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MassHealth Member Experience Survey Pilot Project

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EXECUTIVE SUMMARY

Introduction

This report presents the results of a pilot survey of Medicaid patient care experiences in the ambulatory practice setting conducted in the fall of 2008 through a collaborative project between MassHealth, the Center for Health Policy and Research (CHPR) at the University of Massachusetts Medical School, and Massachusetts Health Quality Partners (MHQP). The pilot surveyed over 45,000 MassHealth members who had at least one outpatient visit with a primary care provider in the preceding twelve months.

The goals of the pilot survey were to:

- assess the methodological and operational feasibility of including the Medicaid population in future statewide patient experience survey efforts at the ambulatory practice level;
- provide a model for reporting actionable performance results back to MassHealth practice sites, and disseminate results back to MassHealth practice sites included in the pilot; and
- produce population-level results to provide an initial assessment of the care experienced broadly for Medicaid patients in Massachusetts.

Background

The provision of patient-centered care emerged as a central element in improving the quality of health care in the U.S. with the publication of the IOM's *Crossing the Quality Chasm Report* in 2001. Surveys of patient care experiences provide one of the most valuable tools to assess performance in this critical dimension of quality.

Massachusetts and MHQP have been at the national forefront in the development and implementation of valid and reliable measures of the patient care experience for the last decade. In 2005 and 2007, MHQP worked with commercial health plans to field a statewide survey and report results privately to physician organizations and publicly on the MHQP website. The next statewide commercial survey is slated for fielding in September of 2009.

While MassHealth was a collaborative partner in MHQP's early demonstration work, a number of operational, methodological and financial challenges have prevented MHQP from including MassHealth patients in the statewide survey to date. However, MHQP continues to have a goal of representing the Commonwealth's total population in statewide measures of patient care experiences.

Mutual interest in understanding how to best include the voices of Medicaid patients led to ongoing discussions within MassHealth and with MHQP, resulting in this pilot project. The project is important to MassHealth at this time because there is growing interest in assessing and improving the provision of patient-centered care at a practice or physician level. At the same

time there is a clear recognition that while the Medicaid Health Plan CAHPS[®] (Consumer Assessments of Healthcare Providers and Systems) instrument used by MassHealth provided reliable data about a number of important health plan service related areas, this model does not produce provider-specific actionable data.

Methods

MassHealth Members Included in the Pilot Survey

Members included in the MassHealth/MHQP Member Experience Survey were selected from five MassHealth plans, its Primary Care Clinician (PCC) Plan and four contracted capitated managed care organizations (MCOs): Boston Medical Center HealthNet Plan (BMCHP), Fallon Community Health Plan (FCHP), Neighborhood Health Plan (NHP), and Network Health (NH). These plans provided care to 699,599¹ Massachusetts residents during State Fiscal Year (SFY) 2008, approximately 54% of all Massachusetts residents enrolled in MassHealth.

MassHealth Provider Directory Development

To conduct a practice-based survey across multiple plans, each physician and site must be linked across all of the plans with which they contract. For the MassHealth Project, MHQP built a directory of MassHealth physicians and practice sites based in large part on MHQP's existing Commercial Master Provider Database (MPD). Differences in the way sites are configured for participation in MassHealth, along with the fact that some sites serve few commercial plan members, presented unique challenges that had to be addressed. Once successfully completed, however, health plan members were linked to practice sites and a reliable sample drawn at the site level. Practice level sampling included 100 sites, 47 adult and 53 pediatric sites. There were 17 practice site locations where both adults and children were sampled for this pilot project.

Sampling

To be eligible for sampling, MassHealth members had to be actively enrolled on June 30, 2008, and have had an office visit in SFY 2008. A total of 449,233 (approximately 71% of all MassHealth managed care members) were eligible for sampling.

Survey Development

The survey instruments developed by MHQP for use in its statewide survey of patient care experiences in the commercially-insured population were adapted for the MassHealth pilot study and are comprised of 58 to 61 questions. The instruments characterize adult and pediatric patients' experiences with their primary care practitioners in two dimensions of care and a number of domains of care within those dimensions, including:

Quality of Doctor-Patient Interactions

- Communication (How well doctors communicate with patients)
- Integration of care (How well doctors coordinate care)
- Knowledge of the patient (How well doctors know their patients)
- Health promotion (How well doctors give preventive care and advice)

¹ Data source: Eligibility and Enrollment Cube in Cognos. Data as of May 6, 2009.

Organizational Features of Care

- Organizational access (Getting timely appointments, care, and information)
- Visit-based continuity (Seeing your own doctor)
- Clinical team (Getting quality care from other doctors and nurses in the office)
- Office staff (Getting quality care from staff in the doctor's office)

Given the analytic objectives for this pilot project, it was critical to maintain comparability between the original MHQP commercial instruments and the MassHealth pilot instrument. However, it was also essential to ensure that the survey would be understandable to MassHealth members and provide results that would be useful operationally to MassHealth. With these criteria in mind, the project team engaged in a collaborative process that included cognitive testing within the MassHealth population to develop the MassHealth pilot versions of the MHQP survey instruments.

Data Collection

MHQP contracted with The Center for the Study of Services (CSS) to administer the survey in the fall of 2008 through a two-wave mail protocol with telephone follow-up for non-respondents. Written surveys were administered in English and Spanish, and a Spanish speaking interviewer was available for Spanish speaking telephone respondents. The project had an adjusted response rate of 31.9% for the adult sample, 34.6% for the child sample and 40.4% for the child behavioral item test sample. These rates are consistent with other projects using similar surveys and modes of response.

MassHealth Survey Overall Results

Survey Summary Measures

As noted above, the MHQP patient experience survey assesses eight distinct domains of care, each of which is composed of several related questions on the survey. A summary or composite measure is created for each of these care domains based on the responses to its relevant survey items. Composite scores range from 0 to 100 points with higher scores indicating more favorable performance.

Most of the MassHealth composite scores for the adult survey were in the mid 70s to low 80s range, with the exceptions of *Health Promotion* (63.0) and *Communication between Doctor and Patient* (88.4). With the exception of *Communication between Doctor and Patient* (92.5), the overall composites for the pediatric survey formed 2 clusters: one in the mid 80s for Knowledge of Patient and Office Staff and the other in the low 80s for the remaining five summary measures.

While the results reported for the adult and pediatric surveys are not technically comparable, given the different populations and at times different questions, parents of pediatric patients

reported more positive care experiences than adult patients across most measures. This finding is consistent with other patient experience survey results.²

Item-level Results

The item level results that comprise each summary measure provide a more detailed assessment of what is working well in high performing areas and what targeted actions could improve patient experience in the lower performing domains.

ADULT SURVEY

Best Performance

The best areas of performance at the item level for adults were all within the domain of Communication.

<i>Summary Measure</i>	<i>Item-level Result</i>
Communication	<ul style="list-style-type: none"> • 86% of patients reported that their physician always (74%) or almost always (12%) showed respect for what they had to say • 84% of patients reported that their physician always (70%) or almost always (14%) explained things in a way that was easy to understand • 84% of patients reported that their physician always (70%) or almost always (14%) gave them clear instructions about what to do to take care of health problems or symptoms that were bothering them.

Areas for Improvement

There were a variety of areas for focused improvement efforts for adults. The table below highlights improvement areas.

² California Cooperative Healthcare Reporting Initiative (CCHRI), Patient Assessment Survey (PAS) 2008; Massachusetts Health Quality Partners (MHQP), Patient Experience Survey, 2007.

Adult Areas of Improvement

<i>Summary Measure</i>	<i>Item-level Result</i>
Health Promotion	<ul style="list-style-type: none"> • 51% of patients reported that their physician did not ask them if there was a period of 2 weeks or more when they felt sad, empty or depressed • 28% of patients responded that their doctor's office did not talk with them about things in their lives that worried or caused them stress • 22% of patients responded that their doctor's office did not talk with them about a healthy diet and health eating habits.
Knowledge of Patient	<ul style="list-style-type: none"> • 57% of respondents reported that their personal doctor did not always seem to know all the important information about their medical history.
Integration of care	<ul style="list-style-type: none"> • 55% of patients reported that they did not always receive test results from someone in the doctor's office • 50% of patients reported that their PCP was not always informed and up to date about the care they received from specialists.

PEDIATRIC SURVEY

Best Performance

The best areas of performance at the item level for children were in Health Promotion and Communication.

Pediatric Best Performance

<i>Summary Measure</i>	<i>Item-level Result</i>
Communication	<ul style="list-style-type: none"> • 93% of parents reported that in the last 12 months their child's doctor always (83%) or almost always (10%) listened carefully to them and to their child • 93% of parents reported that their child's physician always (83%) or almost always (10%) showed respect for what they and their child had to say • 93% of parents reported that in the last 12 months their child's doctor always (82%) or almost always (11%) explained things in a way that was easy to understand.

Areas for Improvement

As with adults, there is room for improvement in a variety of areas for pediatric care. The table below highlights improvement areas.

<i>Summary Measure</i>	<i>Item-level Result</i>
Health Promotion	<ul style="list-style-type: none"> • 25% of parents reported that in the last 12 months their child's doctor did not talk with them about safety - protecting their child from injury (i.e. in a car, on a bike, at home) • 18% of parents reported that their child's doctor did not talk with them about all of the different prescription medicines the child was using.
Knowledge of Patient	<ul style="list-style-type: none"> • 34% of parents reported that their child's doctor did not always seem to know all the important information about their child's medical history • 22% of parents rated their child's doctor's knowledge of their child as a person (e.g. special abilities, concerns, fears) including values and beliefs that are important to them as less than excellent or very good.

Pediatric Areas for Improvement (continued)

<i>Summary Measure</i>	<i>Item-level Result</i>
Integration of care	<ul style="list-style-type: none"> • 59% of patients reported that they did not always receive their child's test results from someone in the doctor's office • 55% of parents reported that their child's PCP was not always informed and up to date about the care the child received from specialists
Access	<ul style="list-style-type: none"> • 25% of parents reported that their child was <i>only sometimes</i> (16%), <i>almost never</i> (4%) or <i>never</i> (5%) taken to the exam room within 15 minutes of the appointment time • 21% of parents reported that their child was <i>only sometimes</i> (14%), <i>almost never</i> (4%) or <i>never</i> (3%) seen in the exam room within 15 minutes of the being taken there

While communication between patients and providers was an area of best performance in both adult and pediatric populations, poorer performance in other elements of the patient-clinician interaction point to significant breakdowns in the coordination of care that have potentially serious implications on care outcomes.

Practice Site Level Reporting

Results at the practice level have been compiled in practice site reports that were shared with sites included for this pilot project. These reports will provide both the composite scores and the item-level responses of patients who received care from the site as well as summary scores for the MassHealth population overall. Practices can use the information in the reports to identify areas in need of improvement within their sites.

Commercial and MassHealth Comparative Results

One of the key objectives of this pilot project was to determine whether the MassHealth members of a given practice had the same patient experience of care as the site's commercial members. Were this the case, the MassHealth managed care members could be added to the commercial patient experience survey as another "plan" and MassHealth could share in the overall cost of the combined commercial and MassHealth surveys, thus significantly reducing the cost of obtaining this information.

Comparisons completed for this project showed significant differences in the experience of MassHealth managed care members and commercial health plan members in Massachusetts.

- For adults, the commercial results were statistically significantly better than the MassHealth results ($p < 0.001$) except in the area of Health Promotion, where results were similar for both populations. The largest differences were seen in the areas of Clinical Team Care, Integration of Care and Visit-Based Continuity.
- The differences between the experiences of the MassHealth pediatric population and the commercial pediatric population were not as great, but statistically significant differences did exist ($p < 0.001$) for all but Visit-based Continuity, where respondents reported very similar experiences. The largest differences between commercial and MassHealth pediatric experiences were found in the areas of Integration of Care, Clinical Team Care and Health Promotion.

Analysis of Differences

If MassHealth and commercially-insured patients are to be included in one survey of patient experience of care, it is important to understand the source of the differences in these observed results. An analysis of the demographic characteristics of the two populations showed that MassHealth members are younger, more likely to be female, more diverse in race, ethnicity, and primary language, and less educated. In addition they are more economically disadvantaged and report poorer health status than the commercial population. All of these differences were highly statistically significant ($p < 0.001$).

Impact of differences in patient characteristics

Given the significant differences in patient characteristics between the populations, a key question is whether these differences result in the different experiences of the two groups or if some other factor, most importantly having MassHealth insurance itself, is the main variable resulting in the poorer experience of people enrolled in MassHealth. To answer this question, the

patient characteristics of the commercial population were adjusted to be on average similar to the patient characteristics of MassHealth members. With this adjustment, differences between the two populations across measures disappeared with one exception, pediatric Health Promotion. *These results strongly suggest that having MassHealth as an insurer is not in and of itself an important determinant in the care experience, but rather the fact that demographic characteristics vary between the MassHealth and the commercially insured populations.*

Patient characteristics with the greatest impact

To further investigate the impact of these patient characteristics, a series of regression analyses were completed. These analyses showed that within the adult MassHealth population, racial, ethnic and language diversity, and to a lesser extent health status, had the greatest impact on the care experience in the physician's office. For children, both differences in racial, ethnic and language diversity and health status had large effects.

Impact of sites

This analysis also examined how the site at which patients received care was associated with their experience of that care. Not surprisingly, the particular practice site where a patient received care played a significant role in the patient's experience. Cultural diversity and poorer health status, while very important, did not account for all of the variation in performance across sites. Characteristics of the sites themselves also contributed to the different performance results seen at different sites - regardless of the proportion of lower income, less healthy or more diverse patients served at the site. When practice sites were adjusted to account for patient characteristics, scores did not differ very much from the unadjusted scores. In other words, even when adjusted there were still differences. What we observed was MassHealth vs. Commercial differences and also site vs. site differences. Health and cultural factors explained the MassHealth vs. Commercial differences. They did not explain the inter-site differences.

Impact of within-site differences

While both patient characteristics and site selection effects could be adjusted so that MassHealth and commercially-insured patients could be included together in a single MHQP statewide survey effort, it is also important to understand *within-site* differences between the two populations. This will allow us to draw conclusions about whether it is appropriate to combine site-level results for practice site-level reporting in future survey cycles. To assess within-site differences, a MassHealth-site interaction analysis was conducted. This type of analysis looks at whether patient experiences within a given site vary significantly by health plan (in this case, MassHealth versus commercially insured patients).

Among pediatric sites, there were no significant MassHealth-site interaction effects, meaning that combining commercial and MassHealth results will provide an accurate reflection of the practice's performance across both groups of patients.

However, in the adult population, there did appear to be a significant MassHealth-site interaction across a number of measures, meaning that combining survey data from MassHealth and commercial patients into one overall set of results for the practice site could mask real site-specific differences in MassHealth and commercial patient experiences.

ANALYSIS OF SUPPLEMENTARY QUESTIONS

Through the survey development process, MassHealth identified areas not covered by the MHQP commercial survey but important to MassHealth programs and operations. The project team developed questions to address these areas and these items were added to the surveys.

