

STATE OF MARYLAND PRIMARY ADULT CARE POPULATION

2008 Primary Adult Care Enrollee Satisfaction Survey

Executive Summary

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Job Number: 08-251



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In 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WB&A Market Research (WB&A), a certified National Committee for Quality Assurance (NCQA) survey vendor, to conduct its 2008 Primary Adult Care (PAC) Enrollee Satisfaction Survey.

- DHMH began the PAC Program in July 2006. The PAC Enrollee Satisfaction Survey was administered for the first time in 2008. There are currently four PAC managed care organizations (MCOs), but only three were included in the survey in CY 2007 (The fourth MCO, Priority Partners, started in January 2008):
 - Jai Medical Systems,
 - Maryland Physicians Care, and
 - UnitedHealthcare.

The PAC Survey measures those aspects of care for which members are the best and/or the only source of information. From this survey, WB&A can determine members' ratings of and experiences with the medical care they receive. Based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from this enrollee survey will allow DHMH to determine how well participating MCOs are meeting their members' expectations, provide feedback to the MCOs to improve quality of care, encourage MCO accountability and support MCO action to improve members' quality of care.
- Results from the PAC Survey summarize member satisfaction through ratings, composites and question Summary Rates. In general, question Summary Rates represent the percentage of respondents who chose the most positive response categories.

WB&A administered a mixed-methodology which involved mail with telephone follow-up.

- Specifically, two questionnaire packages and follow-up postcards were sent to samples of eligible PAC enrollees from each of the three PAC MCOs, with “Return Service Requested” and WB&A’s toll-free number included. The mail materials also included a toll-free number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted via telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
- The recommended sample size was 1,350 for each PAC MCO. In addition to the recommended sample size, DHMH chose to over-sample their PAC population by 30%. To qualify, PAC enrollees had to be 19 years of age and older as well as continuously enrolled in the MCO for five of the last six months as of December 31, 2007.

Between February and May 2008, WB&A collected 1,883 valid surveys from the eligible PAC population.

- Ineligible members included those who were deceased, did not meet eligible population criteria, were either mentally or physically incapacitated or had a language barrier. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, or were unable to be contacted during the survey time period.
- Ineligible surveys were subtracted from the sample size when computing a response rate.

Table 1 shows the total number of PAC enrollees in the sample that fell into each disposition category.

Table 1: Sample Dispositions

Disposition Group	Disposition Category	Number
Ineligible	Deceased (M20/T20)	17
	Does not meet eligibility criteria (M21/T21)	161
	Language barrier (M22/T22)	23
	Mentally/Physically incapacitated (M24/T24)	19
	Total Ineligible	220
Non-Response	Bad address/phone (M23/T23)	604
	Refusal (M32/T32)	216
	Maximum attempts made (M33/T33)*	2,342
	Total Non-Response	3,162

*Maximum attempts made include two survey mailings and an average of six call attempts.

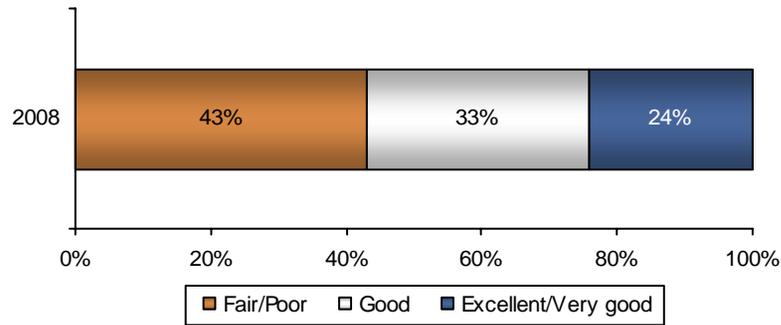
Table 2 illustrates the number of PAC surveys mailed, the number of completed surveys (mail and phone) and the response rate for each MCO.

Table 2: PAC Survey

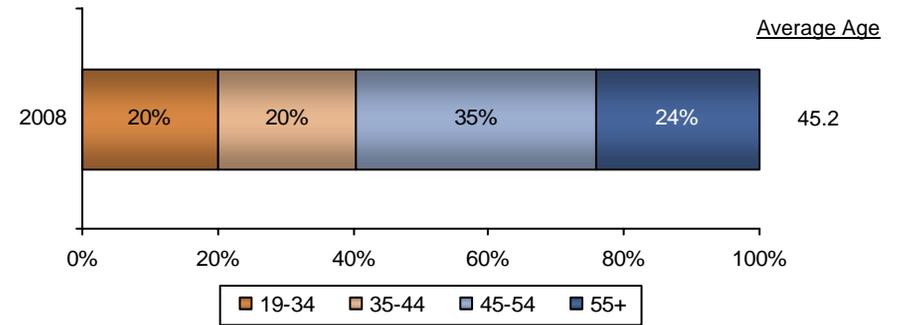
MCO	Surveys Mailed	Mail and Phone Completes	Response Rate
Jai Medical Systems	1,755	549	33%
Maryland Physicians Care	1,755	695	41%
UnitedHealthcare	1,755	639	38%
Total PAC MCOs	5,265	1,883	37%

Profile of Primary Adult Care Enrollees Surveyed

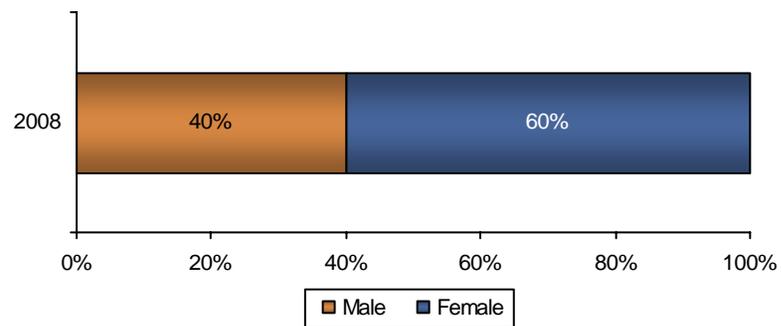
Health Status (Q33)



