Office of the Patient Advocate (OPA)
California Health Care Quality Medical Group Report Card 2019-2020 Edition

Scoring Documentation for Public Reporting on Patient Experience[1]
Using the Medical Group Patient Assessment Survey (Reporting Year 2019)

Background

Representing the interests of health plan members, the California Office of the Patient Advocate (OPA) publicly reports on health care quality. OPA published its first HMO Health Care Quality Report Card in 2001 and has successfully updated, enhanced and expanded the Report Cards every year. The current version (2019-20 Edition) of the online Health Care Quality Report Cards is available at www.opa.ca.gov.

Clinical performance results are reported for 197 medical groups that participate in the Integrated Healthcare Association's (IHA) Align. Measure. Perform. (AMP) Commercial HMO program. Patient experience results are available for 99 unique physician organizations reporting on 151 units.

Sources of Data for California Health Care Quality Report Cards

The 2019-20 Edition of the Report Cards is published in October 2019, using data reported in Reporting Year (RY) 2019 for performance in Measurement Year (MY) 2018. Data sources are:

1. The National Committee for Quality Assurance's (NCQA) publicly reported HMO and PPO Healthcare Effectiveness Data and Information Set (HEDIS[2]) and Consumer Assessment of Healthcare Providers and Systems (CAHPS)[3] commercial measure data.
2. The Integrated Healthcare Association's AMP Commercial HMO program's medical group clinical performance data.
3. **The Pacific Business Group on Health (PBGH) Patient Assessment Survey's (PAS) patient experience data for medical groups[4].**

Medical Group Patient Experience Methodology Process

1. **Methodology Decision Making Process**
   The Patient Assessment Survey (PAS) methods are developed by the Pacific Business Group on Health, and ratings are provided to OPA. PBGH conducts an internal methodology process by discussion with the PAS Committee, a group of medical group and health plan representatives who are well-versed in patient experience measurement.

2. **Stakeholder Preview and Corrections Period**
   Each year, prior to the public release of the OPA Report Cards, all participating health plans and medical groups are invited to preview the Health Care Quality Report Cards. Health plans and medical groups are given access to a test web site with updated results and given several days to review their data and

[1] Also see the Scoring Methodology for the Medical Group Report Card clinical ratings: http://reportcard.opa.ca.gov/rc/medicalgroupabout.aspx

[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a source for data contained in the California Health Care Quality Report Cards obtained from Quality Compass®2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

[3] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

[4] All Patient Assessment Survey methodology and data is copyright of the Pacific Business Group on Health.

submit corrections and questions regarding the data and methodology to OPA and its contractors. If an error in the data is identified within the given time period, it is corrected prior to the public release of the OPA Report Cards.

PBGH PAS Scoring Methodology

Survey Composites

PAS will provide the following data to OPA for public reporting:

Table 1. 2019 Composites for Public Reporting

Performance Area - PAS Name	Performance Area - OPA Name	Question (PCP and Specialist version)	PAS Question #
Access to Care Composite	Timely Care and Service	Patient got appointment for urgent care as soon as needed	**6**
		Patient got appointment for non-urgent care as soon as needed	**8**
		Patient got answer to medical question the same day he/she contacted provider's office	**10**
Provider Communication Composite	Communicating With Patients	Provider explained things in a way that was easy to understand	**14**
		Provider listened carefully to patient	**15**
		Provider showed respect for what patient had to say	**17**
		Provider spent enough time with patient	**18**
Care Coordination Composite	Coordinating Patient Care	Provider knew important information about patient's medical history	**16**
		Someone from provider's office followed up with patient to give results of blood test, x-ray, or another test	**20**
		Someone from provider's office talked about all prescription medications being taken	**25**
		Doctor informed about other care	**27**
Office Staff Composite	Helpful Office Staff	Clerks and receptionists helpful	**28**
		Clerks and receptionists courteous and respectful	**29**
Ratings Composite	Rating of Doctor and Care	Overall rating of provider	**23**
		Overall rating of care	**30**
Super composite	Patients Rate Overall Experience	An average of all five AMP composites (Access, Communication, Coordination, Office Staff, Ratings)	**N/A**
Health Promotion Supplemental composite	Health Promotion	Provider discussed healthy diet and healthy eating habits	**21**
		Provider discussed exercise and physical activity	**22**

Reportable Results

Only results that meet a 0.7 reliability threshold will be publicly reported.

For all individual composites, if any POs do not have a sufficient number of survey responses to meet the reliability threshold for AMP reporting (overall ratings and composites), CSS (Center for the Study of Services) will combine 2018 and 2019 responses together into a two-year rollup. A scored result is not publicly reported if the group-specific reliability for the measure is less than 0.70. A minimum survey response rate is not a data use criterion.

Health Promotion will not be included in the super composite.

Super composite: If the one-year super composite is reliable, it will be used, even if one or more of the underlying composites is not reliable. The reliability of the super composite is the consideration rather than the reliability of each underlying composite. If the super composite (using all one-year data) is not reliable, all composites in the super composite will roll up the current and prior year results. Another way to think about this is that the super composite will be either all one-year data or all current-and-prior year data (using the 55/45 weighting). If the super composite that averages the one-year composites is reliable, then use it; if it's not reliable, calculate the super composite using the two-year composites.

