

State of Michigan
Department of Community Health

**2012 Michigan Department of
Community Health Children's Special
Health Care Services Program
Satisfaction Report**

November 2012



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Introduction

The Michigan Department of Community Health (MDCH) periodically assesses the perceptions and experiences of child members enrolled in the MDCH Children’s Special Health Care Services (CSHCS) Program as part of its process for evaluating the quality of health care services provided to child members. MDCH contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the CSHCS Survey. The goal of the CSHCS Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2012 CSHCS Survey results of child members enrolled in CSHCS. The surveys were completed by parents or caretakers of child members from May to July 2012. The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 3.0H Child Medicaid Health Plan Survey with the Children with Chronic Conditions measure set.¹⁻¹ A sample of 1,500 child members from the CSHCS population was selected.

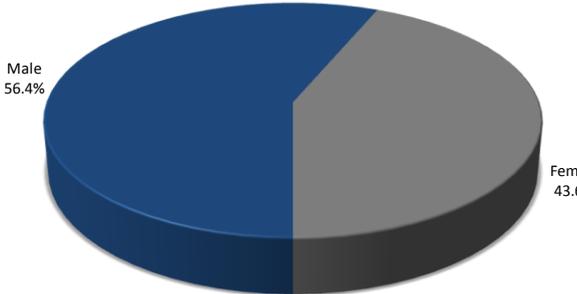
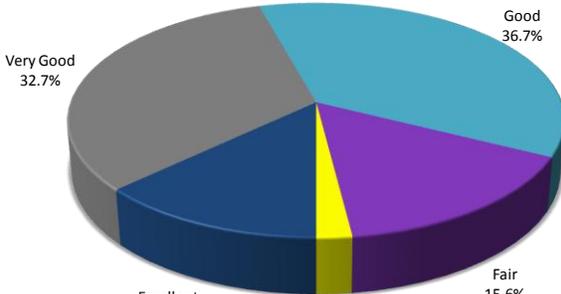
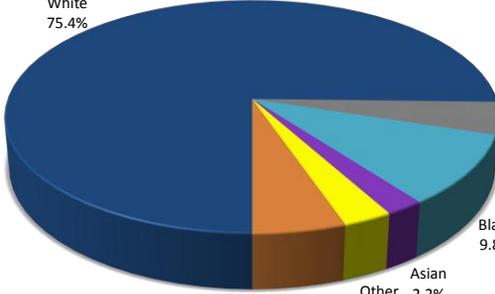
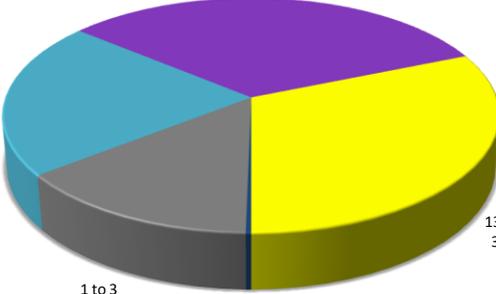
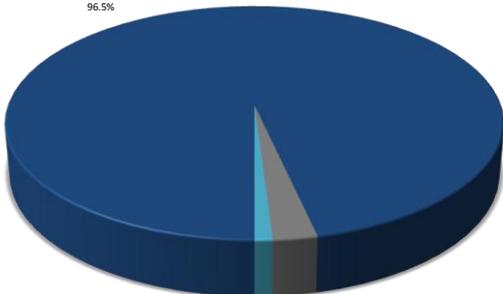
Results presented in this report include four global ratings: Rating of Specialist, Rating of Health Care, Rating of Children’s Multidisciplinary Specialty (CMS) Clinic, and Rating of Beneficiary Help Line. Additionally, 11 composite measures are reported: Getting Needed Care, Access to Care, Courteous and Helpful Staff, How Well Doctors Communicate, Decisions About Your Child’s Health Care, Prescriptions, Transportation, Access to Specialized Services, CMS Clinics, CSHCS Family Center, and Beneficiary Help Line. One individual item evaluated information related to Local Health Department Services.

Key Findings

A sample of 1,500 members from the CSHCS population was selected to receive a survey. A total of 618 completed surveys were returned with 13 ineligibles for a total response rate of 41.56 percent. Table 1-1 provides an overview of the CSHCS Survey child demographics and enrollment.

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Table 1-1: Survey Demographics and Enrollment

Child Gender	Child General Health Status
 <p>A 3D pie chart showing the gender distribution of children. The chart is divided into two segments: a larger blue segment representing Male at 56.4% and a smaller grey segment representing Female at 43.6%.</p>	 <p>A 3D pie chart showing the general health status of children. The chart is divided into five segments: a large cyan segment for Good (36.7%), a grey segment for Very Good (32.7%), a blue segment for Excellent (13.0%), a purple segment for Fair (15.6%), and a small yellow segment for Poor (2.0%).</p>
Child Race/Ethnicity	Child Age
 <p>A 3D pie chart showing the racial and ethnic distribution of children. The chart is divided into six segments: a large blue segment for White (75.4%), a brown segment for Black (9.8%), a cyan segment for Hispanic (4.5%), an orange segment for Multi-Racial (5.3%), a green segment for Other (2.8%), and a purple segment for Asian (2.2%).</p>	 <p>A 3D pie chart showing the age distribution of children. The chart is divided into five segments: a purple segment for 8 to 12 (32.7%), a yellow segment for 13 to 18 (31.2%), a cyan segment for 4 to 7 (21.6%), a grey segment for 1 to 3 (14.1%), and a small olive green segment for Less than 1 (0.3%).</p>
Child Enrollment Status ¹⁻²	
 <p>A 3D pie chart showing the enrollment status of children. The chart is divided into three segments: a large blue segment for Currently enrolled in CSHCS program (96.5%), a small grey segment for Not currently enrolled in CSHCS, but was for 6 months (2.5%), and a very small cyan segment for No, child was not enrolled in CSHCS for at least 6 months (1.0%).</p>	
<p>Please note, percentages may not total 100.0% due to rounding.</p>	

¹⁻² Child Enrollment Status reflects all responses to Question 1 of the survey (i.e., eligible and ineligible child members). Conversely, CSHCS crosstabulations include only eligible survey respondents; therefore, results presented in this figure do not match Question 1 of the crosstabulations.

Table 1-2 provides an overview of the demographics of parents or caretakers who completed a CSHCS Survey.