Behavioral Health Services

Questions were added to the survey in the area of behavioral health services in the primary care setting. These questions focused on member experience of screening, referral, and access as well as integration of care.

The overall rate of screening for drug and alcohol use for adults was 69%. Of those members whose physicians recommended behavioral health treatment, 71% received care. Of those who received care and responded to the question on integration, 66% stated that their personal doctor always or almost always seemed informed and up-to-date about counseling or treatment they received for personal or family problems.

For children, only 10% were recommended by their physician for behavioral health treatment, including alcohol and drug counseling. Of those whose physicians did recommend such treatment, 69% received care. Of those who received care and whose parents or guardians responded to the question on integration, 74% stated that their child's personal doctor always or almost always seemed informed and up-to-date about counseling or treatment they received for personal or family problems.

One item was added to the pediatric survey instrument for a subset of pediatric members. This item screened for drug and alcohol use. During cognitive testing of the pediatric instrument, the drug/alcohol screening item created confusion and/or strong negative reactions among parent respondents. Some participants had problems thinking about providers talking to very young children about drugs and alcohol. Survey methods experts therefore recommended fielding this item as a test question among a small sample of the survey population to be included in the pilot to evaluate any response bias that might be introduced into the rest of the survey as a result of this item. Were subjects who received this version of the survey to respond differently to questions that followed than those who did not receive this version, it would not be possible to include their survey results in the overall results provided to a practice site or to MassHealth. *Analysis of results indicated that including the item did not have a negative effect on responses to following questions.*

The results demonstrate that although overall screening rates were low (27%), children ages 15-18 were screened most often (51%), followed by 10-14 year-olds (37%). Based on these results, we recommend this screening question be targeted to an age-appropriate segment of the pediatric population in future versions of the survey.

Specialty Care Services

MHQP's commercial survey instruments contain a single item within the integration of care composite focusing on how informed doctors are about care their patients receive from

specialists. Because MassHealth members are likely to report chronic illness and often need the care of specialists, MassHealth wanted to know more about how often MassHealth members saw specialist physicians when their physician made a recommendation to seek specialist care and how easy it was for patients to make appointments

As would be expected, fewer pediatric members were referred to specialists (36%) than adult members (64%). Of those referred, 64% of pediatric and 62% of adult members almost always or always found it easy to make appointments with specialists. It is difficult to know whether the response by the MassHealth members to the questions of actually seeing a specialist once referred and the ease of making an appointment with specialists is the norm across all populations since these questions were not asked of the commercial population. However, a comparison of the mean scores for the summary measure integration finds MassHealth members are significantly less likely to report that their physician is knowledgeable about care received from specialty doctors. This is particularly true for adult members.

Conclusions and Recommendations for Future Work

The central objectives of the this pilot study were to 1) provide MassHealth leadership with an initial assessment of the ambulatory care experiences for the population as a whole and 2) assess the methodological and operational feasibility of including MassHealth patients in future statewide patient experience surveys. As expected, the pilot project findings have important policy and programming implications and lead to several recommendations about how best to conduct surveys of MassHealth patient experiences in the future.

Assessing Care Experiences Reported by MassHealth Members: Key Areas for Further Focus

The results reflected in this report should be viewed as baseline data from which to re-measure and track improvements in care going forward. As there are currently no large scale patient experience data collection efforts underway in other markets or nationally that focus on the Medicaid population, there are no existing Medicaid specific benchmarks for comparison. Despite the lack of available benchmarks however, the results point to several important areas that warrant continued assessment and strategies for improvement.

While communication between patients and providers was an area of best performance in both adult and pediatric populations, poorer performance in other elements of the patient-clinician interaction point to significant breakdowns in the coordination of care that have potentially serious implications on care outcomes, such as patients not always receiving test results from someone in the doctor's office and PCPs not always being informed and up-to-date about care received from specialists and not always seeming to know all the important information about their patients' medical histories.

Comparing the Care Experiences of MassHealth and Commercially Insured Patients

MassHealth patients overall reported significantly poorer experiences with their care than those patients in the commercially insured population. Greater racial, ethnic, and language diversity, as well as poorer health status, and the site at which care is received appear to be the primary factors resulting in a more negative care experience. While member characteristics did not explain the differences in care among sites, at a population level, once socio-demographic and

health characteristics were accounted for, no significant differences remained between the two populations.

These findings indicate that having MassHealth as an insurer is not in and of itself an important determinant in the care experience. There are no systematic deficiencies in the MassHealth Program that result in MassHealth patients getting inferior care. What these findings do tell us, though, is that we need to understand better the care that physician practices provide to sicker and more culturally diverse patients. For instance, does caring for a disproportionately high number of sicker and culturally more diverse patients affect care paradigms for all patients within a practice? Improving the patient care experience for this population may require a unique set of interventions.

Feasibility of Combining MassHealth and Commercial Survey Efforts

Findings on the question of whether MassHealth and commercial patients could be surveyed together as part of a single statewide survey were mixed. Pilot results suggest that pediatric patients could be integrated for site-level performance measurement and reporting, but adult patients should be surveyed separately.

Despite the effects of some member characteristics and site selection, MassHealth members could still be included in the MHQP commercial patient experience survey in subsequent survey rounds if the pilot analysis had found that there was no or little MassHealth-site interaction (i.e., within site differences in experiences between the commercial and MassHealth patients of the site). Results from the pilot demonstrated that while the MassHealth-site interaction was not significant for any of the pediatric measures, it was for two of the adult measures, indicating that it would not be appropriate to combine results for practice site level reporting in future survey cycles for adult patients.

The policy implications of these findings are that significant resources will be required to fund a statewide survey of MassHealth patient care experiences within the ambulatory practice setting. To balance cost issues with the desire to assess and improve the provision of patient-centered care at a practice level, MassHealth may want to consider initially targeting certain provider groups (i.e. health centers or medical home pilot sites) or specific patient populations for inclusion in a survey.

Developing Future Survey Instruments for the MassHealth Population

All of the survey content from the MHQP commercial instruments was deemed appropriate and accessible for the MassHealth population as shown in cognitive testing. There were several areas around behavioral health assessment important to MassHealth however that were not adequately covered in the MHQP survey. The pilot offered an opportunity to do some initial testing of items related to access and integration of behavioral health services within a primary care context. For the most part, these items were well understood by patients and easily integrated into the survey instrument with no findings of response bias (the exception was the item on alcohol/drug screening in the child survey which while eliciting highly charged reaction from patients in cognitive testing, did not appear to create any response bias when tested in the field).

Given the importance of measuring the patient experience of behavioral health services, future survey development should include discussion of which data will be best captured in a general population survey of primary care experiences and which should be collected through other mechanisms more specific to behavioral health services. Additional psychometric and cognitive testing will also be needed to evaluate how best to integrate behavioral health items into overall composite measures of the care experience.

Integrating MassHealth Providers into the MHQP Massachusetts Provider Database (MPD)

Creating complete integration of MassHealth providers into the MHQP Massachusetts Provider Database (MPD) is an essential, although challenging, step to enable statewide surveys that encompass all the practice sites and physicians where MassHealth members receive care regardless of whether MassHealth and Commercial surveys are surveyed together or separately.

As discussed elsewhere in this report, the MPD links all physicians in the Commonwealth to the practice sites, medical groups and networks where they practice. It provides the foundation from which physician and patient data can be aggregated across health plans to create the practice site-level sampling, performance measurement, and reporting for the statewide patient experience survey. As anticipated, there were numerous challenges during the pilot project to integrate the provider data across the MCOs and PCC Plan into the MHQP MPD, especially for practices that predominately serve the MassHealth population.

Moving forward, it will be important to continue to work with representatives from the MassHealth health plans and directly with these provider organizations to reconcile and validate provider data structures for future survey efforts.

INTRODUCTION

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The goals of the pilot survey were to:

- assess the methodological and operational feasibility of including the Medicaid population in future statewide patient experience survey efforts at the ambulatory practice level;
- provide a model for reporting actionable performance results back to MassHealth practice sites and disseminate results back to MassHealth practice sites included in the pilot; and
- produce population level results to provide an initial assessment of the care experienced broadly for Medicaid patients in Massachusetts.

BACKGROUND

The provision of patient centered care emerged as a central element in improving the quality of health care in the U.S. with the publication of the IOM's *Crossing the Quality Chasm Report* in 2001. In this report, patient centered care was named as one of six key components required for achieving high quality care. Since then, health care organizations across the country have begun to explore and make investments toward improving patient-centered approaches to the care they provide, as a growing body of empirical data continues to link patient-centered care to improved patient self management, better clinical outcomes, lower utilization and reduced malpractice risk.^{3,4,5,6} Surveys of patient care experiences provide one of the most valuable tools to assess performance in this critical dimension of quality.

Massachusetts and MHQP have been at the national forefront in the development and implementation of valid and reliable measures of the patient care experience for the last decade. In a Commonwealth Fund-supported project, MHQP partnered with researchers from The Health Institute at New England Medical Center to lead the nation in conducting a pilot project to measure patient's experiences with the care they receive from their primary care physician. The principle objective of the project was to work with the physician and larger health care

³ Safran DG, Taira DA, Rogers WH, Kosinski MA, Ware JE, Tarlov AR. Linking Primary Care Performance to Outcomes of Care *Journal of Family Practice*, 1998 47 (3): 213-220.

⁴ Safran DG, Murray AM, Chang H, Montgomery J, Murphy J, Rogers WH. Linking doctor-patient relationship quality to outcomes *Journal of General Internal Medicine* (abstract) 2000; 15 (supplement): 116.

⁵ Osman, C.J., Shannon, M.D., and Bauchner, H. Asthma: The relationship between quality of primary care and acute care utilization. *Ambulatory Child Health: The Journal of General and Community Pediatrics* 3(1):150, 1997.

⁶ Wilson IB, Rogers WH, Montgomery JE, Chang H, Safran DG Rates and correlates of cost-related medication skipping among Medicare beneficiaries. *Journal of General Internal Medicine* (abstract) 2002; 17 (Supplement): 218.

community across the Commonwealth to test the methodological, operational and financial feasibility and value of producing a statewide set of performance measures that could be reported at the practice site or individual physician level. The success of this demonstration project positioned MHQP to work with stakeholders to advance an ongoing statewide survey of patients' experiences in the ambulatory care setting. The Ambulatory Care Experiences Survey (ACES) instrument developed for the demonstration project provided the model for MHQP's ongoing statewide survey and served as the foundation for national efforts to develop standardized patient experience measures and tools through the Agency for Healthcare Research and Quality CAHPS® program. Several elements of the CAHPS® Clinician-Group Survey have since received National Quality Forum (NQF) endorsement as national measurement standards.

In Massachusetts, MHQP has continued to work in collaboration with commercial health plans to field a statewide survey and publicly report results to consumers, as well as to physicians and provider organizations. Two statewide primary care surveys of commercially insured patients, in 2005 and 2007, have now been fielded and reported. The next statewide commercial survey is slated for fielding in September of 2009. While MassHealth was a collaborative partner in MHQP's early demonstration work in Massachusetts, that work revealed a number of operational, methodological and financial challenges that have prevented MHQP from including MassHealth patients in the statewide survey to date.

To assess patient care experiences in the Medicaid population, MassHealth has relied on the *MassHealth Managed Care Member Survey*, a biennial survey based on the CAHPS®TM Health Plan Survey. MassHealth members were asked about their experiences and satisfaction with the medical and behavioral health care received through their MassHealth plan. The survey assessed the member care experience with patient-physician communication, organizational access, and overall satisfaction at the *health plan level*.

The pilot project presented here results from a number of coalescing interests within MassHealth and MHQP that have emerged through ongoing discussion since the time of the initial MHQP demonstration project. First, given evolving MassHealth programmatic directions, there is growing interest in assessing and improving the provision of patient-centered care at a practice or physician level. At the same time, there is a clear recognition that while the Medicaid Health Plan CAHPS® instrument used by MassHealth provides reliable data about a number of important health plan service-related areas, this model does not produce provider-specific actionable data. Finally, while the commercial population is an important element of the MHQP statewide survey, MHQP continues to strive toward a goal of representing the Commonwealth's total population in statewide measures of patient care experiences. Understanding how to best include the voices of Medicaid patients is a critical next step to achieving this goal.

METHODS

MassHealth Members Included in the Pilot Survey

Members included in the MassHealth/MHQP Member Experience Survey were selected from five MassHealth plans. One of these plans was the Primary Care Clinician (PCC) Plan (a primary care case management model), which links members to specific primary care providers, who serve as the gatekeepers for the medical care delivery system. The other plans are four contracted, capitated managed care organizations (MCOs) in Massachusetts: Boston Medical Center HealthNet Plan (BMCHP), Fallon Community Health Plan (FCHP), Neighborhood Health Plan (NHP), and Network Health (NH). MassHealth managed care plans provided care to approximately 699,599⁷ Massachusetts residents during State Fiscal Year 2008.

See Appendix A for health plan profiles.

MassHealth Provider Directory Development

To conduct a practice-based patient experience survey across multiple health plans, physician practices must be linked across all plans. For the MassHealth Project, MHQP built a directory creating this linkage of MassHealth physicians and practice sites. Completing this task also allowed us to evaluate the degree of overlap between MassHealth physicians and physicians in the MHQP Massachusetts Provider Database (MPD), which has virtually all physicians that contract with the five largest commercial insurers in Massachusetts. We could also assess the consistency between the ways individual physicians affiliate to form practices and larger medical groups to serve the MassHealth population and the way they affiliate to serve the commercial populations. This assessment was important in understanding the ease with which MassHealth members could be integrated into future cycles of the MHQP statewide patient experience survey, if such integrate was found to be appropriate.

The development of the MassHealth Provider Directory was based in large part on MHQP's Commercial MPD. The commercial database structure is a hierarchy that begins with physicians and assigns those physicians to one or more practice sites through combining physician-level provider directory information from five of the largest commercial health plans in Massachusetts and validating physician rosters with physician organizations. To create the MassHealth Provider Directory, CHPR and MHQP worked with health plan technical staff to create standardized provider information files so that a similar process of mapping providers to practice sites could be implemented.

One difference between the commercial and MassHealth populations is that the MassHealth members may choose or be assigned to either a practice site or an individual physician, whereas commercial managed care members must select a specific physician. Given this difference, MassHealth mapping efforts were implemented at two levels.

⁷ Data source: Eligibility and Enrollment Cube in Cognos. Data as of May 6, 2009.

Mapping physicians

Physicians contracting with MassHealth plans were mapped to the MHQP directory using unique common identifiers (first and last name with date of birth or Massachusetts License number) and then assigned to practice sites connected to these physicians in the commercial directory. The vast majority of MassHealth physician records could be mapped to the commercial directory structure in this way, and the resulting MassHealth Provider Directory captures the overlap between commercial and MassHealth physician provider networks and assigns physicians to practice sites across plans.

Mapping practice sites

Using practice site provider information to map MassHealth practice sites to the commercial directory practice sites proved to be more challenging. While physician provider information most often includes unique identifiers, such as date of birth or Massachusetts License number that can be used for mapping, practice sites do not. In addition, there are differences in the organizational hierarchies of physician organizations and care systems in commercial and MassHealth plan data. A combination of programming logic and manual review was used to map as many sites as possible to the commercial directory. When mapping was not possible, a MassHealth practice site was added to the directory.