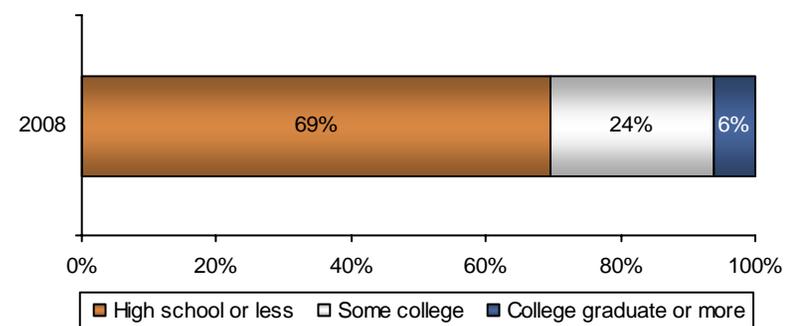
Age (Q36)



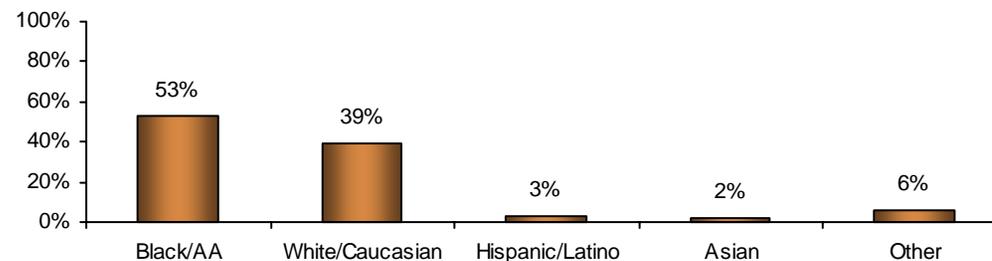
Gender (Q37)



Level of Education (Q38)



Ethnicity/Race (Q39/Q40)*



Base=Those answering

*Multiple Responses Accepted

Overall Ratings

There were four Overall Ratings questions asked in the PAC Survey that use a scale of “0 to 10” (a “0” represents the worst possible rating and a “10” represents the best possible rating): These measures included “Health Care”, “Primary Care Provider”, “Pharmacy Coverage” and “Health Plan”.

- The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

Table 3: Overall Ratings

	Overall Ratings (Summary Rate – 8,9,10)			
	Pharmacy Coverage	Primary Care Provider	Health Plan	Health Care
PAC Aggregate	74%	68%	57%	56%

Composite Measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions. The PAC Enrollee Satisfaction Survey includes four composite measures, defined in Table 4:

Table 4: Composite Measure Definitions

Composite Measure	Survey Question Number	What is Measured	Summary Rate
Getting Needed Care	5 and 28	Measures members' experiences in the last 6 months when trying to get care from their Primary Care Provider and through their Health Plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	7	Measures members' experiences with receiving care as soon as they wanted	% of members who responded "Usually" or "Always"
How Well Primary Care Provider Communicates	12 – 14	Measures how well their Primary Care Provider explained things, listened to them and spent enough time with them	% of members who responded "Usually" or "Always"
Customer Service	30 and 31	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"

Table 5 shows the composite measure ratings.

Table 5: Composite Measures

Composite Measures (Summary Rate – Always/Usually)				
	How Well Primary Care Provider Communicates	Getting Care Quickly	Customer Service	Getting Needed Care
PAC Aggregate	84%	80%	71%	70%

In an effort to identify the underlying components of PAC enrollees' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or "independent variables" (composite measures) have the greatest impact on an overall attribute or "dependent variable" (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

Key Drivers of Satisfaction with Health Plan

Based on the 2008 findings, there are three composite measures that have a significant impact on PAC enrollees' rating of their Health Plan overall: "**Customer Service**", "**Getting Needed Care**" and "**Getting Care Quickly**".

- The attributes listed below are identified as **unmet needs**¹ and should be considered priority areas for the PAC MCOs. If performance on these attributes is increased, it could have a positive impact on PAC enrollees' overall rating of their Health Plan.
 - > **Got the care, tests, or treatment needed**
 - > **Received information or help needed from Health Plan's Customer Service**

Key Drivers of Satisfaction with Health Care

Based on the 2008 findings, the following composite measures have a significant impact on PAC enrollees' rating of their Health Care overall: "**How Well Primary Care Provider Communicates**", "**Getting Needed Care**" and "**Customer Service**".

- The attribute listed below is identified as an **unmet need**¹ and should be considered a priority area for the PAC MCOs. If performance on this attribute is increased, it could have a positive impact on PAC enrollees' overall rating of their Health Care.
 - > **Got the care, tests, or treatment needed**

- **Attributes** are the questions that relate to a specific service area or composite.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of plan quality. Specifically, it's the average of each response category of the attributes that comprised a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10=Phone, Complete).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan (Q32) and Health Care (Q10) among MCO members as determined by regression analysis.
- **Over-Sampling** is sampling more than the minimum required sample size. The recommended sample size for MCOs in the PAC Program is 1,350 and the target number of completed surveys is 411. The Dept. may choose to over-sample to obtain a greater number of completed surveys, particularly if it anticipates, by history, a low response rate.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually*; 8, 9 or 10; *Definitely Yes and Somewhat Yes*). Keep in mind that every question is not assigned a Summary Rate.