Table 1-2: Respondent Demographics																							
Respondent Age	Respondent Gender																						
<p>Detailed description: A 3D pie chart showing the distribution of respondent ages. The largest slice is '35 to 44' at 43.9%, followed by '25 to 34' at 23.4% and '45 to 54' at 20.6%. Other smaller slices include '18 to 24' (1.7%), 'Under 18' (4.8%), '65 to 74' (1.7%), and '55 to 64' (4.0%).</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>35 to 44</td> <td>43.9%</td> </tr> <tr> <td>25 to 34</td> <td>23.4%</td> </tr> <tr> <td>45 to 54</td> <td>20.6%</td> </tr> <tr> <td>18 to 24</td> <td>1.7%</td> </tr> <tr> <td>Under 18</td> <td>4.8%</td> </tr> <tr> <td>65 to 74</td> <td>1.7%</td> </tr> <tr> <td>55 to 64</td> <td>4.0%</td> </tr> </tbody> </table>	Age Group	Percentage	35 to 44	43.9%	25 to 34	23.4%	45 to 54	20.6%	18 to 24	1.7%	Under 18	4.8%	65 to 74	1.7%	55 to 64	4.0%	<p>Detailed description: A 3D pie chart showing the gender distribution of respondents. The vast majority are 'Female' at 88.2%, with 'Male' representing 11.8%.</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>88.2%</td> </tr> <tr> <td>Male</td> <td>11.8%</td> </tr> </tbody> </table>	Gender	Percentage	Female	88.2%	Male	11.8%
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Respondent Education																							
<p>Detailed description: A 3D pie chart showing the education levels of respondents. The largest group is 'Some College or 2-Year Degree' at 41.6%, followed by 'High School Graduate' at 24.2% and '4-Year College Graduate' at 16.7%. Other categories include 'More than 4-Year College Degree' (10.2%), 'Some High School' (4.7%), and '8th Grade or Less' (2.7%).</p> <table border="1"> <thead> <tr> <th>Education Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Some College or 2-Year Degree</td> <td>41.6%</td> </tr> <tr> <td>High School Graduate</td> <td>24.2%</td> </tr> <tr> <td>4-Year College Graduate</td> <td>16.7%</td> </tr> <tr> <td>More than 4-Year College Degree</td> <td>10.2%</td> </tr> <tr> <td>Some High School</td> <td>4.7%</td> </tr> <tr> <td>8th Grade or Less</td> <td>2.7%</td> </tr> </tbody> </table>		Education Level	Percentage	Some College or 2-Year Degree	41.6%	High School Graduate	24.2%	4-Year College Graduate	16.7%	More than 4-Year College Degree	10.2%	Some High School	4.7%	8th Grade or Less	2.7%								
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Top-Box and Trend Analyses

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual measure. HSAG analyzed the 2012 CSHCS top-box results to determine if program results were statistically significantly different than 2010 CSHCS top-box results. Table 1-3 and Table 1-4 show the results of the analyses for the top-box global ratings, and composite and individual measures, respectively.

Measure	2010	2012	Trend Results
Rating of Specialist	89.5%	91.4%	—
Rating of Health Care	86.0%	87.4%	—
Rating of CMS Clinic	85.5% ⁺	90.1%	—
Rating of Beneficiary Help Line	59.1%	62.7%	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2012 than in 2010.
 ▼ statistically significantly lower in 2012 than in 2010.
 — not statistically significantly different in 2012 than in 2010.

Measure	2010	2012	Trend Results
Getting Needed Care	64.7%	81.4%	▲
Access to Care	70.7%	73.5%	—
Courteous and Helpful Staff	96.3%	97.5%	—
How Well Doctors Communicate	92.7%	93.3%	—
Decisions About Your Child's Health Care	85.7%	87.4%	—
Prescriptions	65.4%	67.9%	—
Transportation	75.2% ⁺	83.5% ⁺	—
Access to Specialized Services	59.1%	57.6%	—
CMS Clinics	78.4% ⁺	76.0%	—
CSHCS Family Center	42.1%	44.5%	—
Beneficiary Help Line	71.4% ⁺	67.4% ⁺	—
Local Health Department Services	84.6%	84.7%	—

⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
 ▲ statistically significantly higher in 2012 than in 2010.
 ▼ statistically significantly lower in 2012 than in 2010.
 — not statistically significantly different in 2012 than in 2010.

Results from this analysis revealed that the score for the Getting Needed Care composite measure was statistically significantly *higher* in 2012 than in 2010. There were no other statistically significant differences between scores in 2012 and scores in 2010 for the top-box global ratings, and composite and individual measures.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on two measures: Rating of Specialist and Rating of Health Care. HSAG evaluated each of these measures to determine if particular CSHCS Survey items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual survey items are driving levels of satisfaction with each of the two measures. Table 1-5 provides a summary of the key drivers identified for the CSHCS Program.

Table 1-5: CSHCS Key Drivers of Satisfaction	
Rating of Specialist	
Respondents reported that their child’s doctors or health providers did not always offer choices about their child’s health care.	
Respondents reported that doctors or health providers did not always discuss the good and bad things about each of the different choices for their child’s health care.	
Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child.	
Respondents reported that their child’s doctors or other health providers did not always ask them what choices they prefer.	
Respondents reported that it was a problem to get care for their child that they or a doctor believed was necessary.	
Respondents reported that it was a problem getting special therapy for their child.	
Rating of Health Care	
Respondents reported that their child’s doctors or health providers did not always explain things understandably to their child.	
Respondents reported that their child’s doctors or other health providers did not always ask them what choices they prefer.	
Respondents reported that it was a problem to get care for their child that they or a doctor believed was necessary.	
Respondents reported that it was a problem for their child to see a specialist.	
Respondents reported that it was a problem getting the special medical equipment needed for their child’s CSHCS condition.	
Respondents reported that it was a problem getting special therapy for their child.	

2012 CSHCS Survey Performance Measures

The CSHCS Survey includes 71 core questions that yield 16 measures of satisfaction. These measures include four global rating questions, 11 composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall satisfaction with specialists, health care, CMS clinic, and beneficiary help line. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Needed Care” or “Access to Care”). The individual item measure reflects the overall satisfaction with local health department services.

Table 2-1 lists the global ratings, composite measures, and individual item measure included in the CSHCS Survey.

Global Ratings	Composite Measures	Individual Item Measure
Rating of Specialist	Getting Needed Care	Local Health Department Services
Rating of Health Care	Access to Care	
Rating of CMS Clinic	Courteous and Helpful Staff	
Rating of Beneficiary Help Line	How Well Doctors Communicate	
	Decisions About Your Child's Health Care	
	Prescriptions	
	Transportation	
	Access to Specialized Services	
	CMS Clinics	
	CSHCS Family Center	
	Beneficiary Help Line	

Table 2-2 presents the survey language and response options for the global ratings.