Once this work was completed, health plan members were linked to practice sites across plans through their enrollment assignment of primary care provider.

See Appendix B-1, Technical Appendix, for more information on the creation of the MassHealth Provider Directory.

Sampling

To be eligible for sampling, members had to be an active MassHealth member on June 30, 2008, and have had an office visit during SFY2008. A total of 449,233 MassHealth managed care members across all five Plans were eligible for sampling (approximately 70% of those in managed care). Adult and pediatric members were selected for one of four distinct sample frames created to meet pilot survey analytic and reporting objectives: 1) a non-random comparative sample that matched MassHealth sites to commercial practice sites; 2) a non-random systematic sample of MassHealth sites that were not included in the comparative sample; 3) a random sample of all remaining members (to allow measurement of the system as a whole); and 4) a small random sample of PCC Plan pediatric members to receive a survey testing a new behavioral health item.

See Appendix B-2, Technical Appendix, for more information on sampling.

Survey Development

The conceptual model for MHQP's patient experience surveys correspond to the Institute of Medicine's definition of primary care (1996).⁸ The MHQP instruments characterize patients' experiences with their primary care physicians across a number of care domains from the IOM

⁸ Primary care: America's health in a new era. Molla S. Donaldson, Karl D. Yordy, Kathleen N. Lohr, and Neal A. Vanselow, *Editors*; Committee on the Future of Primary Care Services, Division of Health Care Services, Institute of Medicine. Washington, D.C.: National Academy Press, 1996.

definition within two broader dimensions, doctor-patient interactions and organizational-structural features of care:

- Quality of Doctor-Patient Interactions
 - Communication (How well doctors communicate with patients)
 - Integration of care (How well doctors coordinate care)
 - Knowledge of the patient (How well doctors know their patients)
 - Health promotion (How well doctors give preventive care and advice)
- Organizational Features of Care
 - Organizational access (Getting timely appointments, care, and information)
 - Visit-based continuity (Seeing your own doctor)
 - Clinical team (Getting quality care from other doctors and nurses in the office)
 - Office staff (Getting quality care from staff in the doctor's office)

The instruments are comprised of 58 to 61 questions incorporating the best performing items from two validated surveys: the Ambulatory Care Experiences Survey (ACES) developed as part of MHQP's 2002 demonstration project in partnership with researchers from The Health Institute at Tufts-New England Medical Center; and the Clinician/Group CAHPS® Survey which was developed under the auspices of the Agency for Healthcare Research and Quality and has been endorsed by the National Quality Forum. The ACES tool has figured prominently in development of the Clinician/Group CAHPS® Survey and therefore there is extensive overlap between the surveys. Since 2002, ACES has also been used extensively on numerous large-scale survey initiatives in varied markets nationwide. Core items in ACES have emerged as the national standard for measuring patient experiences with their primary care physicians.

Survey questions have undergone cognitive testing to ensure that the wording is interpreted consistently and is clear to individuals across a wide continuum of English literacy skills. Survey questions and composite measures have undergone extensive psychometric testing to ensure the reliability and validity of all measures.

The MHQP commercial survey instruments were adapted for the MassHealth pilot study. Given the analytic objectives for this project, it was critical to maintain comparability between the original MHQP commercial instruments and the MassHealth pilot instruments. However, it was also essential to ensure that the survey would be understandable to MassHealth members and provide results that would be useful operationally to MassHealth.

With these criteria in mind, the project team engaged in a collaborative process that included stakeholder review and feedback as well as cognitive testing within the MassHealth population to develop and finalize the MassHealth pilot versions of the MHQP survey instruments. Survey methods and statistical experts were consulted to determine the advisability and feasibility of all proposed changes. In addition, MHQP's Physician Council, representing a wide range of physician organizations in Massachusetts, was asked to review and provide feedback on the proposed instruments.

As a result of this review, the MHQP survey instruments were modified in the following areas:

- Primary care physician confirmation
 - Since a large proportion of MassHealth members select primary care sites rather than individual physicians as primary care providers, the physician confirmation items at the beginning of the survey instrument were modified to validate the respondent's primary care site, rather than his or her individual primary care physician, as in the MHQP commercial survey.
- Spanish translation of the survey
 - To meet the needs of MassHealth members whose primary language is Spanish (the second most commonly spoken language other than English), instruments were translated and administered in Spanish. A skilled team of translators, editors, proofreaders and quality control specialists at the Central Massachusetts Area Health Education Center, Inc. (CM AHEC)⁹ performed the translation.
- Screening, access, and care integration for behavioral health services
 - Given that over 40% of MassHealth members receive behavioral health services, specific items were added to both adult and child versions of the survey to target screening, access and integration of such services within the primary care setting.
 - A small subset of the pediatric sample was surveyed using a variation of the survey instrument that included one additional behavioral health screening item about substance use as a test item.
- Access to specialist care
 - The MHQP Commercial Patient Experience survey asks patients about referral to specialty care physicians and if their primary care physician was informed and up to date about any care received from specialty care physicians. MassHealth project team members were interested in finding out if patients had seen specialty care physicians after referral and how difficult it was to make an appointment for specialty care. Two items were added to address these issues.

Cognitive Testing

To assure that survey instruments and proposed additional content were well understood by MassHealth members, survey instruments were cognitively tested by trained, bilingual cognitive interviewers at CM AHEC and staff from CHPR. Overall, most of the items tested well and respondents understood the questions. The recommendation for the majority of the questions tested was to retain the item as worded. As discussed previously, there were some issues with the behavioral health/substance use questions, particularly asking about substance use in a pediatric population. To understand the impact of asking about substance use in the pediatric survey instrument, a random sample of PCC Plan pediatric members was chosen to test the substance use item during the pilot.

See Appendix C for more information on Cognitive Testing.

⁹ CM AHEC is a 501(c) 3 non-profit organization whose mission is dedicated to enhancing access to quality health care, promoting workforce development, and eliminating health disparities. CMAHEC is a provider of Community Health Worker Training and certificate programs. CMAHEC also provides translation and interpreter services, medical interpreter training, mental health programs, and outreach worker training.

Final Survey Instruments

The project fielded both adult (ages 18 to 64) and pediatric (ages 0 to 17) versions of the MHQP patient experience survey instrument. As previously noted, for the pediatric survey, a small sample of members was chosen to test a variation of the instrument that included one additional behavioral health item. The adult survey was designed to be completed by the adult member, and the child survey was designed to be completed by the parent or guardian of the child member.

Survey Implementation and Data Collection

MHQP contracted with The Center for the Study of Services (CSS) to administer the survey to 45,995 MassHealth managed care members through a two-wave mail protocol with telephone follow-up for non-respondents. Prior to mailing, the sample frame was passed through the US Postal Service Change of Address Process. This process standardizes addresses and checks for any change in address submitted in the prior 48 months. Addresses were updated for 8.9% of the sample frame.

To maximize response rates, the telephone protocol included six attempts to reach respondents on different days and different times of day. Written surveys were administered in English and Spanish and a Spanish speaking interviewer was available for Spanish speaking telephone respondents.

Survey Administration Schedule:

- 1st Wave Mailing: October 6, 2008
- 2nd Wave Mailing: October 27, 2008
- Telephone Protocol: November 18, 2008-December 11, 2008
- Field Close Date: December 31, 2008

Materials

Each survey mailing package included:

- A cover sheet from MassHealth in English and Spanish describing the survey and including answers to frequently asked questions and a toll-free number for members with questions.
- Two 8-page survey booklets, one in English the other in Spanish, customized with the name of the member's primary care site.
- A translation ("Babel") card with a message in 9 commonly spoken languages asking the member to have survey materials translated.
- A postage-paid reply envelope.

See Appendix D for surveys and mailing materials.

MassHealth Survey Response Rates

Overall Response Rate

Overall, the project had an adjusted response rate of 33.5%. The adjusted rate excludes from the denominator all sample members whose surveys were returned as undeliverable, who could not be reached by phone, or who were reported to be deceased or mentally or physically incapacitated. The adult sample had an adjusted response rate of 31.9%; the main child sample

had an adjusted response rate of 34.6%. These rates are consistent with other projects using similar surveys and modes of response.

The final overall *usable* response rate was 30.9%. This rate is determined by removing responses where the practice site listed by the MassHealth member was not the one assigned through the sampling process and also removing responses from members who, while cared for at the expected site, stated that they did not have a specific primary care physician. The usable rate for the adult survey was 28.7%. It was 31.9 % for the main pediatric survey, and 40.4% for the child behavioral item test sample.

Response by Mode and Language

The response proportions by wave/mode were as follows: 53% of total responses were received from the 1st wave mailing, 19% of total responses were from the 2nd wave mailing and 28% of total responses were from telephone interviews. 89% of responses were in English, 11% in Spanish.

The majority of non-responses were related to having no phone number for the member, or incorrect or disconnected phone numbers, or receiving no answer at the phone number after 6 attempts to contact the individual.

Test of Disconnected Phones

Sample members with disconnected phones received an additional attempt at the same number after a waiting period of at least a week to test whether the disconnections were temporary. The phone bank reattempted 2,200 disconnected numbers, which resulted in only four completed interviews, suggesting either that the majority of disconnections were permanent or that a longer waiting period before re-attempting contact is required.

See Appendix E for detailed Response Tables.

MASSHEALTH OVERALL RESULTS

Characteristics of Members

The adult respondents were largely females between the ages of 25 and 64. The majority were white or Hispanic, who had at least a high school degree. They reported an average of about two chronic conditions, with depression and hypertension being the most prevalent.

Characteristics of Adult Members

Table 1-A-1 – Patient Characteristics – Adult

Adult PCP (N=6,422)	
Percents are always of whole adult sample	
Age	
Mean, SD	42.3 (12.6)
<25 (%)	9.9
25-44 (%)	44.7
45-64 (%)	43.7
≥65 (%)	1.7
Gender	
Female (%)	72.8
Ethnicity	
Hispanic (%)	26.9
Race	
White (%)	46.6
Black (%)	5.8
Asian (%)	5.4
Education Level	
Less than High School (%)	27.4
High School Graduate (%)	36.5
More than High School (%)	36.1
Chronic Conditions	
Mean, SD, Mode	2.2 (1.8) 1.0
More than 3 chronic conditions (%)	37.7
Hypertension (% of full sample)	33.8
Angina/Coronary Artery Disease (%)	6.8
CHF (%)	2.9
Diabetes (%)	15.1
Asthma (%)	25.7
Arthritis (%)	24.9
Depression (%)	44.2

Characteristics of Pediatric Members and their Parent/Guardian

The children about whom parents and guardians responded were about equally male and female with an average age of 8.8 years. The majority were white or Hispanic. While most had no chronic illnesses, the average number of chronic conditions was one, with asthma being the most prevalent.

Table 1-A-2 – Patient Characteristics – Pediatric

Pediatric PCP (N=7,596) Percents are always of whole pediatric sample	
Parent/Guardian Age	
<25 (%)	1.3
25-44 (%)	40.4
45-64 (%)	52.4
≥65 (%)	5.8
Child's Age	
Mean (SD)	8.8 (5.3)
Gender	
Female (%)	48.2
Ethnicity	
Hispanic	29.3
Race	
White (%)	38.3
Black (%)	5.9
Asian (%)	3.3
Parent/Guardian Education Level	
Less than High School (%)	18.4
HS Grad (%)	34.0
More than High School (%)	47.6
Chronic Conditions	
Mean, SD, Mode	1.0 (1.0) 0.0
More than 3 chronic conditions (%)	5.4
Diabetes	1.0
Asthma	22.6
Depression	8.9
Overweight or excessive weight gain	11.8
Attention Deficit Disorder	12.6

See Appendix F for detailed Member Characteristics tables.

Overview of Composites and Scoring

As noted earlier in the report, the MHQP patient experience survey assesses eight distinct domains of care within two broader dimensions—patient-physician interactions and organizational features of care. A summary or composite measure is created for each of these care domains. Tables 1-B and 1-C present the set of survey items comprising each composite as well as the population mean score for each composite.

Composite scores range from 0 to 100 points with higher scores indicating more favorable performance. The composite measures are averaged from items that are scored from 0 to 100 as follows: *Always* (100), *Almost Always* (80), *Usually* (60), *Sometimes* (40), *Almost Never* (20), and *Never* (0). Psychometric research has shown that the verbal quantifiers adhere approximately to the percentages in parentheses.¹⁰⁻¹¹ For example, for the question: “In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?” If the respondent answers “usually”, then research suggests he is saying that he could understand the doctor roughly 60% of the time. For each patient, the responses represent a fraction of the explanations that were understood, so when the responses are averaged, the score estimates a percentage of explanations that were understood. Other items in the composite communication measure represent the patient experience of other communication events, such as receiving clear instructions or being listened to carefully. Therefore, the composite as a whole roughly estimates the percentage of time that the types of communication events represented by the items occur.

Composite scores were calculated using the Matrix Approach¹² (developed at The Health Institute) which allows the composite to be scored even if the respondent does not answer all the items in the composite. This method uses the items that the respondent did answer and imputes missing values for the other items using a single imputation approach and a large item pool of historical survey data to determine the responses that the patient would have likely given for the remaining items. Note that the scale values that are missing are highly determined by other dependent data and this is therefore not the same as a common analytic problem where some modestly influential independent variable might be missing. Composite scores were calculated for each respondent based on the unweighted average of responses to all items comprising the measure. See Appendix G for individual item responses for the adult and child surveys.

While the adult and pediatric survey results below are not technically comparable given the different populations and some different questions, parents of pediatric patients reported more positive care experiences. This finding is consistent with other patient experience survey results.¹³

¹⁰ Hakel (1968) How often is often? *American Psychologist* 23(7) 533-534;

¹¹ Laird, Korkmaz, Chen (1991): http://cpr.iub.edu/uploads/aera_how%20often.pdf.

¹² Rogers WH, Safran DG: *The Ambulatory Care Experiences Survey (ACES-Long Form) Scoring Document*. The Health Institute, Institute for Clinical Research and Health Policy Studies; Tufts Medical Center, Boston, MA. 2005; Vol. 1:8-10.

¹³ California Cooperative Healthcare Reporting Initiative (CCHRI), Patient Assessment Survey (PAS) 2008; Massachusetts Health Quality Partners (MHQP), Patient Experience Survey, 2007.

