

Summary of 2017 Medicare CAHPS Survey Focus Groups: Exploring Experiences with Appointments and Wait Time with Medicare Beneficiaries in Puerto Rico

Background

In July 2017, CMS conducted two focus groups in Puerto Rico to explore the core access and wait time survey items from the MA & PDP CAHPS Survey in the context of the experience of beneficiaries in Puerto Rico. The groups focused on beneficiary experience, and interpretation of and response to survey items within the Getting Appointments and Care Quickly composite and the “wait time” item: “Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?” The Spanish-language groups, with 10 participants per group, were moderated by an experienced bilingual focus group moderator familiar with CAHPS. Individuals who currently or formerly worked in a doctor’s office, clinic, hospital, or at a health insurance company were excluded.

Focus group participants:

- Preferred to speak with their doctors in Spanish
- Had at least two visits to a doctor’s office or clinic for routine care in the prior 10 months
- Were enrolled in Medicare Advantage
- Reflected a mix of health status (based on self-reported rating of overall health), and educational attainment

Findings

Access to Care for Urgent Issues

Goal: To learn from participants what their experience is when trying to get appointments for visits when they are sick or for other urgent issues, and whether they obtain a specific or window of time for their appointment.

Summary: Across both groups, it was apparent that participants sought care in multiple locations for urgent care matters, including their doctor’s office, after hours clinic, and the emergency room setting, with a majority saying that they often go to the emergency room if they are sick on weekends or during evening hours when their doctor’s office tends to be closed.

Most participants noted that they were most often seen the same day if they were sick but that the wait was long. In order to be seen, they would call their doctor’s office, and rather than getting an appointment for a specific time, they would be given a general time to come in (e.g., “come around 10:00 when there aren’t that many patients”). A few said that rather than calling, they would instead head directly to the clinic or their doctor’s office, and arrive as early as possible in order to “get on the list” earlier and thus be seen sooner. All

commented that at these clinics, they sign in when they arrive and are seen in order of arrival (“*por orden de llegada*”), unless there is another patient there with a more urgent issue.

The practice of having a sign-up sheet and being seen in order of arrival seems to be a common practice in doctor’s offices and clinics in Puerto Rico. Some participants stated that patients often arrive and sign up several hours before doctor’s offices or clinics open in order to get in to be seen, as anyone who signs up during that time is guaranteed to be seen that day once the office opens. However, participants noted that even if they arrive at the doctor’s office between 7:00 and 10:00am to be “put on the list,” they may later learn that the doctor will not even arrive or begin seeing patients until the afternoon. In some clinics, patients who sign in may opt to leave and then return again closer to the time frame they are given, but in other clinics any patient who leaves is taken off the list. Participants mentioned that in some clinics when patients are given appointments, several are given the same appointment window (e.g., 4-6 patients given an appointment at 10:00), and within that appointment window patients are taken in the order they arrive.

Participants commented that wait times are long and the later in the day their appointment is, the longer the wait time. This is particularly true if they are seeing a primary care provider (or “generalist” as they are often referred to), but not as much when they are seeing a specialist, who may not have as much patient volume. Participants also mentioned that doctors sometimes shuffle between their own offices and seeing patients in hospitals who may have more serious health issues, which creates further delays. Participants commented that doctors’ offices are commonly closed on Fridays as well as on weekends, and thus they end up going to the emergency room if an urgent health problem arises on those days.

In summary, participants communicated that the long wait times they experience are too long. Participants felt it was reasonable to wait up to 1.5 hours to be seen by their doctor after their given appointment times, but only if it was due to factors outside of the control of the doctor or clinic, and not merely because of poor time management. Participants explained that they’d understand if delays were due to other factors such as patients coming in with complex problems and needing more time than others.

Appointments for Routine Care

In terms of appointments for routine care, participants commented that those appointments are usually made during a prior visit with their doctor. During the visit the doctor will ask them to make a follow-up appointment within the next one to three months before leaving the office or clinic. Participants said they receive reminders in the mail but that it is more common for appointment reminders to occur by phone.

Similar to the discussion about care for urgent health issues, participants noted that while wait times are generally shorter for routine visits, they still usually have to wait to be seen at the doctor’s office, and most acknowledged waiting anywhere from a half hour to as much as several hours and said that it was understandable when the clinic was full and

their appointment was not “first thing in the morning” or when “sicker patients or emergencies” came in to the clinic.

Participants remarked that getting appointments for routine care with specialists was a challenge, as appointments often needed to be scheduled several months to a year in advance. However, because they are generally given specific appointment times to see specialists, wait times after arrival tend to be shorter than for primary care appointments.

Recommendations

Review and discussion of the focus group findings generated the following recommendations.

No change to reportable measures or scoring. No modifications to survey questions administered to beneficiaries in Puerto Rico, nor modifications in composite construction or scoring of the Getting Appointments and Care Quickly measure for Puerto Rico Medicare Advantage contracts are recommended.

Modifying reported measures or scoring for Puerto Rico contracts would likely introduce systematic changes in patterns of response and survey scores for these contracts. For example, if CMS allows patients to opt out of answering any or all of the survey questions in the Getting Appointments and Care Quickly measure it would be less accurate for Puerto Rico contracts compared to U.S. contracts, which would result in a systematic change or shift in scores for those contracts affecting comparability of scores and introducing the potential for unanticipated problems in scoring and reporting. Since the wait time item is a low-scoring item nationally, removing it would upwardly bias scores in Puerto Rico relative to the mainland.

Additionally, modifying measures might communicate that contracts and providers are not accountable for the long and in some cases, excessive, wait times reported by focus group participants. Prior research indicates that long wait times to be seen by health care providers is a barrier to seeking care (Flores et al., 1998; Ngo-Metzger et al., 2003; Scheppers et al., 2006); such barriers may result in adverse health outcomes, and may indicate lower quality care.