Table 2-2: Global Ratings Question Language	
Global Ratings	Response Categories
Rating of Specialist	
5. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?	0-10 Scale
Rating of Health Care	
28. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0-10 Scale
Rating of CMS Clinic	
46. We want to know your rating for the services that your child received in a CMS clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate the CMS clinic?	0-10 Scale
Rating of Beneficiary Help Line	
71. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst possible and 10 is the best possible, what number would you use to rate the Beneficiary Help Line now?	0-10 Scale

Table 2-3 presents the survey language and response options for the composite and individual item measures.

Table 2-3: Composite and Individual Item Measures Question Language	
Measures	Response Categories
Getting Needed Care	
3. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?	A Big Problem, A Small Problem, Not A Problem
9. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?	Never, Sometimes, Usually, Always
10. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?	Same Day, 1 Day, 2 Days, 3 Days, 4-7 Days, 8-14 Days, 15 Days or Longer
13. In the last 6 months, how much of a problem, if any, was it to get the care for your child that you or a doctor believed necessary?	A Big Problem, A Small Problem, Not A Problem
Access to Care	
7. In the last 6 months, when you called during regular office hours to get the help or advice related to your child's CSHCS condition, how often did you receive it?	Never, Sometimes, Usually, Always
27. In the last 6 months, did anyone from your child's doctor's office, local health department, or clinic help coordinate your child's care among these different providers or services?	Yes, No

Table 2-3: Composite and Individual Item Measures Question Language

Measures	Response Categories
Courteous and Helpful Staff	
14. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
16. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
19. In the last 6 months, how often did your child's doctors or other health providers explain things in a way your child could understand?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
Decisions About Your Child's Health Care	
22. When decisions were made in the last 6 months, how often did your child's doctors or other health providers offer you choices about your child's health care?	Never, Sometimes, Usually, Always
23. When decisions were made in the last 6 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?	Never, Sometimes, Usually, Always
24. When decisions were made in the last 6 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?	Never, Sometimes, Usually, Always
25. When decisions were made in the last 6 months, how often did your child's doctors or other health providers involve you as much as you wanted?	Never, Sometimes, Usually, Always
Prescriptions	
30. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine?	A Big Problem, A Small Problem, Not A Problem
31. Did anyone from your child's doctor's office, local health department, or clinic help you with this problem?	Yes, No
Transportation	
33. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?	Never, Sometimes, Usually, Always
34. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?	Never, Sometimes, Usually, Always

Table 2-3: Composite and Individual Item Measures Question Language

Measures	Response Categories
Access to Specialized Services	
36. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment needed for the CSHCS condition?	A Big Problem, A Small Problem, Not A Problem
38. In the last 6 months, how much of a problem, if any, was it to get special therapy for your child?	A Big Problem, A Small Problem, Not A Problem
39. Did anyone from your child's doctor's office, local health department, or clinic help you with this problem?	Yes, No
CMS Clinics	
41. In the last 6 months, how much of a problem, if any, has it been to get your child an appointment in a CMS Clinic?	A Big Problem, A Small Problem, Not A Problem
42. Did anyone from your child's doctor's office, local health department, or clinic help you with this problem?	Yes, No
44. Did your CMS Clinic develop a plan of care for your child?	Yes, No, I Don't Know
45. In the last 6 months, did anyone from your child's CMS Clinic help coordinate your child's care?	Yes, No, I Don't Know
CSHCS Family Center	
51. Have you received any information about the CSHCS Family Center in the last 6 months?	Yes, No, I Don't Know, I Would Like More Information
52. Did you know that there is a Family Support Network Program available to support families of children with special needs?	Yes, No, I Would Like More Information
53. Are you aware of the toll free CSHCS phone line (1-800-359-3722)?	Yes, No, I Would Like More Information
Beneficiary Help Line	
67. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called the Beneficiary Help Line?	A Big Problem, A Small Problem, Not A Problem
69. How long did it take the Beneficiary Help Line to resolve your complaint?	Same Day, 2-7 Days, 8-14 Days, 15-21 Days, More Than 21 Days, I Am Still Waiting For It to Be Settled
70. Was your complaint or problem settled to your satisfaction?	Yes, No, I Am Still Waiting For It to Be Settled
Local Health Department Services	
50. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.	Extremely Dissatisfied, Somewhat Dissatisfied, Neither Satisfied Nor Dissatisfied, Somewhat Satisfied, Extremely Satisfied

How CSHCS Survey Results Were Collected

Sampling Procedures

The MDCH provided HSAG with a list of all eligible child members in the CSHCS Program for the sampling frame. HSAG sampled child members who met the following criteria:

- ◆ Were 17 years of age or younger as of December 31, 2011.
- ◆ Were currently enrolled in CSHCS.
- ◆ Had been continuously enrolled in the program for at least five of the last six months (July through December) of 2011.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Next, a simple random sample of child members was selected for inclusion in the survey. HSAG selected no more than one member per household as part of the random survey sample of 1,500 child members for inclusion in the survey.

Survey Protocol

The CSHCS Survey process allowed for two methods by which parents or caretakers of child members could complete a survey. The first, or mail phase, consisted of sampled child members receiving a survey via mail. HSAG tried to obtain updated addresses for child members selected for the sample by processing addresses through the United States Postal Service's National Change of Address (NCOA) system. All parents or caretakers of sampled child members received an English version of the survey, with the option of completing the survey in Spanish. All non-respondents received an automated reminder phone call, followed by a second survey mailing.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caretakers of child members who did not mail in a completed survey. Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. HSAG attempted up to three CATI calls to each non-respondent. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a program's population.²⁻¹

²⁻¹ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

Table 2-4 shows the timeline used in the administration of the CSHCS Survey.

Table 2-4: CSHCS Survey Timeline	
Task	Timeline
Send first questionnaire with cover letter to the parent or caretaker of member.	0 days
Initiate automated reminder phone calls to non-respondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

How CSHCS Survey Results Were Calculated and Displayed

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ) (the developers of CAHPS), to comprehensively assess member satisfaction. This section provides an overview of the analyses performed.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child members included the entire random sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}$$

Demographics of Child Members and Respondents

The demographics analysis evaluated demographic information of child members and respondents. MDCH should exercise caution when extrapolating the CSHCS Survey results to the entire population if the respondent population differs significantly from the actual population of the program.

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated question summary rates for each global rating and individual item, and global proportions for each composite measure. The scoring of the global ratings, composite measures, and individual item measure involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:²⁻²

- ◆ “8,” “9,” or “10” for the global ratings;
- ◆ “Usually” or “Always” for the Courteous and Helpful Staff, How Well Doctors Communicate, Decisions About Your Child’s Health Care, and Transportation composites;
- ◆ “Not a problem,” “Usually” or “Always,” **and** “Same day” for the Getting Needed Care composite;
- ◆ “Usually” or “Always” **and** “Yes” for the Access to Care composite;
- ◆ “Not a problem” **and** “Yes” for the Prescriptions, Access to Specialized Services, and CMS Clinics composites;
- ◆ “Yes” for the CSHCS Family Center composite;
- ◆ “Not a problem,” “Same day” or “2-7 days,” **and** “Yes” for the Beneficiary Help Line composite;
- ◆ “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual item measure.