Table 1-B – Quality of Physician-Patient Interaction – Composites and Item Mean Scores*

Composite	ADULT PCP N=6422 Mean Score*	PEDIATRIC PCP N=7569 Mean Score*
Communication: <i>How well doctors communicate with patients</i>	88.4	92.5
<ul style="list-style-type: none"> • Explanations were easy to understand • Listened carefully • Gave clear instructions about care for health problems or symptoms • Gave clear instructions about what to do if symptoms got worse or came back • Showed respect for what patient had to say • Spent enough time with patient 		
Integration of Care: <i>How well doctors coordinate care</i>	77.9	81.1
<ul style="list-style-type: none"> • Followed up to give test results • Informed about patient’s specialist care 		
Knowledge of Patient: <i>How well doctors know their patients</i>	80.9	85.7
<ul style="list-style-type: none"> • Knew important information about medical history • Knows patient as a person, values and beliefs 		
Health Promotion: <i>How well doctors give preventive care and advice</i>	63.0	81.6
<ul style="list-style-type: none"> • Discussed exercise or physical activity • Discussed worry or stress • Discussed depressed feelings • Preventive care reminders to patient • Discussed healthy diet and healthy eating habits • Discussed growth and development • Discussed safety • Discussed behavior 		

*Composite Scores are weighted so that the respondents from the three adult samples reflect the overall MassHealth population.

Table 1-C – Organizational/Structural Aspects of Care – Composites and Item Mean Scores*

Composite	ADULT PCP N=6422 Mean Score*	PEDIATRIC PCP N=7569 Mean Score*
Access: Getting timely appointments, care, and information	76.4	83.0
<ul style="list-style-type: none"> Appointment for care needed right away Appointment for a check-up or routine care when needed Answer to questions on the same day Needed help or advice needed after regular office hours Taken to exam room within 15 minutes of appointment time Once in the exam room, seen within 15 minutes 		
Visit-based Continuity: Seeing your own doctor	82.2	82.7
<ul style="list-style-type: none"> See regular PCP, not a nurse or other provider from the doctor's office 		
Clinical Team: Getting quality care from other doctors and nurses in the office	78.9	83.4
<i>Regarding other doctors and nurses:</i> <ul style="list-style-type: none"> Explanations were easy to understand Have information to correctly diagnose and treat problems Spent enough time with patient Rating of care performed by other doctors and nurses 		
Office Staff: Getting quality care from front-office staff in the doctor's office	83.3	86.5
<ul style="list-style-type: none"> Front-office staff are helpful Front-office staff treat patient with courtesy and respect 		

*Composite Scores are weighted so that the respondents from the four pediatric samples reflect the overall MassHealth population.

Analysis of Item-level Results

The item level results that comprise each summary measure provide a more detailed assessment of what is working well in high performing areas and what targeted actions could improve patient experience in the lower performing domains. While communication between patients and providers was an area of best performance in both adult and pediatric populations, poorer performance in other elements of the patient-clinician interaction point to significant breakdowns in the coordination of care that have potentially serious implications on care outcomes.

Adult Survey – Item-level Results

Areas of Best Performance

<i>Summary Measure</i>	<i>Item-level Result</i>
Communication	<ul style="list-style-type: none"> • 86% of patients reported that their physician always (74%) or almost always (12%) showed respect for what they had to say • 84% of patients reported that their physician always (70%) or almost always (14%) explained things in a way that was easy to understand • 84% of patients reported that their physician always (70%) or almost always (14%) gave them clear instructions about what to do to take care of health problems or symptoms that were bothering them.

Areas for Improvement - Adult

<i>Summary Measure</i>	<i>Item-level Result</i>
Health Promotion	<ul style="list-style-type: none">• 51% of patients reported that their physician did not ask them if there was a period of 2 weeks or more when they felt sad, empty or depressed• 28% of patients responded that their doctor's office did not talk with them about things in their lives that worried or caused them stress• 22% of patients responded that their doctor's office did not talk with them about a healthy diet and health eating habits.
Knowledge of Patient	<ul style="list-style-type: none">• 57% of respondents reported that their personal doctor did not always seem to know all the important information about their medical history.
Integration of care	<ul style="list-style-type: none">• 55% of patients reported that they did not always receive test results from someone in the doctor's office• 50% of patients reported that their PCP was not always informed and up to date about the care they received from specialists.

Pediatric Survey – Item-level Results

Areas of Best Performance

<i>Summary Measure</i>	<i>Item-level Result</i>
Health Promotion	<ul style="list-style-type: none"> • 94% of parents reported that in the last 12 months their child's doctor talked with them about their child's growth and development
Communication	<ul style="list-style-type: none"> • 93% of parents reported that in the last 12 months their child's doctor always (83%) or almost always (10%) listened carefully to them and to their child • 93% of parents reported that their child's physician always (83%) or almost always (10%) showed respect for what they and their child had to say • 93% of parents reported that in the last 12 months their child's doctor always (82%) or almost always (11%) explained things in a way that was easy to understand.

Areas for Improvement- Pediatric

Summary Measure	Item-level Result
Health Promotion	<ul style="list-style-type: none"> • 25% of parents reported that in the last 12 months their child's doctor did not talk with them about safety - protecting their child from injury (i.e. in a car, on a bike, at home) • 18% of parents reported that their child's doctor did not talk with them about all of the different prescription medicines the child was using.
Knowledge of Patient	<ul style="list-style-type: none"> • 34% of parents reported that their child's doctor did not always seem to know all the important information about their child's medical history • 22% of parents rated their child's doctor's knowledge of their child as a person (e.g. special abilities, concerns, fears) including values and beliefs that are important to them as less than excellent or very good.
Integration of care	<ul style="list-style-type: none"> • 59% of patients reported that they did not always receive their child's test results from someone in the doctor's office • 55% of parents reported that their child's PCP was not always informed and up to date about the care the child received from specialists
Access	<ul style="list-style-type: none"> • 25% of parents reported that their child was <i>only sometimes</i> (16%), <i>almost never</i> (4%) or <i>never</i> (5%) taken to the exam room within 15 minutes of the appointment time • 21% of parents reported that their child was <i>only sometimes</i> (14%), <i>almost never</i> (4%) or <i>never</i> (3%) seen in the exam room within 15 minutes of the being taken there

Practice Site Level Reporting

Results at the practice level have been compiled in practice site reports that were shared with sites included in this pilot project. Practice level reporting represented the results of 100 sites, 47 adult and 53 pediatric sites. There were 17 practice site locations that received both adult and pediatric results. These reports provide both the composite scores and the item level responses of patients who used this site as well as summary scores for the MassHealth population overall. No comparison among sites is included in the report as not all MassHealth sites were represented in the pilot project. Practices can use the information in the reports to identify areas in need of improvement within their sites.

The practice-level report will be provided to pilot project sites with at least 16 responses and will include:

- the number of patients in the practice site's sample;
- a chart that shows patients' experiences with the practice across eight summary measures and 'Willingness to Recommend'. For each of the eight measures and the global rating item, the summary chart indicates the practice's adjusted average score as compared to the MassHealth statewide average (benchmark) with statistical significance of differences noted;
- site-level reliability for each measure reported. Site level reliability is a metric that indicates how accurately a measure captures information about a practice site. The targeted sample sizes were designed to achieve results with very high site-level reliability (0.70 or higher), in accordance with psychometric standards and principles. However, for quality improvement efforts, a reliability level of 0.50 or higher is considered acceptable;
- item-level results listing the specific questions and response frequencies for each of the eight summary measures to guide interpretation of composite measure scores; and
- demographic and health characteristics reported by survey respondents from the practice.

Practice site-level reports and a data file with aggregated site-level results were also provided to MassHealth plans for the sites with which they contract.

Please see Appendix H for the summary table included in the practice site report and Appendix I for additional detailed results by practice site.

COMMERCIAL AND MASSHEALTH COMPARATIVE RESULTS

One of the key objectives of this pilot project was to determine whether MassHealth members report the same care experiences as commercially-insured members. Were this the case, the MassHealth managed care members could be added to the commercial patient experience survey as another “plan” and MassHealth could share in the overall cost of a combined commercial and MassHealth survey, creating significant cost efficiencies in collecting and reporting this information.

Population-level results

In the following tables comparing the average care experiences of MassHealth patients and commercially insured patients, MassHealth patients report significantly poorer care experiences than commercially-insured patients on most measures. Commercial population results are drawn from the most recent MHQP statewide commercial survey conducted in the fall of 2007.¹⁴

Adults

For adults, the commercial results are statistically significantly better than the MassHealth results except in the area of Health Promotion, where results were similar for both populations. The largest differences are seen in the areas of Clinical Team Care, Integration of Care and Visit Continuity.

Table 2-A-1 – Overview of Composites and Ratings Comparing MassHealth and Commercial Population Results – Adults

Composite	MassHealth Mean Score N=6,422	Commercial Mean Score N=51,088
Quality of Doctor Patient Interactions		
Integration of care*	77.9	85.4
Knowledge of patient*	80.9	86.3
Communication*	88.4	93.3
Health promotion	63.0	64.0
Organizational Features of Care		
Clinical team*	78.9	86.7
Visit based continuity*	82.2	89.6
Access*	76.4	82.2
Office staff	83.3	86.5

* p<0.001

¹⁴ Commercial health plans included Blue Cross and Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, and Health New England.

Children

The differences between the experiences of the MassHealth pediatric population and the commercial pediatric population are not as great, but statistically significant differences do exist for all but Visit-based Continuity and Office Staff, where respondents reported very similar experiences. The largest differences between commercial and MassHealth pediatric experiences were found in Integration of Care, Clinical Team Care and Health Promotion.

Table 2-A-2 – Overview of Composites and Ratings Comparing MassHealth and Commercial Population Results – Pediatrics

Composite	MassHealth Mean Score N=7,569	Commercial Mean Score N=20,864
Quality of Doctor Patient Interactions		
Integration of care*	81.1	86.5
Knowledge of patient*	85.7	89.5
Communication*	92.5	96.1
Health promotion*	81.6	85.8
Organizational Features of Care		
Clinical team*	83.4	87.9
Visit based continuity	82.7	82.5
Access*	83.0	86.8
Office staff	86.5	89.7

* $p \leq 0.001$

Analysis of Differences

If MassHealth and commercially-insured patients are to be combined in one survey of patient experiences of care, it is important to understand the cause of the differences in these observed results. This section describes different statistical analyses conducted to examine the differences in the two populations.

Differences in Characteristics between MassHealth and Commercially-insured Members

An analysis of the demographic characteristics of the two populations showed that MassHealth members are younger, more likely to be female, more diverse in race and ethnicity, and less educated. In addition they are more economically disadvantaged¹⁵ than the insured population and report poorer health status.

¹⁵Estimates of socio-economic status were derived from 2000 US Census Bureau data and based on rankings (within 5 groups) according to zip code. The survey administrator matched commercial and MassHealth member address information to assigned ranking and provided de-identified member information with a ranking variable for analysis. Up to nine digits were used for matching. A minimum of five digits were available for 97.0% of commercial members and 98.5% of MassHealth members included in the analysis; nine digit zip codes were available for 86% of both populations.

Table 2-B-1 – Adult Population Characteristics – MassHealth and Commercial

	MassHealth Adult PCP (N=6,422)	Commercial Adult PCP (N=51,088)	p-value (t-test of unadjusted differences)
Age			
Mean, SD	42.3 (12.6)	51.9 (11.6)	0.000
<25 (%)	9.9	2.0	0.000
25-44 (%)	44.7	22.7	0.000
45-64 (%)	43.7	66.5	0.000
≥65 (%)	1.7	8.8	0.000
Gender			
Female (%)	72.8	60.3	0.000
Ethnicity			
Hispanic (%)	26.8	2.3	0.000
Race			
White (%)	46.6	89.2	0.000
Black (%)	5.8	2.5	0.000
Asian (%)	5.4	2.6	0.001
Education Level			
Less than High School (%)	27.4	2.9	0.000
HS Graduate (%)	36.5	19.5	0.000
More than High School (%)	36.1	77.6	0.000
Chronic Conditions			
Mean, SD	2.2 (1.8)	1.4 (1.3)	0.000
More than 3 chronic conditions (%)	37.7	18.4	0.000
Hypertension (%)	33.8	37.9	0.001
Angina/Coronary Artery Disease (%)	6.8	5.0	0.000
CHF (%)	2.9	0.9	0.000
Diabetes (%)	15.1	9.5	0.000
Asthma (%)	25.7	12.5	0.000
Arthritis (%)	24.9	16.6	0.000
Depression (%)	44.2	16.9	0.000

* Regression tests used to determine significance results between populations.

Table 2-B-2 – Pediatric Population Characteristics – MassHealth and Commercial*

	MassHealth Pediatric PCP (N=7,569)	Commercial Pediatric PCP (N=20,864)	p-value (t-test of unadjusted differences)
Parent/Guardian Age			
<25 (%)	1.3	0.2	0.000
25-44 (%)	40.4	63.4	0.000
45-64 (%)	52.4	36.3	0.000
≥65 (%)	5.8	0.1	0.000
Child's Age			
Mean (SD)	8.8 (5.3)	9.8 (5.1)	0.000
Gender			
Female (%)	48.2	49.0	0.000
Ethnicity			
Hispanic (%)	28.9	4.0	0.000
Race			
White (%)	38.3	86.1	0.000
Black (%)	5.9	2.0	0.000
Asian (%)	3.3	3.4	0.071
Parent/Guardian Education Level			
Less than High School (%)	18.4	0.7	0.000
HS Grad (%)	34.0	9.5	0.000
More than High School (%)	47.6	89.8	0.000
Chronic Conditions			
Mean, S	1.0 (1.0)	0.5 (0.7)	
More than 3 chronic conditions (%)	5.4	1.7	0.000
Diabetes	1.0	0.4	0.001
Asthma	22.6	17.9	0.000
Depression	8.9	3.7	0.000
Overweight or excessive weight gain	11.8	8.0	0.000
Attention Deficit Disorder	12.6	7.5	0.000

* Regression tests used to determine significance results between populations.

Note: All data in the above tables were obtained from survey responses except for socio-economic status which was approximated by matching de-identified member-level data to the Y2000 US Census Data by zip code.

Effect of MassHealth Insurance on Patients' Care Experience

Given the significant differences in patient characteristics between the populations, a key question is whether these differences are associated with the different experiences of the two groups or if some other factor, most importantly the presence of MassHealth insurance, is the main variable resulting in the poorer experience of people enrolled in MassHealth. An analysis was conducted using propensity scoring,¹⁶ a method used to adjust the patient characteristics of the commercial population to be similar to the patient characteristics of MassHealth members, on average.

As shown in Table 2-C, once composite scores were adjusted through propensity scoring, differences between the two populations across most measures disappeared. For adults, the one area of measurement where a difference remained was in 'Clinical Team', where the MassHealth adult population scored their experience slightly better than the commercial adult population. For children, the one area where a difference remained was in 'Health Promotion', where the experience of MassHealth members was scored lower than that of commercially-insured children. Overall, with the one pediatric composite score exception, the results of the propensity scoring strongly suggest that having MassHealth as an insurer is not in and of itself an important determinant in the care experience, but rather the disparities associated with their population characteristics.

¹⁶ The variables used to create the propensity scores included: socioeconomic status; health status; race/ethnicity/language; MassHealth coverage; site/SES; site/health status; site/R/E/L; site/MH coverage.

