coordination.html>



10 Elements of Competence for Using Teach-back Effectively



What is teach-back?

- ✓ A way to make sure you—the healthcare provider—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.¹

- 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.

¹Schillinger, 2003



For more information, visit <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html>



Medicare Health Outcomes Survey (HOS)

Provider Tip Sheet



What is the Health Outcomes Survey (HOS)?

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the National Committee for Quality Assurance (NCQA), is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs) and their providers. The Medicare Health Outcomes Survey (HOS) measures Health Plan's success in improving and maintaining the functional status of our members for a period of time. HOS evaluates members ages 65 and older each year to collect a baseline measurement, and then surveys again two years later to measure the change in health over time. The survey includes questions that address physical/mental health, social/physical functioning and quality of life.



We're partnering with you to bring quality care to members & patients.



Did you know?

The Health Outcomes Survey (HOS) is one of two annual member surveys that monitor patient/member satisfaction that can affect CMS Star Ratings. There are five HOS measures – two functional health measures and three HEDIS® Effectiveness of Care measures in the annual Medicare Part C Star Ratings.

Five HOS Measures:

Improving or Maintaining Physical Health – Functional health measure

Improving or Maintaining Mental Health – Functional health measure

Monitoring Physical Activity – HEDIS® Effectiveness of Care measure

Improving Bladder Control – HEDIS® Effectiveness of Care measure

Reducing the Risk of Falling – HEDIS® Effectiveness of Care measure

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Provider Tip Sheet

HOS Measure	HOS Survey Question	Recommendation
Improving or Maintaining Physical Health	“During the past four weeks, have you accomplished less than you would like or been limited in your work or other regular daily activities as a result of your physical health?”	<ul style="list-style-type: none"> • Provide educational materials, exercises, resources and recommendations to improve physical activity. • Provide physical therapy referrals to your patients to learn effective and safe exercises.
Improving or Maintaining Mental Health	“During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities?”	<ul style="list-style-type: none"> • Talk with your patient about ways to get assistance, including a specialist referral, when experiencing anxiety or depression. • Regularly assess if emotional problems, such as addiction, anxiety or depression, interfere with your patients social or daily activities.
Monitoring Physical Activity	“In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?”	<ul style="list-style-type: none"> • Perform an Annual Wellness visit and address and review results of health assessment as needed with your patient.
Improving Bladder Control	“Many people experience leakage of urine, also called urinary incontinence. In the past six months have you experienced leaking of urine?”	<ul style="list-style-type: none"> • Provide education to your patient on treatment options based on severity; such as bladder training. • Routinely evaluate issues with urinary incontinence and document ongoing discussion for patient with a checklist.
Reducing the Risk of Falling	“Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking?”	<ul style="list-style-type: none"> • Complete a fall risk assessment and provide resources and treatment as needed, including a social worker referral. • Recommend patient to complete a vision or hearing test. • Suggest patient to participate in an exercise or physical therapy program. • Perform medication reconciliation with appropriate usage; alter prescriptions to reduce the risk of falling.



For more information, visit the Medicare Health Outcomes Survey website at <http://www.hosonline.org/en/>



Improve Patient Care and Quality of Life

Health Outcomes Survey Tip Sheet



What is the Health Outcomes Survey (HOS)?

- An annual survey from April through July to a random sample of Medicare patients. The same patients are surveyed again two years later to assess change in health status.
- It measures patients' perception of their physical and mental health and overall quality of life.
- Survey results impact Centers for Medicare & Medicaid Services (CMS) Star Ratings.

Each measure addresses a different aspect of patient care and patient-provider interaction. There are five Star HOS measures you can directly impact.



Use these tips and recommendations to guide discussions with your patients about their health.



1. Improving or maintaining physical health

This Star measure assesses the percentage of patients whose physical health was the same or better after two years.

Recommendations:

- Assess your patients' pain and functional status using standardized tools.
- Provide interventions to improve physical health, such as disease management, pain management, physical therapy, or care management.
- Promote self-management support strategies, such as goal-setting, action planning, problem solving, and follow-up to help patients take an active role in improving their health.

Discussion Tips:

Ask patients:

- ✓ How far they can walk.
- ✓ If they are able to shop and cook their own food.
- ✓ If they have trouble with stairs.
- ✓ If pain limits activity.

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2. Improving or maintaining mental health

This Star measure assesses the percentage of patients whose behavioral health was the same or better after two years.

Recommendations:

- Assess your patients' symptoms of depression with the PHQ-2 and, when appropriate, PHQ-9.
- Refer patients to behavioral health services or manage depression and anxiety treatment as indicated.
- Promote web-based programs, such as **mystrength.com**, that provide a range of evidence-based behavioral health self-care resources.
- Use motivational interviewing to improve treatment engagement and behavioral and physical health outcomes.

Discussion Tips:

Ask patients:

- ✓ How is your energy throughout the day?
- ✓ What do you like to do to socialize?
- ✓ Does drinking ever get in the way of other important things in life?



3. Monitoring physical activity

This Star measure assesses the percentage of patients who discussed exercise with their doctor or other health care provider and were advised to start, increase or maintain their physical activity within the year.

Recommendations:

- Assess your patients' current physical activity level.
- Discuss health benefits and advise patients to start, maintain or increase physical activity as appropriate for their individual health status.
- Develop physical activity plans with patients that match their abilities.
- Refer patients with limited mobility to physical therapy to learn safe and effective exercises.
- Encourage participation in a gym, fitness and exercise programs, and local community resources.

Discussion Tips:

Ask patients:

- ✓ About daily level of workouts.
- ✓ What activities they enjoy.
- ✓ If they feel better when they are more active.
- ✓ Discuss the benefits of aerobic activities (walking, jogging, or swimming) and strength training (bodyweight exercises, weightlifting, tai chi, or gardening).

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4. Reducing risk of falling

This Star measure assesses the percentage of patients with falling, walking or balance problems who discussed these topics with their providers and received treatment within the year.

Recommendations:

- Assess fall risk by asking patients about falling, gait and balance problems.
- Provide fall prevention interventions, such as promoting regular exercise, strengthening and balance activities (tai chi, yoga), promoting regular eye exams, and providing appropriate educational materials.
- Promote home safety, such as:
 - Removal of throw rugs and clutter to reduce tripping.
 - Installing handrails on stairs and grab bars in the bathrooms.
 - Use of non-slip mats in the tub or shower.
 - Use of night lights to keep halls well lit.

Discussion Tips:

Ask patients:

- ✓ If they had a fall in the past year.
- ✓ About circumstances of the fall.
- ✓ How they think a fall could have been prevented.
- ✓ If they felt dizzy, or had problems with balance or walking in the past year.
- ✓ About vision problems and if they have had a recent eye exam.



5. Improving bladder control

This Star measure assesses the percentage of patients with urinary incontinence (UI) who discussed the problem and treatment options with their health care providers.

Recommendations:

- Assess problems with UI in the last six months and document discussion on the My Wellness and Prevention Checklist.
- Assess the severity of the condition and the impact of UI on patients' quality of life. Involve patients in decisions about treatment options that best work for them. These options include behavioral (such as bladder training and pelvic muscle rehabilitation), pharmacological, and surgical therapies.
- Have informative brochures and materials visible and available as discussion starters.

Discussion Tips:

Ask patients:

- ✓ If they have had leakage in the past six months.
- ✓ How often and when the leakage problem occurs.
- ✓ If UI has affected their daily life (such as social withdrawals, depression or sleep deprivation).





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