Measures that did not meet the minimum number of 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Trend Analysis

A trend analysis was performed that compared the 2012 CSHCS Survey scores to the corresponding 2010 CSHCS Survey scores to determine whether there were significant differences. A *t* test was performed to determine whether results in 2010 were significantly different from results in 2012. A difference was considered significant if the two-sided *p* value of the *t* test was less than 0.05. Measures that did not meet the minimum number of 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

²⁻² To ensure top-box response rates represent appropriate information, the methodology for calculating 2010 and 2012 composite and individual measure rates was modified for this report. Therefore, some results may differ from the 2010 MDCH CSHCS Final Report produced by The Myers Group.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Specialist and Rating of Health Care. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how *well* the CSHCS Program is performing on the survey item and 2) how *important* that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item’s problem score and performance on each of the measures was calculated using a Pearson product moment correlation. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

- ◆ Had a problem score that was greater than or equal to the median problem score for all items examined.
- ◆ Had a correlation that was greater than or equal to the median correlation for all items examined.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. MDCH should consider these limitations when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CSHCS Survey results.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services. Therefore, MDCH should consider the potential for non-response bias when interpreting CSHCS Survey results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the CSHCS Program. The survey by itself does not necessarily reveal the exact cause of these differences.

Lack of National Data for Comparisons

Currently there are no comparable national benchmarks for the CSHCS data; therefore, national benchmark data were not available for comparisons.

Missing Phone Numbers

Approximately 70 percent of CSHCS members in the sample frame had missing or invalid telephone information. The high volume of missing telephone numbers may impact the response rates and the validity of the survey results. For instance, a certain segment of the population may be more likely to have missing phone information than other segments.

Who Responded to the Survey

A total of 1,500 CSHCS Surveys were mailed to parents or caretakers of child members. A total of 618 surveys were completed. The CSHCS Survey response rate is the total number of completed surveys divided by all eligible child members of the sample. A survey was considered complete if at least one question was answered on the survey. Eligible child members included the entire random sample minus ineligible child members. Ineligible child members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

Table 3-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rate.

Plan Name	Sample Size	Completes	Ineligibles			Response Rate	
			Total	Not Enrolled	Deceased		Language Barrier
Children's Special Health Care Services	1,500	618	13	9	1	3	41.56%

Demographics of Child Members

Table 3-2 depicts the age, gender, race and ethnicity, and general health status of children for whom a parent or caretaker completed the CSHCS Survey in 2010 and 2012, respectively.

Table 3-2: Child Member Demographics		
	2010	2012
Age		
Less than 1	1.0%	0.3%
1 to 3	14.4%	14.1%
4 to 7	20.7%	21.6%
8 to 12	34.1%	32.7%
13 to 18*	29.8%	31.2%
Gender		
Male	53.0%	56.4%
Female	47.0%	43.6%
Race/Ethnicity		
White	70.6%	75.4%
Hispanic	7.2%	4.5%
Black	12.3%	9.8%
Asian	2.7%	2.2%
Other	2.3%	2.8%
Multi-Racial	4.9%	5.3%
General Health Status		
Excellent	14.5%	13.0%
Very Good	31.2%	32.7%
Good	36.6%	36.7%
Fair	16.1%	15.6%
Poor	1.7%	2.0%
<p><i>Please note, percentages may not total 100.0% due to rounding.</i></p> <p><i>*Children are eligible for inclusion in the CSHCS Survey if they are age 17 or younger as of December 31 of the year prior to the survey administration. Some children eligible for the CSHCS Survey turned age 18 between January 1 and the time of survey administration.</i></p>		

Demographics of Respondents

Table 3-3 depicts the age, gender, and education of parents or caretakers who completed the CSHCS Survey in 2010 and 2012, respectively.

Table 3-3: Respondent Demographics		
	2010	2012
Age		
Under 18	9.1%	4.8%
18 to 24	2.1%	1.7%
25 to 34	24.2%	23.4%
35 to 44	35.3%	43.9%
45 to 54	19.8%	20.6%
55 to 64	7.9%	4.0%
65 to 74	1.2%	1.7%
75 or older	0.4%	0.0%
Gender		
Male	13.5%	11.8%
Female	86.5%	88.2%
Education		
8th Grade or Less	2.3%	2.7%
Some High School	6.9%	4.7%
High School Graduate	28.5%	24.2%
Some College or 2-Year Degree	39.4%	41.6%
4-Year College Graduate	13.8%	16.7%
More than 4-Year College Degree	9.2%	10.2%
<i>Please note, percentages may not total 100.0% due to rounding.</i>		

Top-Box Responses

HSAG calculated question summary rates for each global rating and individual item, and global proportions for each composite measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- ◆ “8,” “9,” or “10” for the global ratings;
- ◆ “Usually” or “Always” for the Courteous and Helpful Staff, How Well Doctors Communicate, Decisions About Your Child’s Health Care, and Transportation composites;
- ◆ “Not a problem,” “Usually” or “Always,” **and** “Same day” for the Getting Needed Care composite;
- ◆ “Usually” or “Always” **and** “Yes” for the Access to Care composite;
- ◆ “Not a problem” **and** “Yes” for the Prescriptions, Access to Specialized Services, and CMS Clinics composites;
- ◆ “Yes” for the CSHCS Family Center composite;
- ◆ “Not a problem,” “Same day” or “2-7 days,” **and** “Yes” for the Beneficiary Help Line composite;
- ◆ “Somewhat satisfied” or “Extremely satisfied” for the Local Health Department Services individual item measure.

Measures that did not meet the minimum number of 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Top-Box Results

Parents or caretakers of child members were asked to rate various aspects of their child's care on a scale of 0 to 10, with "0" being the worst and "10" being the best. As previously described, a top-box response was defined as a response of "8," "9," or "10" for the global ratings. Table 3-4 shows the top-box rates and number of respondents for each of the global ratings.

Measure	Top-Box Rate	Number of Respondents
Rating of Specialist	91.4%	455
Rating of Health Care	87.4%	602
Rating of CMS Clinic	90.1%	121
Rating of Beneficiary Help Line	62.7%	389

+ indicates fewer than 100 responses. Caution should be exercised when evaluating results with less than 100 responses.