Table 2-C – MassHealth and Commercial Population Survey Propensity Score Adjusted Results

	MassHealth Adult Mean Score	Commercial Adult Mean Score	MassHealth Pediatric Mean Score	Commercial Pediatric Mean Score
	N = 6,022	N = 51,071	N = 7,205	N = 20,859
Communication	87.9	87.2	92.8	93.9
Integration	77.6	76.8	80.3	83.8
Knowledge of Patient	75.4	75.0	83.4	83.4
Health Promotion	80.1	79.3	85.7*	88.0
Access	61.6	61.1	82.6	86.8
Visit Continuity	80.3	81.5	80.7	80.4
Clinical Team	78.4*	74.6	83.7	85.4
Office Staff	83.9	83.4	87.3	87.4

*MassHealth scores significantly different from commercial scores $p < .0.05$; T-test for weighted data.

Effect of Specific Member Characteristics on Patients' Care Experience

To further investigate the impact of patient characteristics, regression analyses were completed using individual demographic factors, practice site, and the demographic mix within sites as independent variables that might have affected the scores in each composite. This analysis showed that within the adult MassHealth population, racial, ethnic and language diversity, and to a lesser extent health status, had the greatest impact on the care experience in the physician's office. For children, both diversity and health status had large effects.

Effect of Site on Patients' Care Experience

Another aspect of this analysis was to examine how the site at which patients receive care was associated with their experience of that care. Not surprisingly, the particular practice site where a patient chooses to get care played a significant role in the patient's experience. MassHealth patients had less favorable experiences at most sites because they have similar cultural and health disadvantages everywhere. These factors however did not account for all of the variation in performance seen across sites. Characteristics of the sites themselves contributed to differences across sites regardless of the proportion of lower income, less healthy or more diverse patients. When practice sites were adjusted to account for patient characteristics, scores did not differ very much from the unadjusted scores. In other words, we observed that there were MassHealth vs.

Commercial differences and also site vs. site differences. Health and cultural factors explained the MassHealth vs. Commercial differences. They did not explain the inter-site differences.

See Appendix J for details of this analysis.

Understanding these differences across sites and the impact of different sites on the care experience for MassHealth members will be critical if we are to assist sites in improving patient experience. Very preliminary work suggests that the mix of MassHealth and commercial patients seen at a site might be a factor, with MassHealth patients having better experiences at sites with large commercial patient bases. However, more research should be done to refine this analysis.

Within-site Differences

While both patient characteristics and site characteristics could be adjusted so that MassHealth and commercially-insured patients could be included together in a single MHQP statewide survey effort, it is also important to understand within-site differences between the two populations to draw conclusions about whether it is appropriate to combine site-level results for practice site-level reporting in future survey cycles.

To assess within-site differences, a MassHealth-site interaction analysis was conducted. This analysis looked at whether patient experiences within a given site varied significantly by health plan (in this case MassHealth versus commercially insured patients). Among pediatric sites, there were no significant MassHealth-site interaction effects, meaning combining commercial and MassHealth results will provide an accurate reflection of the practice's performance across both groups of patients. However, in the adult population, there did appear to be a significant MassHealth-site interaction across a number of measures, meaning that combining survey data from MassHealth and Commercial patients into one overall set of results for the practice site could mask real site-specific differences in patient experiences.

Table 2-D reports the results of analyses of site interactions. The column labeled Simple Model Standard Deviation provides the ANOVA interaction effect of MassHealth and the site on differences in results. The Competitive Model Standard Deviation column takes into account the full set of site interactions (e.g. site by socioeconomic status, site by race, ethnicity and language, and site by health status). [Both models are adjusted.] Site interactions have been deemed by researchers to be important if they would change a score by more than 1.5 points, since most of the site main effects are in the range of 3-5 points. Therefore, a standard deviation of 1.5 or greater suggests that merging the populations and reporting results from the combined group would blur differences between the sub-populations, but a smaller standard deviation indicates that merging the two groups is feasible and would have little impact on relative site performance estimates.

For the pediatric population, the only interaction that reached our threshold for disqualifying a merger of the commercial and MassHealth data was in 'Visit Based Continuity', and when the full set of site interactions were included in the equation, this area of measurement also fell below the threshold.

For adults, four important interactions were found (access, integration, health promotion, and continuity) and only 2 (access and health promotion) were no longer significant when the full set of site interactions were included. Therefore, inclusion of the adult MassHealth population in the statewide commercial patient experience survey would be more problematic.

Table 2-D – Measures of Site Interaction Effect

Measure	Adult (N = 9,617)		Pediatric (N = 8,592)	
	Simple SD	Competitive SD	Simple SD	Competitive SD
Communication	0.99	0.70	0.22	0
Integration	1.89	1.82	0	0
Knowledge of Patient	1.24	1.11	0.60	0.53
Health Promotion	1.58	1.27	0.83	0.71
Access	1.63	1.08	0.66	0.45
Visit Continuity	1.92	1.52	1.80	1.35
Clinical Team	0.76	0.67	0	0
Office Staff	1.23	0.70	0.21	0.33

ANALYSIS OF SUPPLEMENTARY QUESTIONS ADDED TO THE MASSHEALTH PATIENT EXPERIENCE SURVEY

Through the survey development process, MassHealth identified areas not covered by the MHQP commercial survey but important to MassHealth programs and operations. The project team developed questions to address these areas and these items were added to the surveys. A review of the results follows.

Behavioral Health Services

Adult

The questions below were added to the survey to evaluate member experiences of behavioral health services in the primary care setting. Questions focused on member experience of screening, referral, and access as well as integration of care. For adult members, results are presented in Tables 3-A-1 and 3-A-2 below.

The overall rate of screening for drug and alcohol use for adults was 68.9% (n=3789). Of those members whose physicians recommended behavioral health treatment, 71.1% (n=773) received care. Of those who received care and responded to the question on integration, 66.2% stated that their personal doctor always or almost always seemed informed and up-to-date about counseling or treatment they received for personal or family problems.

Table 3-A-1 – Adult Survey: Behavioral Health Services – Screening, Referral and Access

Question	Total Number of Responses	% Yes
Screening: In the last 12 months, did your personal doctor ask you how often, if at all, you used drugs or alcohol?	5627	68.9
Referral: In the last 12 months did your personal doctor recommend that you get any counseling or treatment for a personal or family problem, including drug and alcohol use?	5632	19.7
<i>If yes,</i> Access- Of those whose doctor recommended treatment: In the last 12 months did you get any counseling or treatment for a personal or family problem, including drug or alcohol use?	1088	71.1

Table 3-A-2 – Adult Survey – Behavioral Health- Integration of Care**Integration of Care**

In the last 12 months, how often did your personal doctor seem informed and up-to-date about counseling or treatment you received for a personal or family problem, including drug or alcohol use?

Response	N	%
Never	57	7.6
Almost Never	33	4.4
Sometimes	79	10.5
Usually	85	11.3
Almost Always	134	17.8
Always	363	48.4
Total:	751	100

Pediatric

Tables 3-B-1 and 3-B-2 below provide information about how often pediatric patients were referred for counseling and how often patients were able to access services. Table 3-B-1 provides overall rates and Table 3-B-2 provides an age category breakdown of referral and access. Members ages 15-18 were more often referred for services.

Table 3-B-1 – Pediatric Survey – Behavioral Health Services – Referral and Access

Question	Total Number of Responses	% Yes
Referral: In the last 12 months, did your child's doctor recommend that your child get counseling for any emotional or behavioral problems, including drug and alcohol use? <i>If yes,</i>	6738	9.7
Access: In the last 12 months, did your child get any emotional or behavioral counseling, including treatment for drug or alcohol use?	638	69.0

Table 3-B-2 – Pediatric Survey – Behavioral Health Services – Referral/Access by Age Category

Age	Referral (N=6738)		Access (N=638)	
	Total N	% Yes	Total N	% Yes
≤9 years of age	3836	7.3	273	64.5
10-14 years of age	1616	11.4	180	72.8
15-18 years of age	1286	14.6	185	71.9

Tables 3-B-3 and 3-B-4 below provide information about the how well physicians coordinate behavioral health services (Integration). Table 3-B-3 provides the overall rate and Table 3-B-4 provides a breakdown by age category.

Table 3-B-3 – Pediatric Survey – Behavioral Health Services – Integration of Care

Integration:

In the last 12 months, how often did your child's doctor seem informed and up-to-date about the emotional or behavioral counseling or treatment for drug or alcohol use your child received?

Response	N	%
Never	22	5.3
Almost Never	7	1.6
Sometimes	39	9.4
Usually	42	10.1
Almost Always	79	19.0
Always	227	54.6
Total	416	100.0

Table 3-B-4 – Pediatric Survey – Behavioral Health Services – Integration by Age Category

Response (N=416)	≤ 9 years of age		10-14 years of age		15-18 years of age	
	N	%	N	%	N	%
Never	11	6.5	5	4.0	6	4.9
Almost never	4	2.4	2	1.6	1	0.8
Sometimes	12	7.1	8	6.4	19	15.4
Usually	20	11.9	12	9.6	10	8.1
Almost always	31	18.5	21	16.8	27	22
Always	90	53.6	77	61.6	60	48.8
Total	168	100.0	125	100.0	123	100.0

During cognitive testing of the pediatric instrument, the drug/alcohol screening item created confusion and/or strong negative reactions among parent respondents. Some participants had problems thinking about providers talking to very young children about drugs and alcohol. Survey methods experts therefore recommended fielding this item as a test question among a small sample of the survey population to be included in the pilot to evaluate any response bias that might be introduced into the rest of the survey as a result of this item. Were subjects who received this version of the survey to respond differently to questions that followed than those who did not receive this version, it would not be possible to include their survey results in the overall results provided to a practice site or to MassHealth. Analysis of results indicated that including the item did not have a negative effect on responses to following questions.

Tables 3-B-5 and 3-B-6 present the results for the test question. The total number of respondents for this test question was 423. Table 3-B-5 presents overall responses and Table 3-B-6 presents responses by age category. The results indicate that although overall screening rates were low (26.9%), children ages 15-18 were screened most often (51.0%), followed by 10-14 year-olds (36.6%). Based on these results, it is recommended that this screening question be targeted to an age-appropriate segment of the pediatric population in future versions of the survey.

Table 3-B-5 – Pediatric Survey – Behavioral Health Services – Screening

Screening: (N=423) In the last 12 months, did your personal doctor ask your child about his or her use of drugs or alcohol?	Yes		No		Do Not Know	
	N	%	N	%	N	%
	114	26.9	258	61.0	51	12.1

Table 3-B-6 – Pediatric Survey – Behavioral Health Services – Screening by Age Category

Screening According to Age of Child: (N= 423)	Yes		No		Do Not Know	
	N	%	N	%	N	%
≤9 years of age (N=213)	23	10.8	165	77.5	25	11.7
10-14 years of age (N=112)	41	36.6	62	55.4	9	8.0
15-18 years of age (N=98)	50	51.0	31	31.6	17	17.4

Specialty Care Services

MHQP's commercial survey instruments contain a single item within the integration of care composite focusing on how informed doctors are about care their patients receive from specialists. Because MassHealth members are likely to report chronic illness and often need the care of specialists, MassHealth wanted to know more about how often MassHealth members saw specialist physicians when their physician made a recommendation to seek specialist care and how easy it was for patients to make appointments.

As would be expected, fewer pediatric members were referred to specialists (35.6%) than adult members (64.1%). Of those referred, 64% of pediatric and 62% adult members almost always or always found it easy to make appointments with specialists (Tables 3-C-2 and 3-D-2).

Specialty Care – Adult

Table 3-C-1 – Adult Survey – Specialty Care Referral and Access

Question	Total Number of Responses	% Yes
 Screener:		
In the last 12 months, did your personal doctor recommend that you see a different doctor, like a specialist, for a particular health problem?	5691	64.1
 Access:		
In the last 12 months, did you see a specialist doctor? (among those who were referred to a specialist)	3651	87.2

Table 3-C-2 – Adult Survey – Specialty Care – Access and Integration

 Access:			 Integration:		
In the last 12 months, how often was it easy to get appointments with specialist doctors? (among those who were referred to a specialist)			How often did your personal doctor seem informed and up to date about the care you received from specialist doctors? (among those who were referred to a specialist)		
Response	N	%	N	%	
Never	103	2.8	138	4.0	
Almost Never	128	3.5	123	3.5	
Sometimes	444	12.2	310	8.9	
Usually	572	15.7	455	13.0	
Almost Always	899	24.6	691	19.8	
Always	1366	37.4	1738	49.8	
Non-Response	139	3.8	196	5.6	
Total	3651	100.0	3651	100.0	

Table 3-D-1 – Pediatric Survey – Specialty Care Referral and Access

Question	Total Number of Responses	% Yes
Referral: In the last 12 months, did your child's doctor recommend that your child see a specialist doctor for a particular health problem?	6761	35.6
Access: In the last 12 months, did your child see a specialist doctor? (among those who were referred to a specialist)	2404	84.0

Table 3-D-2 – Pediatric Survey – Specialty Care – Access and Integration

Access: In the last 12 months, how often was it easy to get appointments with specialist doctors for your child (among those who were referred to a specialist)			Integration: How often did you child's doctor seem informed and up to date about the care your child received from specialist doctors? (among those who were referred to a specialist)	
Response	N	%	N	%
Never	92	3.8	76	3.3
Almost Never	76	3.2	39	1.7
Sometimes	302	12.6	152	6.7
Usually	293	12.2	271	11.9
Almost Always	539	22.4	474	20.8
Always	1001	41.6	1231	54.1
Non-Response	101	4.2	161	7.1
Total	2404	100.0	2404	100.0

It is difficult to know whether the response by the MassHealth members to the questions of actually seeing a specialist once referred and the ease of making an appointment with specialists is the norm across all populations since these questions were not asked of the commercial population. However, Table 3-E compares the mean scores for integration and finds that MassHealth members are significantly less likely than members of commercially-insured plans to report that their physician is knowledgeable about care received from specialty doctors, and this is particularly true for adult members.

Table 3-E – Comparison of Mean Scores – Specialty Care – Integration

Commercial scores represent only those sites that are included in the MassHealth survey.

Integration:			
How often did your (or your child’s) doctor seem informed and up to date about the care you (or your child) received from specialist doctors?			
Mean Score			
Pediatric		Adult	
MassHealth	Commercial	MassHealth	Commercial
83.1	86.2*	79.2	83.2*

*P<0.001

Note: Item is weighted to reflect overall demographics of the population

CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE WORK

Central objectives of the this pilot study were to 1) provide MassHealth leadership with an initial assessment of the ambulatory care experiences for the population as a whole and 2) assess the methodological and operational feasibility of including MassHealth patients in future statewide patient experience surveys. As expected, the pilot project findings have important policy and programming implications and lead to several recommendations about how best to conduct surveys of MassHealth patient experiences in the future.

Assessing Care Experiences Reported by MassHealth Members: Key Areas for Further Focus

The results reflected in this report should be viewed as baseline data from which to re-measure and track improvements in care going forward. As there are currently no large scale patient experience data collection efforts underway in other markets or nationally that focus on the Medicaid population, there are no existing Medicaid specific benchmarks for comparison. Despite the lack of available benchmarks however, the results point to several important areas that warrant continued assessment and strategies for improvement.