Please note that Integrated Healthcare Association (IHA) will use a mix of one- and two-year scores to calculate the super composite, so scores reported on the OPA website may be inconsistent with the PAS scores groups receive from IHA as part of the AMP program.

Scoring

Raw scores are calculated using the response choice values per Table 2. Individual composite scores are calculated as follows:

1. Scoring of individual items is done on a per respondent basis.
2. Item response values are assigned per Table 2.
3. The per-respondent item score is adjusted per the case mix adjustment method.
4. A medical group adjusted item score is calculated as the mean of the non-missing respondent adjusted scores for that item.
5. A medical group adjusted composite score is calculated as the mean of the adjusted item scores.

Table 2. Response Choice Values

Item Response Set	Response Choice Value Top Box Scoring
Never-always	Always = 1 Usually = 0 Sometimes = 0 Never = 0
Yes/No	Yes = 1 No = 0
0-10 global	0-8 = 0 9-10 = 1

Case Mix Adjustment

Each PO's results are adjusted for patient case-mix to control for differences across POs. In MY 2018/RY 2019, the case-mix adjustment model will control for the following:

- Age
- Gender
- Education level
- Race/ethnicity—primary language of respondent
- Single item mental health status
- Specialty type of physician that patient rated (44 categories)
- Survey response mode (mail/Internet, phone)

- Language in which survey was completed
- Single-item physical health status.

Performance Classification

The super composite will be displayed as the summary indicator:

Table 3. Summary Indicator

Super composite	Super composite of all individual AMP composites (Access to Care, Provider Communications, Care Coordination, Office Staff, Ratings)

Each medical group's score, for the summary indicator and each composite, are categorized into 5 discrete performance indicators per the 10th, 35th, 65th and 90th percentile statewide performance thresholds. The performance ranges are set using the relative distribution of all medical groups' scores for Reporting Year (RY) 2019. The Overall Patient Experience super composite and the six composites are presented using the 5-part ratings model depicted by 1 to 5 stars. Percentiles were truncated to the next lowest integer percent and compared with the rounded scores.

2019 Adult Cutpoints – Actuals

Percentile	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
10	51.2%	75.1%	52.2%	61.2%	53.1%	65.8%	61.9%
35	58.1%	79.6%	58.4%	67.6%	58.0%	72.0%	67.7%
65	62.2%	83.2%	62.2%	72.7%	61.4%	75.6%	70.8%
90	67.1%	85.7%	66.2%	76.0%	66.4%	79.1%	73.6%

2019 Adult Cutpoints - Star Rating Ranges for Adjusted Item Score Mean

Ranges	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
1 star	0% - 50.49%	0% - 74.49%	0% - 51.49%	0% - 60.49%	0% - 52.49%	0% - 64.49%	0% - 60.49%
2 stars	50.50% - 57.49%	74.50% - 78.49%	51.50% - 57.49%	60.50% - 66.49%	52.50% - 56.49%	64.50% - 71.49%	60.50% - 66.49%
3 stars	57.50% - 61.49%	78.50% - 82.49%	57.50% - 61.49%	66.50% - 71.49%	56.50% - 60.49%	71.50% - 74.49%	66.50% - 69.49%
4 stars	61.50% - 66.49%	82.50% - 84.49%	61.50% - 65.49%	71.50% - 75.49%	60.50% - 65.49%	74.50% - 78.49%	69.50% - 72.49%
5 stars	66.50% - 100%	84.50% - 100%	65.50% - 100%	75.50% - 100%	65.50% - 100%	78.50% - 100%	72.50% - 100%

2019 Pediatric Cutpoints – Actuals

Percentile	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Health Promotion	Helpful Office Staff	Patients Rate Overall Experience
10	66.2%	81.0%	58.0%	69.7%	N/A	62.5%	69.2%
35	72.1%	84.6%	64.0%	75.2%	N/A	69.1%	74.3%
65	75.5%	87.5%	67.5%	79.5%	N/A	72.9%	77.0%
90	79.2%	89.4%	71.2%	82.2%	N/A	76.7%	79.4%

2019 Pediatric Cutpoints – Star Rating Ranges for Adjusted Item Score Mean

Ranges	Timely Care and Service	Communicating with Patients	Coordinating Patient Care	Rating of Doctor and Care	Helpful Office Staff	Patients Rate Overall Experience
1 star	0% - 65.49%	0% - 79.49%	0% - 56.49%	0% - 68.49%	0% - 61.49%	0% - 68.49%
2 stars	65.50% - 71.49%	79.50% - 83.49%	56.50% - 62.49%	68.50% - 74.49%	61.50% - 68.49%	68.50% - 73.49%
3 stars	71.50% - 74.49%	83.50% - 86.49%	62.50% - 66.49%	74.50% - 78.49%	68.50% - 71.49%	73.50% - 76.49%
4 stars	74.50% - 78.49%	86.50% - 88.49%	66.50% - 70.49%	78.50% - 81.49%	71.50% - 75.49%	76.50% - 78.49%
5 stars	78.50% - 100%	88.50% - 100%	70.50% - 100%	81.50% - 100%	75.50% - 100%	78.50% - 100%