Parents or caretakers of child members were asked to rate various aspects of their child's care and responses to these questions were combined to calculate composite measures. Table 3-5 shows the top-box rates and number of respondents for each of the composite and individual item measures.

Measure	Top-Box Rate	Number of Respondents
Getting Needed Care	81.4%	580
Access to Care	73.5%	471
Courteous and Helpful Staff	97.5%	555
How Well Doctors Communicate	93.3%	556
Decisions About Your Child's Health Care	87.4%	324
Prescriptions	67.9%	464
Transportation	83.5% ⁺	79
Access to Specialized Services	57.6%	245
CMS Clinics	76.0%	123
CSHCS Family Center	44.5%	570
Beneficiary Help Line	67.4% ⁺	52
Local Health Department Services	84.7%	314

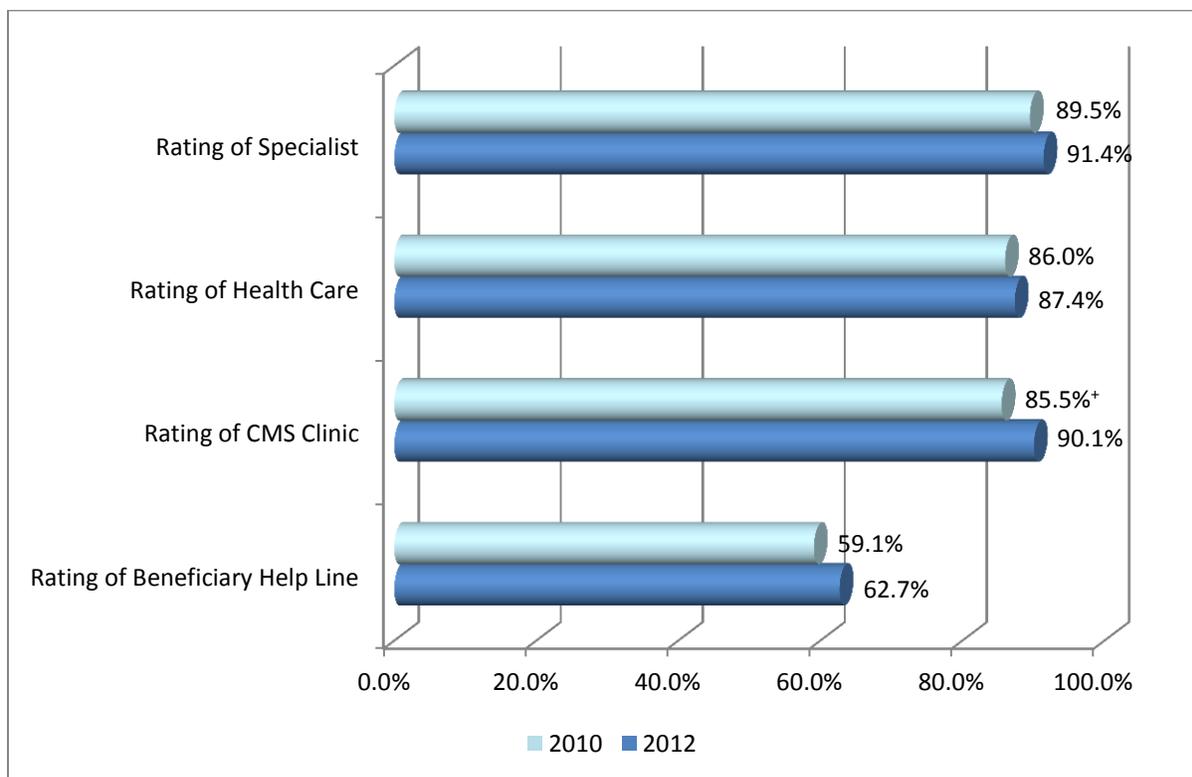
+ indicates fewer than 100 responses. Caution should be exercised when evaluating results with less than 100 responses.

Trend Analysis

The results from the 2012 and 2010 CSHCS Survey were used to perform the trend analysis presented in this section.³⁻¹ The 2012 CSHCS Survey scores were compared to the 2010 CSHCS Survey scores to determine whether there were statistically significant differences. Statistically significant differences between 2012 scores and 2010 scores are noted with triangles. Scores that were statistically significantly higher in 2012 than in 2010 are noted with upward triangles (▲). Scores that were statistically significantly lower in 2012 than in 2010 are noted with downward triangles (▼). Measures that did not meet the minimum number of 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

HSAG calculated top-box rates for each global rating. HSAG analyzed the 2012 CSHCS top-box results to determine if results were statistically significantly different than 2010 CSHCS top-box results. Figure 3-1 shows the 2010 and 2012 top-box rates for the global ratings.

Figure 3-1: Trend Analysis—Global Ratings



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

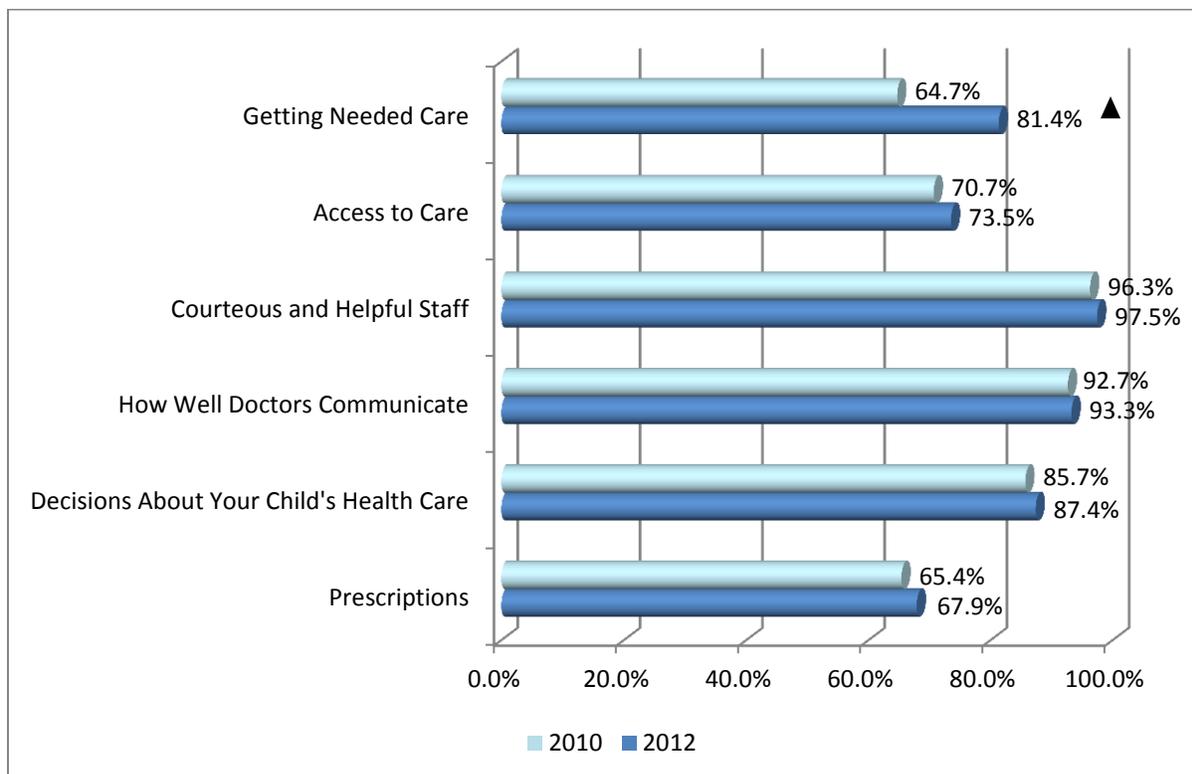
There were no statistically significant differences between scores in 2012 and scores in 2010 for the global ratings.