While communication between patients and providers was an area of best performance in both adult and pediatric populations, poorer performance in other elements of the patient-clinician interaction point to significant breakdowns in the coordination of care that have potentially serious implications on care outcomes:

- 55% of patients (59% of parents of pediatric patients) reported that they did not always receive test results from someone in the doctor's office;
- 50% of patients (55% of parents of pediatric patients) reported that their PCP was not always informed and up-to-date about care received from specialists
- 57% of patients reported that their doctor did not always seem to know all the important information about their medical history
- 51% of adult patients reported that their physician did not conduct a screening examination for depression

Comparing the Care Experiences of MassHealth and Commercially Insured Patients

MassHealth patients overall reported significantly poorer experiences with their care than those patients in the commercially insured population. Greater racial, ethnic, and language diversity, as well as poorer health status, and the site at which care is received appear to be the primary factors resulting in a more negative care experience. While member characteristics do not

explain the differences in care among sites, at a population level, once socio-demographic and health characteristics were accounted for, no significant differences remained between the two populations.

These findings indicate that having MassHealth as an insurer is not in and of itself an important determinant in the care experience. There are no systematic deficiencies in the MassHealth Program that result in MassHealth patients getting inferior care. What these findings do tell us, though, is that we need to understand better the care that physician practices provide to sicker and more culturally diverse patients. For instance, does caring for a disproportionately high number of sicker and culturally more diverse patients affect care paradigms for all patients within a practice? Improving the patient care experience for this population may require a unique set of interventions.

Feasibility of Combining MassHealth and Commercial Survey Efforts

Findings on the question of whether MassHealth and commercial patients could be surveyed together as part of a single statewide survey were mixed. Pilot results suggest that pediatric patients could be integrated for site-level performance measurement and reporting, but adult patients should be surveyed separately. Although more costly than a single merged survey, the two survey efforts could be conducted in parallel to maximize cost efficiencies.

Despite the effects of some member characteristics and site selection, MassHealth members could still be included in the MHQP commercial patient experience survey in subsequent survey rounds if pilot analysis had found that there was no or little MassHealth-site interaction (which assesses within site differences in experiences between the commercial and MassHealth patients of the site). Results from the pilot demonstrated that while the MassHealth-site interaction was not significant for any of the pediatric measures, it was for two of the adult measures, indicating that it would not be appropriate to combine results for practice site level reporting in future survey cycles for adult patients.

Although the results of the pilot concluded that pediatric patients can be surveyed together analytically, there are a number of pediatric practice sites not currently represented in the Commercial MHQP survey because they predominately serve MassHealth members. These sites would need to be added to a statewide survey that reflects MassHealth pediatric patients.

The policy implications of these findings are that significant resources will be required to fund a statewide survey of MassHealth patient care experiences within the ambulatory practice setting. To balance cost issues with the desire to assess and improve the provision of patient-centered care at a practice level, MassHealth may want to consider initially targeting certain provider groups (i.e. health centers or medical home pilot sites) or specific patient populations for inclusion in a survey.

An advantage of continuing to survey the commercial and MassHealth populations separately is the ability to more robustly investigate the care given in the ambulatory care setting to the sicker

and culturally more diverse patients in Massachusetts who are overwhelmingly represented in the MassHealth population. As noted above, we need to better understand what the differential information between the two populations tells us about how the system provides care for this population and how to respond in terms of quality and process improvement.

Developing Future Survey Instruments for the MassHealth Population

All of the survey content from the MHQP commercial instruments was deemed appropriate and accessible for the MassHealth population as shown in cognitive testing. There were several areas around behavioral health assessment important to MassHealth however that were not adequately covered in the MHQP survey. The pilot offered an opportunity to do some initial testing of items related to access and integration of behavioral health services within a primary care context.

For the most part, these items were well understood by patients and easily integrated into the survey instrument with no findings of response bias (the exception was the item on alcohol/drug screening in the child survey which while eliciting highly charged reaction from patients in cognitive testing, did not appear to create any response bias when tested in the field). For the pilot, this new behavioral health content was analyzed only at an item level to provide an initial assessment of patients' experiences in these areas for MassHealth leadership review. These items were not included in any composite level measures (access, health promotion, integration).

Given the importance of measuring the patient experience around behavioral health screening, access and treatment in the MassHealth population, future survey development should include additional discussion around what data will be best captured in a general population survey of primary care experiences versus what should be collected through other mechanisms more specific to behavioral health services. Additional psychometric and cognitive testing will also need to be conducted to more fully evaluate how best to integrate behavioral health items into overall composite measures of the care experience in these areas.

Integrating MassHealth Providers into the MHQP Massachusetts Provider Database (MPD)

Creating complete integration of MassHealth providers into the MHQP Massachusetts Provider Database (MPD) is an essential, although challenging, step to enable statewide surveys that encompass all the practice sites and physicians where MassHealth members receive care regardless of whether MassHealth and Commercial surveys are surveyed together or separately.

As discussed elsewhere in this report, the MPD links all physicians in the Commonwealth to the practice sites, medical groups and networks where they practice. It provides the foundation from which physician and patient data can be aggregated across health plans to create the practice site-level sampling, performance measurement, and reporting for the statewide patient experience survey. As anticipated, there were numerous challenges during the pilot project to integrate the

provider data across the MCOs and PCC Plan into the MHQP MPD, especially for practices that predominately serve the MassHealth population.

Moving forward, it will be important to continue to work with representatives from the MassHealth health plans and directly with these provider organizations to reconcile and validate provider data structures for future survey efforts. Once integrated into the MHQP MPD, these predominately MassHealth providers will be included in MHQP's routine validation work to keep provider practice structures up to date.

APPENDICES

- A. Health Plan Profiles
- B. Technical Appendix
- C. Cognitive Testing
- D. Surveys and Mailing Materials
- E. Response Tables
- F. Member Characteristics Detail
- G. Item Level Response
- H. Sample Practice Site Report Summary Table
- I. Composite Results – Practice Site Level
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MassHealth Member Experience Survey Pilot Project

Appendices A-J

Health Plan Profiles

MassHealth managed care plans provided care to approximately 699,599¹ Massachusetts residents at the end State Fiscal Year 2008 (July 1, 2007-June 30, 2008). The MassHealth Member Experience Survey Pilot includes data from members enrolled in one of the five MassHealth managed care plans. These are: Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, and Network Health.

Members were not sampled in a way that allows results to be provided by managed care plan. Results in this report are provided for MassHealth overall (adults and children separately), and at the practice site level.

An overview of the five health plans follows

Primary Care Clinician Plan (PCC Plan)

- Primary care case management program administered by the Executive Office of Health and Human Services (EOHHS)
- Statewide managed care option for MassHealth members eligible for managed care
- 294,353 MassHealth members as of June 30, 2008
- Provider network includes group practices, community health centers, hospital outpatient departments, hospital-licensed health centers, and individual practitioners
- Behavioral health services are managed through a carve-out with the Massachusetts Behavioral Health Partnership (MBHP)

Neighborhood Health Plan (NHP)

- Non-profit managed care organization that primarily serves Medicaid members, along with commercial and Commonwealth Care populations
- 126,515 MassHealth members as of June 30, 2008
- Service areas throughout the state (Western, Central, Northern and Southern Massachusetts as well as Greater Boston)
- Provider network includes mostly community health centers in addition to Harvard Vanguard Medical Associates, group practices, and hospital-based clinics
- Behavioral health services are managed through a carve-out contract with Beacon Health Strategies

¹ Data source for enrollment numbers: Eligibility and Enrollment Cube in Cognos. Data as of May 6, 2009.

Network Health (NH)

- Provider-sponsored health plan owned and operated by Cambridge Health Alliance that serves the Medicaid and Commonwealth Care populations
- 96,624 MassHealth members as of June 30, 2008
- Primary service areas in Western, Northern and Central Massachusetts, and Greater Boston
- Provider network includes community health centers, group practices, hospital outpatient departments, and individual practitioners
- Behavioral health services are provided by Network Health providers

Fallon Community Health Plan (FCHP)

- Non-profit managed care organization that serves commercial, Medicare, Medicaid and Commonwealth Care populations
- 11,531 MassHealth members as of June 30, 2008
- Service area is in Central Massachusetts
- Behavioral health services are managed through a carve-out contract with Beacon Health Services
- Provider network for MassHealth members is exclusively through Fallon Clinic sites

Boston Medical Center HealthNet Plan (BMCHP)

- Provider-sponsored health plan owned and operated by Boston Medical Center, the largest public safety-net hospital in Boston that serves the Medicaid and Commonwealth Care populations
- 170,576 MassHealth members as of June 30, 2008
- Primary service areas in Western and Southern Massachusetts and Greater Boston
- Provider network includes community health centers, hospital outpatient departments, and group and individual practices
- Behavioral health services are provided by Boston Medical Center HealthNet Plan providers

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MassHealth Provider Directory Development

The 2008 Member Experience Survey Pilot Project was initiated to assess the quality of care experienced by MassHealth members at the practice sites where they are served. To implement the survey, MHQP created the MassHealth Provider Directory to link members to practice sites across plans so that practice site level sampling could be accomplished.

Provider Data Aggregation – Participating MassHealth managed care plans supplied provider information for providers who could be chosen by members as primary care providers according to plan criteria in standardized file formats. BMC, NH, and NHP submitted files directly to CHPR and CHPR biostatisticians worked with MassHealth to create the PCC Plan provider file. CHPR then submitted these files to MHQP. FCHP submitted a provider file directly to MHQP. In total, MHQP received 27,197 non-unique provider records.

To assist MHQP efforts to map provider data across plans to individual practice sites and physicians, CHPR provided aggregated member counts according to health plan provider ID and when appropriate, health plan site ID. MHQP then mapped aggregated member counts to health plan provider information. Through this work, MHQP was able to validate the feasibility of mapping health plan members' enrollment primary care provider to health plan provider information for project implementation. MHQP was able to map 98.4% of MassHealth managed care members to health plan primary care provider files.

MassHealth Directory Creation – The MassHealth Provider Directory development is based on the MHQP's commercial Master Physician Directory (MPD). The commercial directory structure is a hierarchy that begins with the physician, and assigns physicians to practice site(s). The commercial directory has combined physician directories from 5 of the largest commercial health plans in Massachusetts (Blue Cross/ Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England and Tufts Health Plan). In addition, MHQP asks provider organizations to independently validate physician practice rosters prior to its measurement efforts at least once a year and also makes corrections to physician practice rosters based on provider organization feedback about MHQP's quality reporting.

To develop the MassHealth Provider Directory, MHQP used the aggregated provider and member information received from MassHealth plans to create a directory that represents the MassHealth provider network across plans and accounts for commercial network overlap. One challenging aspect of provider information mapping is that MassHealth members can be assigned to or choose a physician or a practices site as a primary care provider. While physician provider information most often includes unique identifiers (ex. DOB, Mass License) that can be mapped to the MHQP commercial directory physician information, practice sites do not have unique identifiers that can be mapped to the commercial directory or are used across plans. This fact created unique challenges.

The MassHealth Provider Directory was created through these steps:

- **Primary Care Physicians** - Members choosing physicians as primary care providers represented a little over half of MassHealth's members. MHQP used its standard algorithm to identify MassHealth contracting physicians who are represented in its commercial physician directory. Using physician name and unique identifiers (DOB, Mass License), MHQP was able to map 95% of members choosing physicians as primary care providers to physician IDs already in its commercial directory. Physicians not mapping to the commercial Master Physician Directory were evaluated according to numbers of members assigned. If a physician had a panel size of 100 or more members and a practice site commercial site could not be found a solo practice was created for sampling purposes.
- **Practice Sites** - Members choosing practice sites for primary care providers represented 45% of MassHealth members. Members from the PCC Plan represented the largest proportion of members choosing a practice site (90% of PCC Plan members chose a practice site). As noted above, there is no common identifier for the same practice across different health plan provider data systems. MHQP followed the logic below to map MassHealth sites to MHQP commercial sites:
 - **Matching the first ten characters of the practice name** – programming was developed to identify MassHealth practices with the same first ten characters in the practice name as commercial practice sites. MHQP then reviewed practice addresses for sites that matched commercial sites by name. When name and address matched, MassHealth sites were mapped to MHQP commercial sites. Through this method 19% of MassHealth sites were mapped to MHQP commercial site IDs.
 - **Practices not mapped through step A, matching the first ten characters of the practice address** – Very often a slight change in name prevented a name match. Programming was developed to identify MassHealth practices with the same first ten characters in the practice address. MHQP then reviewed practice names for sites that matched commercial sites to verify that the practice sites were the same site. An additional 20% of MassHealth sites were mapped to MHQP commercial sites IDs using this method.
 - **Practices not mapped through step A or B, manual review of unmatched sites** – Because there can be slight changes in name and address formatting that prevents matching by character, MHQP manually reviewed remaining sites. Consideration was given to geographic location. An additional 3% of MassHealth sites were matched to commercial sites by reviewing the data in this way.

Remaining sites were: 1) sites that did not exist in the MHQP commercial directory because they do not serve commercial members in the 5 largest Massachusetts health plans or 2) MassHealth sites that in the MHQP directory were broken down further into several different sites and were not aggregated up into one site that matched the MassHealth site, for example, some teaching hospitals have multiple practice sites in the MHQP directory have one MassHealth site or conversely 3) MHQP practice sites that were broken down further into

several different sites in the MassHealth provider data for example, some health centers with multiple locations.

Using physician and practice site data, MHQP was able to map 79% of MassHealth members to the commercial directory practice sites through its mapping efforts. The final MassHealth Provider Directory includes MassHealth primary care physicians and primary care practice sites that matched MHQP's commercial Physician/Practice Directory and also includes MassHealth primary care physicians and practice sites not matching the commercial directory/. The sites that overlap with the commercial directory can be identified through practice ID.

Appendix B-2 Sampling

In order to be eligible for sampling, members had to be an active MassHealth member on June 30, 2008, and have had an office visit during FY2008. A total of 449,233 MassHealth managed care members across all five Plans were eligible for sampling.

"

Using the MassHealth Provider Directory created by MHQP, the survey administrator, the Center for the Study of Services (CSS), was able to map 98% of MassHealth members eligible for the sample frame to primary care providers. 45,995 MassHealth members were surveyed through a stratified sampling plan developed so that all project objectives could be met.

"

Four survey samples were drawn:

- **Comparable Site Survey Sample** – MassHealth members at sites that had reportable commercial results for the MHQP 2007 Patient Experience Survey and a high level of comparability with commercial sites in terms of practice composition. MassHealth members were randomly sampled based on a variable sampling strategy that considered the number of physicians practicing at the site and a targeted response rate of 30%. A total of 26,659 members were sampled to obtain a sufficient number of completed surveys to perform the analyses necessary to understand the differences between the experiences of MassHealth and commercial health plan members.
- **MassHealth Site Survey Sample** – A non-random systematic selection of geographically representative adult and pediatric practice sites not included in the Comparable Site Survey Sample were sampled to understand differences that were related to region and differing proportions of MassHealth members at sites. Based on previous work and estimated response rates, the sample size for each site was standardized at 500 members. A total of 16,000 members were sampled from these sites.
- **Overall/ Member-Level Survey** - A random member-level sample of all members was fielded to provide an overall results for the MassHealth adult and pediatric populations. 3,341 members were surveyed. Responses from members in this group were combined with responses from the other two samples to create overall statewide MassHealth results.
- **Behavioral Health Test Item/ Member-Level Survey** – During the survey development process, project staff representing MassHealth behavioral health services identified specific areas of programmatic interest that were not covered in the proposed MassHealth survey instruments. To meet program needs while maintaining the desired comparability between the commercial and MassHealth survey instruments, the project

team chose to add a limited number of behavioral health survey items focused on areas of interest. To assure that these additional survey items were well understood by respondents and that survey composite measurement was not adversely affected by the inclusion of new items, cognitive testing was performed. Cognitive interviewers found that some respondents for the pediatric survey had difficulty understanding an item that asked about screening for substance use. Therefore, to test the effect of asking about substance use in the Pediatric Survey, a random member-level sample of 1333 PCC plan members eligible to receive a Pediatric Survey (excluding PCC members in the Comparable Site Survey), were received a survey instrument that included this item.

Cognitive Testing

To assure that survey instruments and proposed additional content were well understood by MassHealth members, survey instruments were cognitively tested.

Methods

Prior to conducting cognitive interviews with MassHealth members, interviewers affiliated with the Central Massachusetts AHEC office (CMAHEC) received training in the goals of the MassHealth MHQP Member Experience Survey, as well as questions that needed to be tested to ensure potential respondents understood complex terms and were willing and able to respond to these questions.

Cognitive interview subjects were recruited using lists of MassHealth members available at CMAHEC, through interviewer connections with the Early Intervention and Family Support Program at UMass, and by word of mouth. The volunteers were contacted by trained cognitive interviewers to assess their interest in participating in the cognitive interview, to explain the purposes of the interview and to arrange an in-person interview at the CMAHEC office or at the person's home.

Interviewers followed a semi-structured protocol. The interview included having respondents complete the entire written survey, and then asking respondents a series of cognitive interview questions related to specific survey items. A set of structured probes were used to understand how respondents understood questions, made judgments about their experiences, and went about answering them, including understanding and choosing response options.

The interviewers timed how long it took participants to complete the written survey tool. The participants took between 12-20 minutes to complete the written survey, and the total interview time (including completing the written survey) averaged about one hour. All participants received a \$35 cash incentive to participate. Interviews were conducted between June 13, 2008 and July 10, 2008 by Lee Hargraves, Ana Morales, and Stacy Amaral.

Findings

A total of 16 cognitive interviews were conducted; 9 for the adult survey (5 in English and 4 in Spanish) and 7 for the child survey (4 in English and 3 in Spanish). Fifteen adult females were interviewed and one adult male. One of the interviewers relayed that the men she asked to participate were not interested. There was a great deal of variation in age and education level represented among these subjects, ranging from ages 18-56 and education level of 8th grade or less to some college/2-year degree. The majority of respondents were of Hispanic descent, and seven said English was their main language. Four respondents were bilingual in English and Spanish, and five spoke mainly Spanish.

Overall, most of the items tested well and respondents understood the questions being asked of them. The recommendation for the majority of the questions tested is to retain the item as worded. There were some issues with the behavioral health/substance abuse questions, particularly asking about substance use in a pediatric population. For example, one respondent explained that her physician hadn't spoken to her child about drugs and alcohol as she was a

toddler. She advised that this question was not applicable to very young children. To understand the impact of asking about substance use in the pediatric survey instrument, a random sample of PCC Plan pediatric members was chosen to test substance use item in the MassHealth/MHQP pilot survey.

Survey Materials

Contents:

- **Adult Survey**
 - Adult Survey, English version
 - Adult Survey – Fact Sheet, Round 1
 - Adult Survey – Fact Sheet, Round 2

- **Child Survey**
 - Child Main Survey, English version
 - Child Survey – Fact Sheet, Round 1
 - Child Survey – Fact Sheet, Round 2

- **“Babel” Sheet**



EXPERIENCES WITH YOUR DOCTOR SURVEY

YOUR PERSONAL DOCTOR

1. A personal doctor is the doctor that you usually call if you need a check-up, if you get sick or hurt, or if you want advice about a health problem.
Is there one particular doctor that you think of as your personal doctor?
 - ₁ Yes
 - ₂ No, I do not have a → **If no personal doctor, personal doctor Go to Question 51**

2. How long has this person been your personal doctor?
 - ₁ Less than 6 months
 - ₂ At least 6 months but less than 1 year
 - ₃ At least 1 year but less than 3 years
 - ₄ At least 3 years but less than 5 years
 - ₅ 5 years or more

3. Our records indicate that your personal doctor is at:

Is that correct?

- ₁ Yes
- ₂ No, my personal doctor is at:

(please write the correct name or address of the office)

The questions in this survey booklet will refer to “this doctor”. Please think of your personal doctor as you answer the survey.

SCHEDULING APPOINTMENTS AND CONTACTING YOUR PERSONAL DOCTOR

4. In the last 12 months, how many visits have you had with your personal doctor?
 - ₁ No visits → **If No visits, Go to Question 44**
 - ₂ 1 visit
 - ₃ 2 or more visits

5. In the last 12 months, did you call your personal doctor's office to get an appointment for an illness, injury or condition that needed care right away?
- ₁ Yes
₀ No → **If No, Go to Question 7**
6. In the last 12 months, when you called your personal doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
7. In the last 12 months, have you scheduled any appointments for a check-up or routine care at your personal doctor's office?
- ₁ Yes
₀ No → **If No, Go to Question 9**
8. In the last 12 months, when you scheduled an appointment for a check-up or routine care at your personal doctor's office, how often did you get an appointment as soon as you needed it?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
9. In the last 12 months, did you call your personal doctor's office with a medical question during regular office hours?
- ₁ Yes
₀ No → **If No, Go to Question 11**
10. In the last 12 months, when you called your personal doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
11. In the last 12 months, did you call your personal doctor's office for help or advice after regular office hours?
- ₁ Yes
₀ No → **If No, Go to Question 13**
12. In the last 12 months, when you called your personal doctor's office after regular office hours, how often did you get the help or advice you needed?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
13. In the last 12 months, when you had an appointment at your personal doctor's office, how often were you taken to the exam room within 15 minutes of your appointment time?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

14. In the last 12 months, once you were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

15. In the last 12 months, when you had an appointment at your personal doctor's office, how often did you see your personal doctor (not a nurse or other provider from the doctor's office)?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

MANAGING YOUR CARE

16. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

17. In the last 12 months, how often did your personal doctor listen carefully to you?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

18. In the last 12 months, did you talk with your personal doctor about any health problems or symptoms that were bothering you?

- ₁ Yes
- ₀ No → **If No, Go to Question 21**

19. In the last 12 months, how often did your personal doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

20. In the last 12 months, how often did your personal doctor give you clear instructions about what to do if your symptoms got worse or came back?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

21. In the last 12 months, did your personal doctor's office remind you to get preventive care that you were due to receive (for example, flu shot, cancer screening, mammogram, eye exam)?

- ₁ Yes
- ₀ No

22. In the last 12 months, how often did your personal doctor seem to know all the important information about your medical history?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

23. In the last 12 months, how often did your personal doctor show respect for what you had to say?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
24. In the last 12 months, how often did your personal doctor spend enough time with you?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
25. How would you rate your personal doctor's knowledge of you as a person, including values and beliefs that are important to you?
- ₁ Very poor
 - ₂ Poor
 - ₃ Fair
 - ₄ Good
 - ₅ Very good
 - ₆ Excellent
26. In the last 12 months, did you and your personal doctor talk about a healthy diet and healthy eating habits?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No, definitely not
27. In the last 12 months, did you and your personal doctor talk about the exercise or physical activity you get?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No, definitely not

28. In the last 12 months, did you and your personal doctor talk about things in your life that worry you or cause you stress?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No, definitely not
29. In the last 12 months, did your personal doctor ask whether there was a period of 2 weeks or more when you felt sad, empty or depressed?
- ₁ Yes
 - ₀ No
30. In the last 12 months, did your personal doctor ask you how often, if at all, you used drugs or alcohol?
- ₁ Yes
 - ₀ No

COORDINATING YOUR CARE

31. In the last 12 months, did your personal doctor recommend that you see a different doctor, like a specialist, for a particular health problem?
- ₁ Yes
 - ₀ No → **If No, Go to Question 35**
32. In the last 12 months, did you see a specialist doctor?
- ₁ Yes
 - ₀ No
33. In the last 12 months, how often was it easy to get appointments with specialist doctors?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

34. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you received from specialist doctors?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
35. Do you take any prescription medicines?
- ₁ Yes
 - ₀ No → **If No, Go to Question 37**
36. In the last 12 months, did your personal doctor talk with you about all of the different prescription medicines you are using, including medicines prescribed by other doctors?
- ₁ Yes
 - ₀ No
37. In the last 12 months, did your personal doctor send you for a blood test, x-ray or other test?
- ₁ Yes
 - ₀ No → **If No, Go to Question 39**
38. In the last 12 months, when your personal doctor sent you for a blood test, x-ray or other test, how often did someone from your doctor's office follow up to give you the test results?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
39. In the last 12 months, did your personal doctor recommend that you get any counseling or treatment for a personal or family problem, including drug and alcohol use?
- ₁ Yes
 - ₀ No → **If No, Go to Question 42**
40. In the last 12 months, did you get any counseling or treatment for a personal or family problem, including drug or alcohol use?
- ₁ Yes
 - ₀ No → **If No, Go to Question 42**
41. In the last 12 months, how often did your personal doctor seem informed and up-to-date about counseling or treatment you received for a personal or family problem, including drug or alcohol use?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
- OVERALL RATING**
42. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
- 0 Worst personal doctor possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best personal doctor possible
43. Would you recommend your personal doctor to your family and friends?
- ₁ Definitely yes
 - ₂ Probably yes
 - ₃ Not sure
 - ₄ Probably not
 - ₅ Definitely not

OTHER MEMBERS OF THE PRIMARY CARE TEAM

44. Sometimes when you go to your personal doctor's office, you might receive care from another provider – for example, a nurse, nurse practitioner, physician assistant or other doctor in the practice. We want to know about your experiences with these other providers at your personal doctor's office.
- Are there other doctors or nurses in your personal doctor's office who you have seen for some of your visits in the last 12 months?
- ₁ Yes
₀ No → **If No, Go to Question 49**
45. In the last 12 months, how often did these other doctors and nurses at your personal doctor's office explain things in a way that was easy to understand?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
46. In the last 12 months, how often did you feel that these other doctors and nurses at your personal doctor's office had all the information they needed to correctly diagnose and treat your health problems?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

47. In the last 12 months, how often did these other doctors and nurses at your personal doctor's office spend enough time with you?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
48. Overall, how would you rate the care you got in the last 12 months from these other doctors and nurses at your personal doctor's office?
- ₁ Very poor
₂ Poor
₃ Fair
₄ Good
₅ Very good
₆ Excellent

OFFICE STAFF

49. In the last 12 months, how often were the front office staff at your personal doctor's office as helpful as you thought they should be?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
50. In the last 12 months, how often did the front office staff at your personal doctor's office treat you with courtesy and respect?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

ABOUT YOU

51. In general, how would you rate your overall health?
- ₁ Excellent
₂ Very good
₃ Good
₄ Fair
₅ Poor
52. What is your age?
- ₁ 18 to 24
₂ 25 to 34
₃ 35 to 44
₄ 45 to 54
₅ 55 to 64
₆ 65 to 74
₇ 75 or older
53. Are you male or female?
- ₁ Male
₂ Female
54. What is the highest grade or level of school that you have completed?
- ₁ 8th grade or less
₂ Some high school, but did not graduate
₃ High school graduate or GED
₄ Some college or 2-year degree
₅ 4-year college graduate
₆ More than 4-year college degree
55. Are you of Hispanic or Latino origin or descent?
- ₁ Yes, Hispanic or Latino
₀ No, not Hispanic or Latino
56. What is your race? Please mark one or more.
- ₁ White
₂ Black or African-American
₃ Asian
₄ Native Hawaiian or other Pacific Islander
₅ American Indian or Alaska Native
₆ Other

57. What language do you mainly speak at home?

- ₁ English
₂ Arabic
₃ Cambodian
₄ Chinese
₅ French
₆ Haitian/Creole
₇ Laotian
₈ Portuguese
₉ Russian
₁₀ Spanish
₁₁ Vietnamese
₁₂ Other _____

58. Has a doctor ever told you that you had:

Yes₁ No₀

	Yes ₁	No ₀
a. Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
b. Angina or coronary artery disease or heart disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="checkbox"/>	<input type="checkbox"/>
f. Rheumatoid Arthritis, Osteoarthritis, or Degenerative Joint Disease	<input type="checkbox"/>	<input type="checkbox"/>
g. Any cancer (other than skin)	<input type="checkbox"/>	<input type="checkbox"/>
h. Depression	<input type="checkbox"/>	<input type="checkbox"/>
i. Acid reflux or stomach ulcers or Gastroesophageal Reflux Disease	<input type="checkbox"/>	<input type="checkbox"/>
j. Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services, PO Box 10810, Herndon, VA 20172-9904

If you have any questions please call the toll-free number 1-800-874-5561 (TTY 1-866-343-4069).

Please do not include any other correspondence.



<<Patient_Name>>
<<Address1>>
<<Address2>>
<<City_State_Zip>>

Español al Otro Lado

- ❖ **We want to provide the *best* care we can for you!**
- ❖ **You can help us by answering a few questions about your visits to the doctor in the past 12 months. Your answers are important.**
- ❖ **Please take a few minutes to answer the survey questions. You don't need a stamp to send it back – just put it in the envelope that came with the survey.**
- ❖ **You can choose to answer the questions or not to answer them. If you choose not to answer the questions, there will be no changes to your MassHealth benefits.**
- ❖ **Your answers will be private. Your name and answers will *not* be given to your doctor, health plan, or MassHealth.**

QUESTIONS YOU MAY HAVE:

Who is doing this survey?

MassHealth is doing this survey.

What is the purpose of this survey?

MassHealth would like to know what you think about the health care you have received. Your answers will help MassHealth improve the health care services you receive.

How were we selected to participate? We randomly chose a group of adults enrolled in a MassHealth plan to take part in this survey.

What does the number label on the survey mean? This number tells us if you returned the survey so we don't have to send you reminders.