³⁻¹ The CSHCS population was not surveyed in 2011.

HSAG calculated top-box rates for each composite and individual item measure. HSAG analyzed the 2012 CSHCS top-box results to determine if results were statistically significantly different than 2010 CSHCS top-box results.

Figure 3-2 shows the 2010 and 2012 top-box rates for the Getting Needed Care, Access to Care, Courteous and Helpful Staff, How Well Doctors Communicate, Decisions About Your Child's Health Care, and Prescriptions composite measures.

Figure 3-2: Top-Box Rates—Composite Measures

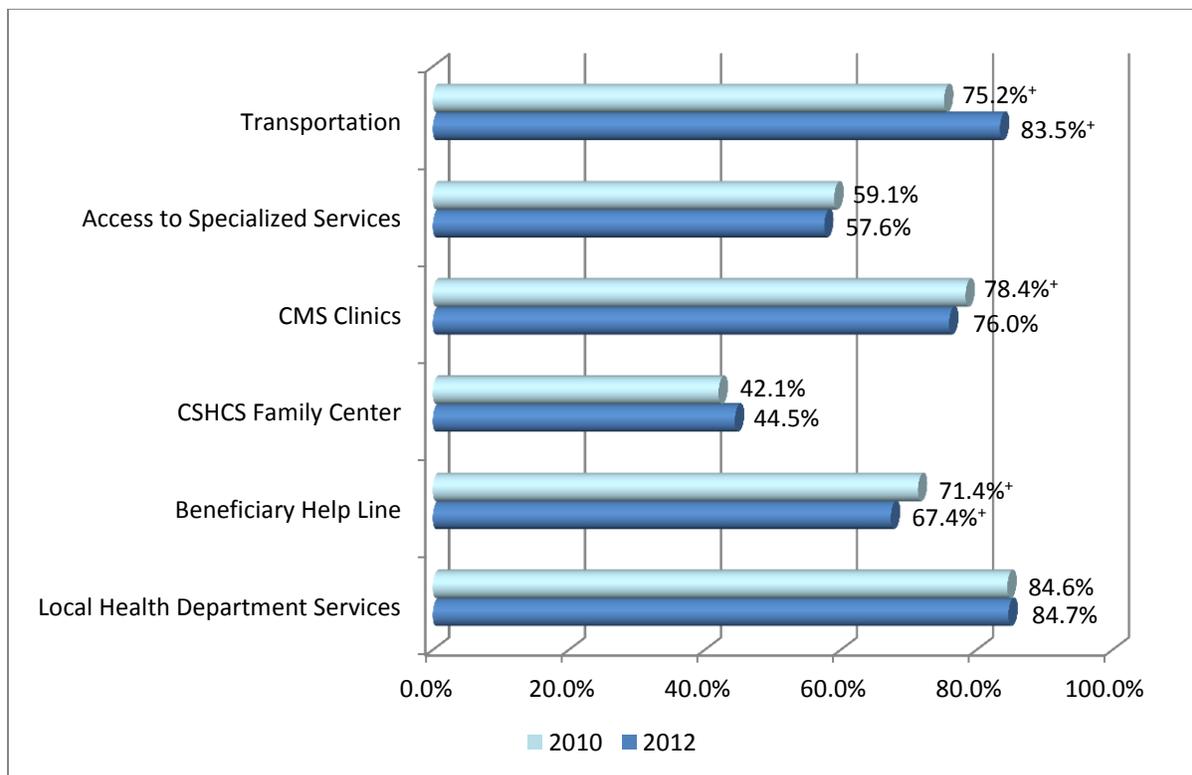


+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

The score for the Getting Needed Care composite measure was statistically significantly *higher* in 2012 than in 2010.

Figure 3-3 shows the top-box rates for the Transportation, Access to Specialized Services, CMS Clinics, CSHCS Family Center, and Beneficiary Help Line composite measures and the Local Health Department Services individual item measure.

Figure 3-3: Top-Box Rates—Composite and Individual Item Measures



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

There were no statistically significant differences between scores in 2012 and scores in 2010 for these measures.

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for two measures: Rating of Specialist and Rating of Health Care. The analysis provides information on: 1) how well the CSHCS Program is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader's Guide section. Table 4-1 depicts those items identified as being key drivers of satisfaction for the CSHCS Program.

Table 4-1: CSHCS Key Drivers of Satisfaction	
Rating of Specialist	
Respondents reported that their child's doctors or health providers did not always offer choices about their child's health care.	
Respondents reported that doctors or health providers did not always discuss the good and bad things about each of the different choices for their child's health care.	
Respondents reported that their child's doctors or health providers did not always explain things understandably to their child.	
Respondents reported that their child's doctors or other health providers did not always ask them what choices they prefer.	
Respondents reported that it was a problem to get care for their child that they or a doctor believed was necessary.	
Respondents reported that it was a problem getting special therapy for their child.	
Rating of Health Care	
Respondents reported that their child's doctors or health providers did not always explain things understandably to their child.	
Respondents reported that their child's doctors or other health providers did not always ask them what choices they prefer.	
Respondents reported that it was a problem to get care for their child that they or a doctor believed was necessary.	
Respondents reported that it was a problem for their child to see a specialist.	
Respondents reported that it was a problem getting the special medical equipment needed for their child's CSHCS condition.	
Respondents reported that it was a problem getting special therapy for their child.	

Recommendations for Quality Improvement

Based on the results of the key drivers of satisfaction analysis, the following are general recommendations based on a review of the literature. CSHCS should evaluate these general recommendations in the context of its own operational and QI activities. For additional information, please refer to the QI references beginning on page 5-4.

Rating of Specialist

Referral Process

Streamlining the referral process allows parents of CSHCS members to more readily obtain the needed care for their child. A referral expert can assist with this process and expedite the time from physician referral to the patient receiving needed care. A referral expert can be either a person and/or electronic system that is responsible for tracking and managing referral requirements. An electronic referral system, such as a Web-based system, can improve the communication mechanisms between primary care physicians (PCPs) and specialists to determine which clinical conditions require a referral. This may be determined by referral frequency. An electronic referral process also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, patients, and providers) in a timely manner. Additionally, allowing parents to decide which approved specialist they want to visit and which location is most convenient can result in fewer missed appointments and increase patient compliance.

Telemedicine

CSHCS may want to explore the option of telemedicine with their provider networks to address issues with provider access in certain geographic areas or for patients with transportation or mobility barriers. Telemedicine models allow for the use of electronic communication and information technologies to provide specialty services to patients in varying locations. Telemedicine such as live, interactive videoconferencing allows providers to offer care from a remote location. Physician specialists located in urban settings can diagnose and treat patients in communities where there is a shortage of specialists. Telemedicine consultation models allow for the local provider to both present the patient at the beginning of the consult and to participate in a case conference with the specialist at the end of the teleconference visit. This allows for the local provider to be more involved in the consultation process and more informed about the care the patient is receiving.

Planned Visit Management

CSHCS could work with providers to encourage the implementation of systems that enhance the efficiency and effectiveness of specialist care. For example, by identifying patients with chronic conditions that have routine appointments, a system could be implemented to ensure that these patients have necessary tests completed before an appointment. Furthermore, follow-up with patients should be carried out to ensure that they understand all information provided to them during their visit.

Shared Decision Making Materials

Parents of members may become more involved in the management of their child's health care if physicians promote shared decision making. Physicians will be able to better encourage their patients' families to participate if physicians are provided with literature that conveys the importance of making informed choices about health care treatment options. In addition, materials such as health care goal-setting handouts and forms can assist physicians in facilitating the shared decision making process with their patients' families. CSHCS also can provide parents with pre-structured question lists to assist them in asking all the necessary questions so the appointment is as efficient and effective as possible.

Parent/Caregiver Education

Parents and caregivers who are educated about their child's medical condition(s) are more likely to play an active role in the management of their child's health. CSHCS can provide parents/caregivers with educational literature and information. Items such as brochures on a specific medical condition and a copy of the assessment and plan portions of the physician's progress notes together with a glossary of terms can empower parents/caregivers with the information they need to ask informed questions and express personal values and opinions about their child's condition and treatment options. Access to this information also can improve parents' understanding of their child's medical condition(s) and treatment plan, as well as facilitate discussion about their health care.

Rating of Health Care

Health Care Experiences

To improve the health care experience of patients and their families, CSHCS should identify and eliminate patient challenges when receiving health care. This includes ensuring that patients receive adequate time with a physician so that questions and concerns may be appropriately addressed and providing families with ample information that is understandable. Furthermore, ensuring that patients receive quality care in a timely manner can help improve perceptions of health care.

Communication Tools for Patients

CSHCS can encourage parents to take a more active role in the management of their child's health care by providing them with the tools necessary to effectively communicate with their child's physicians. This can include items such as "visit preparation" handouts, sample symptom logs, and health care goals and action planning forms that facilitate communication with patients. Furthermore, educational literature and information on medical conditions specific to patients' needs can encourage parents to communicate with physicians about any questions, concerns, or expectations they may have regarding their child's health care and/or treatment options.

Improve Health Literacy

Often health information is presented in a manner that is too complex and technical, which can result in patient in adherence and poor health outcomes. To address this issue, CSHCS should consider revising existing and creating new print materials that are easy-to-understand based on patients' needs and preferences. Materials such as patient consent forms and disease education materials on various conditions can be revised and developed in new formats to aid in the understanding of health information. Further, providing training for health care workers on how to use these materials can help improve satisfaction with provider communication.

Additionally, health literacy coaching can be implemented to ease the inclusion of health literacy into physician practice. CSHCS can offer a full-day workshop where physicians have the opportunity to participate in simulation training resembling the clinical setting. Workshops also provide an opportunity for CSHCS to introduce physicians to the AHRQ Health Literacy Universal Precautions Toolkit, which can serve as a reference for devising health literacy plans. Ultimately, by redefining health literacy as not only an individual's ability to understand basic health information, but also the responsibilities of the health system to inform members of appropriate services, the quality of patient care can be greatly improved.

Internet Access for Health Information and Advice

CSHCS should create Web sites that can assist patients/caregivers find information about symptoms, drugs, conditions and diseases, fitness, and nutrition. The Internet is a useful research tool for consumers to easily access an abundance of information quickly and easily. According to a 2007 poll by Harris Interactive, 160 million Americans were using the Internet to find health information, which showed a 37 percent increase since 2005. Harris Interactive estimates that 84 percent of all online adults have researched health information online. The implementation of an educational Web site for CSHCS can result in improved quality of care, timeliness, and efficiency.

Quality Improvement References

Satisfaction surveys play an important role as a QI tool for health care organizations, which can use the data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time. The following references offer guidance on possible approaches to QI activities.

AHRQ Health Care Innovations Exchange Web site. *Expanding Interpreter Role to Include Advocacy and Care Coordination Improves Efficiency and Leads to High Patient and Provider Satisfaction*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2726>. Accessed on: November 19, 2012.

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Survey Instrument

The survey instrument selected was a modified version of the CAHPS 3.0H Child Medicaid Health Plan Survey with the Children with Chronic Conditions measure set. This section provides a copy of the survey instrument administered by HSAG.



All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-7158.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark 

Incorrect
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is enrolled in Children's Special Health Care Services. Is that right?
 - Yes, child is currently in the CSHCS program → *Go to Question 2*
 - No, child is not currently in CSHCS, but was in CSHCS for at least 6 months → *Go to Question 2*
 - No, child was not enrolled in CSHCS for at least 6 months → *Please return the survey in the postage-paid envelope.*



HEALTH CARE FROM A SPECIALIST

When you answer the next questions, **do not** include dental visits.

2. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. In the last 6 months, did you or a doctor think your child needed to see a specialist?

Yes
 No → **Go to Question 4**

3. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

A big problem
 A small problem
 Not a problem

4. In the last 6 months, did your child see a specialist?

Yes
 No → **Go to Question 6**

5. We want to know your rating of the **specialist your child saw most often** in the last 6 months. Using **any number from 0 to 10**, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

0 1 2 3 4 5 6 7 8 9 10
Worst **Best**
Specialist Specialist
Possible Possible

CALLING DOCTOR'S OFFICES

6. In the last 6 months, did you call a doctor's office or clinic **during regular office hours** to get help or advice **for your child**?

Yes
 No → **Go to Question 8**

7. In the last 6 months, when you called during regular office hours to **get** the help or advice related to your child's CSHCS condition, how often did you receive it?

Never
 Sometimes
 Usually
 Always

HEALTH CARE FOR CSHCS CONDITION

8. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

Yes
 No → **Go to Question 11**

9. In the last 6 months, when your child **needed care right away** for an illness, injury, or condition, how often did your child get care as soon as you wanted?

Never
 Sometimes
 Usually
 Always

10. In the last 6 months, when your child **needed care right away** for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

Same day
 1 day
 2 days
 3 days
 4-7 days
 8-14 days
 15 days or longer

11. In the last 6 months, how many times did your child go to an **emergency room**?

None
 1
 2
 3
 4
 5 to 9
 10 or more



12. In the last 6 months, (not counting the times your child went to an emergency room), how many times did your child go to a **doctor's office or clinic**?

- None → **Go to Question 21**
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

13. In the last 6 months, how much of a problem, if any, was it to get the care for your child that you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem

14. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with **courtesy and respect**?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often were office staff at your child's doctor's office or clinic as **helpful** as you thought they should be?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did your child's doctors or other health providers **listen carefully to you**?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did your child's doctors or other health providers **explain things** in a way you could understand?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your child's doctors or other health providers show **respect for what you had to say**?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did your child's doctors or other health providers **explain things** in a way **your child** could understand?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did doctors or other health providers **spend enough time** with your child?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, were **any decisions** made about your child's health care?

- Yes
- No → **Go to Question 26**

22. When **decisions** were made in the last 6 months, how **often** did your child's doctors or other health providers **offer you choices** about your child's health care?

- Never
- Sometimes
- Usually
- Always

23. When **decisions** were made in the last 6 months, how **often** did your child's doctors or other health providers **discuss** with you the good and bad things about each of the different choices for your child's health care?

- Never
- Sometimes
- Usually
- Always



SUPPLIES AND EQUIPMENT

35. In the last 6 months, did your child's CSHCS condition require you to get or try to get any special medical equipment, supplies or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?
- Yes
 No → **Go to Question 37**
36. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment needed for the CSHCS condition?
- A big problem
 A small problem
 Not a problem

SPECIAL THERAPIES

37. In the last 6 months, did you get or try to **get special therapy** for your child, such as physical, occupational, or speech therapy?
- Yes
 No → **Go to Question 40**
38. In the last 6 months, how much of **a problem**, if any, was it to get special therapy for your child?
- A big problem
 A small problem
 Not a problem → **Go to Question 40**
39. Did anyone from your child's doctor's office, local health department, or clinic **help you** with this problem?
- Yes
 No

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMS) CLINICS

The following questions are about services delivered in Children's Multidisciplinary Specialty (CMS) clinics. CMS clinics include a variety of physician specialties and other health professionals who meet with CSHCS clients to evaluate the child, and develop a comprehensive care plan. CMS clinics are located in large pediatric hospitals.

40. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMS) Clinic?
- Yes
 No → **Go to Question 47**
 I don't know → **Go to Question 47**
41. In the last 6 months, how much of a problem, if any, has it been to get your child an appointment in a CMS Clinic?
- A big problem
 A small problem
 Not a problem → **Go to Question 43**
42. Did anyone from your child's doctor's office, local health department, or clinic **help you** with this problem?
- Yes
 No
43. What is the diagnosis category that best describes the condition that is the main reason for your child going to a CMS Clinic? (Please select only one.)
- Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
 Amputation, limb loss, muscular dystrophy
 Neurology conditions, seizures
 Kidney or urinary disease
 Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
 Heart conditions
 Diabetes or endocrine disorders
 Spina Bifida
 Genetic and metabolic disease
 Stomach conditions
 Cleft Palate
 Other
 I don't know



ABOUT YOUR CHILD AND YOU

- 54. In general, how would you rate **your child's overall health** now?
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

- 55. What is **your child's** age now?
 - Less than 1 year old
 - YEARS OLD (Write in.)

- 56. Is your child male or female?
 - Male
 - Female

- 57. Is your child of Hispanic or Latino origin or descent?
 - Yes, Hispanic or Latino
 - No, not Hispanic or Latino

- 58. What is your child's race? (Please mark one or more.)
 - White
 - Black or African-American
 - Asian
 - Native Hawaiian or other Pacific Islander
 - American Indian or Alaska Native
 - Other

- 59. What is **your** age now?
 - Under 18
 - 18 to 24
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64
 - 65 to 74
 - 75 or older

- 60. Are you male or female?
 - Male
 - Female

- 61. What is the highest grade or level of school that you have **completed**?
 - 8th grade or less
 - Some high school, but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree

- 62. What language do you **mainly** speak at home?
 - English
 - Spanish
 - Some other language (please print)

- 63. What language does your child **mainly** speak at home?
 - English
 - Spanish
 - Some other language (please print)

- 64. How are you related to the CSHCS client?
 - Mother or father
 - Grandparent
 - Aunt or uncle
 - Older brother or sister
 - Other relative
 - Legal guardian
 - Self

- 65. Are you listed as either the parent or guardian on CSHCS records?
 - Yes
 - No

BENEFICIARY HELP LINE

- 66. In the last 6 months, did you call the Beneficiary Help Line (1-800-642-3195) to get information or help for your child?
 - Yes
 - No → **Go to Question 68**



67. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called the Beneficiary Help Line?

- A big problem
- A small problem
- Not a problem

68. In the last 6 months, have you called the Beneficiary Help Line with a **complaint or problem**?

- Yes
- No → **Go to Question 71**

69. How long did it take the Beneficiary Help Line to **resolve** your complaint?

- Same day
- 2-7 days
- 8-14 days
- 15-21 days
- More than 21 days
- I am still waiting for it to be settled

70. Was your complaint or problem **settled** to your **satisfaction**?

- Yes
- No
- I am still waiting for it to be settled

71. We want to know your rating of all your experience with the Beneficiary Help Line. Using **any number from 0 to 10**, where 0 is the worst possible and 10 is the best possible, what number would you use to rate the Beneficiary Help Line **now**?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst** **Best**
- Possible Possible

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI
48108



CD Contents

The accompanying CD includes all of the information from the Executive Summary, Reader's Guide, Results, Key Drivers of Satisfaction, Recommendations, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive crosstabulations that show responses to each survey question stratified by select categories. The following content is included in the CD:

- ◆ 2012 Michigan CSHCS Program Satisfaction Report
- ◆ MDCH CSHCS Program Crosstabulations