The Center for the Study of Services is working with MassHealth to contact members and collect surveys. If you have any questions about the survey please call this toll-free number: 1-800-874-5561. For the deaf and hard of hearing TTY 1-866-343-4069

- ❖ **Queremos proporcionarle la *mejor atención* posible.**
- ❖ **Usted puede ayudarnos a lograrlo respondiendo a unas pocas preguntas sobre las consultas médicas que ha tenido en los últimos 12 meses. Sus respuestas son importantes.**
- ❖ **Por favor, dedique unos minutos a contestar las preguntas de la encuesta. No necesita estampilla para enviarnos la encuesta. Basta con que la envíe en el sobre adjunto.**
- ❖ **Usted puede elegir entre responder a las preguntas o no hacerlo. Si decide no responderlas, no habrá cambios en los beneficios que recibe de MassHealth.**
- ❖ **Sus respuestas serán confidenciales. No le entregaremos a su médico, a su plan de salud ni a Mass Health su nombre ni sus respuestas.**

PREGUNTAS QUE SE LE PUEDEN OCURRIR:

¿Quién está realizando esta encuesta?

MassHealth la está realizando.

¿Cuál es el propósito de esta encuesta?

A MassHealth le gustaría saber qué piensa usted de los servicios médicos que ha recibido. Sus respuestas le servirán a MassHealth para mejorar los servicios médicos que usted recibe.

¿Cómo nos escogieron para participar? Escogimos al azar a un grupo de adultos que estaban inscritos en un plan de MassHealth para que participaran en esta encuesta.

¿Qué significa la etiqueta numerada que trae la encuesta? Este número nos indica si usted nos envió la encuesta. Así no tendremos que enviarle avisos para recordarle.

El Centro para el Estudio de Servicios está colaborando con MassHealth para comunicarse con los afiliados y recolectar las encuestas. Si tiene alguna pregunta sobre la encuesta, llame a esta línea telefónica gratuita: 1-800-874-5561. Línea TTY 1-866-343-4069 (para personas con sordera total o parcial)



<<Patient_Name>>
<<Address1>>
<<Address2>>
<<City_State_Zip>>

Español al Otro Lado

- ❖ **We want to provide the *best* care we can for you!**
- ❖ **You can help us by answering a few questions about your visits to the doctor in the past 12 months. Your answers are important.**
- ❖ **Please take a few minutes to answer the survey questions. You don't need a stamp to send it back – just put it in the envelope that came with the survey.**
- ❖ **You can choose to answer the questions or not to answer them. If you choose not to answer the questions, there will be no changes to your MassHealth benefits.**
- ❖ **Your answers will be private. Your name and answers will *not* be given to your doctor, health plan, or MassHealth.**

QUESTIONS YOU MAY HAVE:

I have already returned this survey - do I need to answer the survey questions again?

This is a second mailing. If you have already mailed back the survey, thank you!

Who is doing this survey?

MassHealth is doing this survey.

What is the purpose of this survey?

MassHealth would like to know what you think about the health care you have received. Your answers will help MassHealth improve the health care services you receive.

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- ❖ **Queremos proporcionarle la *mejor atención* posible.**
- ❖ **Usted puede ayudarnos a lograrlo respondiendo a unas pocas preguntas sobre las consultas médicas que ha tenido en los últimos 12 meses. Sus respuestas son importantes.**
- ❖ **Por favor, dedique unos minutos a contestar las preguntas de la encuesta. No necesita estampilla para enviarnos la encuesta. Basta con que la envíe en el sobre adjunto.**
- ❖ **Usted puede elegir entre responder a las preguntas o no hacerlo. Si decide no responderlas, no habrá cambios en los beneficios que recibe de MassHealth.**
- ❖ **Sus respuestas serán confidenciales. No le entregaremos a su médico, a su plan de salud ni a Mass Health su nombre ni sus respuestas.**

PREGUNTAS QUE SE LE PUEDEN OCURRIR:

Ya envié esta encuesta. ¿Tengo que responder a las preguntas otra vez?

Esta es la segunda vez que enviamos la encuesta por correo. Si usted ya nos la envió, no es necesario que la responda de nuevo. ¡Muchas gracias!

¿Quién está realizando esta encuesta?

MassHealth la está realizando.

¿Cuál es el propósito de esta encuesta?

A MassHealth le gustaría saber qué piensa usted de los servicios médicos que ha recibido. Sus respuestas le servirán a MassHealth para mejorar los servicios médicos que usted recibe.

¿Cómo nos escogieron para participar? Escogimos al azar a un grupo de adultos que estaban inscritos en un plan de MassHealth para que participaran en esta encuesta.

¿Qué significa la etiqueta numerada que trae la encuesta? Este número nos indica si usted nos envió la encuesta. Así no tendremos que enviarle avisos para recordarle.

El Centro para el Estudio de Servicios está colaborando con MassHealth para comunicarse con los afiliados y recolectar las encuestas. Si tiene alguna pregunta sobre la encuesta, llame a esta línea telefónica gratuita: 1-800-874-5561. Línea TTY 1-866-343-4069 (para personas con sordera total o parcial)



SURVEY ABOUT YOUR EXPERIENCES WITH YOUR CHILD'S DOCTOR

YOUR CHILD'S PERSONAL DOCTOR

1. Your child's regular personal doctor is the doctor that you usually call if your child needs a check-up, if your child gets sick or hurt, or if you want advice about a health problem your child may have.

Is there one particular doctor that you think of as your child's regular personal doctor?

- ₁ Yes
₂ No, my child does **→ If no regular doctor, not have a regular doctor Go to Question 50**

2. How long has this person been your child's regular doctor?
- ₁ Less than 6 months
₂ At least 6 months but less than 1 year
₃ At least 1 year but less than 3 years
₄ At least 3 years but less than 5 years
₅ 5 years or more

3. Our records indicate that your child's regular doctor is at:

Is that correct?

- ₁ Yes
₂ No, my child's regular doctor is at:

(please write the correct name or address of the office)

The questions in this survey booklet will refer to "your child's doctor". Please think of your child's regular doctor as you answer the survey.

SCHEDULING APPOINTMENTS AND CONTACTING YOUR CHILD'S PERSONAL DOCTOR

4. In the last 12 months, how many visits has your child had with his or her regular doctor?
- ₁ No visits **→ If No, Go to Question 43**
₂ 1 visit
₃ 2 or more visits

5. In the last 12 months, did you call your child's doctor's office to get an appointment for an illness, injury or condition that needed care right away?
- ₁ Yes
₀ No → **If No, Go to Question 7**
6. In the last 12 months, when you called your child's doctor's office for an appointment your child needed right away, how often did you get an appointment as soon as you needed it?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
7. In the last 12 months, have you scheduled any appointments for a check-up or routine care at your child's doctor's office?
- ₁ Yes
₀ No → **If No, Go to Question 9**
8. In the last 12 months, when you scheduled an appointment for a check-up or routine care at your child's doctor's office, how often did you get an appointment as soon as you needed it?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
9. In the last 12 months, did you call your child's doctor's office with a medical question during regular office hours?
- ₁ Yes
₀ No → **If No, Go to Question 11**
10. In the last 12 months, when you called your child's doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
11. In the last 12 months, did you call your child's doctor's office for help or advice after regular office hours?
- ₁ Yes
₀ No → **If No, Go to Question 13**
12. In the last 12 months, when you called your child's doctor's office after regular office hours, how often did you get the help or advice you needed?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always
13. In the last 12 months, when you had an appointment at your child's doctor's office, how often was your child taken to the exam room within 15 minutes of your appointment time?
- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

14. In the last 12 months, once you and your child were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

15. In the last 12 months, when you had an appointment at your child's doctor's office, how often did you see your child's doctor (not a nurse or other provider from the doctor's office)?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

MANAGING YOUR CHILD'S CARE

16. In the last 12 months, how often did your child's doctor explain things in a way that was easy to understand?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
17. In the last 12 months, how often did your child's doctor listen carefully to you and your child?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

18. In the last 12 months, did you talk with your child's doctor about any health problems or symptoms that were bothering your child?
- ₁ Yes
 - ₀ No → **If No, Go to Question 21**

19. In the last 12 months, how often did your child's doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering your child?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

20. In the last 12 months, how often did your child's doctor give you clear instructions about what to do if your child's health problems or symptoms got worse or came back?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

21. In the last 12 months, did your child's doctor talk with you about how your child is growing and developing?
- ₁ Yes
 - ₂ No
 - ₃ Does not apply

22. In the last 12 months, did your child's doctor talk with you about protecting your child from injury (for example, in a car, on a bike, at home)?
- ₁ Yes
 - ₀ No

23. In the last 12 months, did your child's doctor give you the information that you needed about food and nutrition for your child?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No, definitely not
 - ₄ I did not need information about food and nutrition
24. In the last 12 months, did your child's doctor give you the information that you needed to help you understand and deal with your child's behaviors?
- ₁ Yes, definitely
 - ₂ Yes, somewhat
 - ₃ No, definitely not
 - ₄ I did not need information about my child's behaviors
25. In the last 12 months, did your child's doctor's office remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)?
- ₁ Yes
 - ₀ No
26. In the last 12 months, how often did your child's doctor seem to know all the important information about your child's medical history?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
27. In the last 12 months, how often did your child's doctor show respect for what you and your child had to say?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
28. In the last 12 months, how often did your child's doctor spend enough time with you and your child?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always
29. How would you rate your child's doctor's knowledge of your child as a person (special abilities, concerns, fears)?
- ₁ Very poor
 - ₂ Poor
 - ₃ Fair
 - ₄ Good
 - ₅ Very good
 - ₆ Excellent

COORDINATING YOUR CHILD'S CARE

30. In the last 12 months, did your child's doctor recommend that your child see a specialist doctor for a particular health problem?
- ₁ Yes
 - ₀ No → **If No, Go to Question 34**
31. In the last 12 months, did your child see a specialist doctor?
- ₁ Yes
 - ₀ No
32. In the last 12 months, how often was it easy to get appointments with specialist doctors for your child?
- ₁ Never
 - ₂ Almost never
 - ₃ Sometimes
 - ₄ Usually
 - ₅ Almost always
 - ₆ Always

33. In the last 12 months, how often did your child's doctor seem informed and up-to-date about the care your child received from specialist doctors?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

34. Does your child take any prescription medicines?

- ₁ Yes
- ₀ No → **If No, Go to Question 36**

35. In the last 12 months, did your child's doctor talk with you about all of the different prescription medicines your child is using, including medicines prescribed by other doctors?

- ₁ Yes
- ₀ No

36. In the last 12 months, did your child's doctor send your child for a blood test, x-ray or other test?

- ₁ Yes
- ₀ No → **If No, Go to Question 38**

37. In the last 12 months, when your child's doctor sent your child for a blood test, x-ray or other test, how often did someone from the doctor's office follow up to give you the test results?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

38. In the last 12 months, did your child's doctor recommend that your child get counseling for any emotional or behavioral problems, including drug and alcohol use?

- ₁ Yes
- ₀ No → **If No, Go to Question 41**

39. In the last 12 months, did your child get any emotional or behavioral counseling, including treatment for drug or alcohol use?

- ₁ Yes
- ₀ No → **If No, Go to Question 41**

40. In the last 12 months, how often did your child's doctor seem informed and up-to-date about the emotional or behavioral counseling or treatment for drug or alcohol use your child received?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

OVERALL RATING

41. Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate your child's regular doctor?

- 0 Worst doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best doctor possible

42. Would you recommend your child's regular doctor to your family and friends?

- ₁ Definitely yes
- ₂ Probably yes
- ₃ Not sure
- ₄ Probably not
- ₅ Definitely not

OTHER MEMBERS OF YOUR CHILD'S PRIMARY CARE TEAM

43. Sometimes when you go to your child's doctor's office, your child might receive care from another provider – for example, a nurse, nurse practitioner, physician assistant or other doctor in the practice. We want to know about your experiences with these other providers at your child's doctor's office.

Are there other doctors or nurses in your child's doctor's office who your child has seen for some of his or her visits in the last 12 months?

- ₁ Yes
₀ No → If No, Go to Question 48

44. In the last 12 months, how often did these other doctors and nurses at your child's doctor's office explain things in a way that was easy to understand?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

45. In the last 12 months, how often did you feel that these other doctors and nurses at your child's doctor's office had all the information they needed to correctly diagnose and treat your child's health problems?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

46. In the last 12 months, how often did these other doctors and nurses at your child's doctor's office spend enough time with you and your child?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

47. Overall, how would you rate the care your child received in the last 12 months from these other doctors and nurses at your child's doctor's office?

- ₁ Very poor
₂ Poor
₃ Fair
₄ Good
₅ Very good
₆ Excellent

OFFICE STAFF

48. In the last 12 months, how often were the front office staff at your child's doctor's office as helpful as you thought they should be?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

49. In the last 12 months, how often did the front office staff at your child's doctor's office treat you with courtesy and respect?

- ₁ Never
₂ Almost never
₃ Sometimes
₄ Usually
₅ Almost always
₆ Always

ABOUT YOUR CHILD

50. In general, how would you rate your child's overall health?

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

51. What is your child's age?

- ₁ Less than 2 years old
- ₂ 2 to 4 years old
- ₃ 5 to 9 years old
- ₄ 10 to 14 years old
- ₅ 15 to 18 years old

52. Is your child male or female?

- ₁ Male
- ₂ Female

53. Is your child of Hispanic or Latino origin or descent?

- ₁ Yes, Hispanic or Latino
- ₀ No, not Hispanic or Latino

54. What is your child's race? Please mark one or more.

- ₁ White
- ₂ Black or African-American
- ₃ Asian
- ₄ Native Hawaiian or other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Other

55. What language do you mainly speak at home?

- ₁ English
- ₂ Arabic
- ₃ Cambodian
- ₄ Chinese
- ₅ French
- ₆ Haitian/Creole
- ₇ Laotian
- ₈ Portuguese
- ₉ Russian
- ₁₀ Spanish
- ₁₁ Vietnamese
- ₁₂ Other _____

56. Has a doctor ever said that your child had:

Yes₁ No₀

	Yes ₁	No ₀
a. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
c. The problem of being overweight or excessive weight gain	<input type="checkbox"/>	<input type="checkbox"/>
d. An eating disorder - anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>
e. Attention Disorder such as ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>
f. Depression or other emotional problem	<input type="checkbox"/>	<input type="checkbox"/>
g. Autism, mental retardation, or other developmental problems	<input type="checkbox"/>	<input type="checkbox"/>
h. Epilepsy or seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
i. Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>
j. Birth defect (including spina bifida and congenital heart disease)	<input type="checkbox"/>	<input type="checkbox"/>
k. Other chronic (long term) health condition (<i>Please specify</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOU

57. What is your age?
- ₁ Less than 18 years old
 - ₂ 18 to 24 years old
 - ₃ 25 to 34 years old
 - ₄ 35 to 44 years old
 - ₅ 45 to 54 years old
 - ₆ 55 to 64 years old
 - ₇ 65 years old or older
58. Are you male or female?
- ₁ Male
 - ₂ Female
59. What is the highest grade or level of school that you have completed?
- ₁ 8th grade or less
 - ₂ Some high school, but did not graduate
 - ₃ High school graduate or GED
 - ₄ Some college or 2-year degree
 - ₅ 4-year college graduate
 - ₆ More than 4-year college degree
60. How are you related to the child?
- ₁ Mother or father
 - ₂ Grandparent
 - ₃ Aunt or uncle
 - ₄ Older brother or sister
 - ₅ Other relative
 - ₆ Legal guardian
 - ₇ Someone else

(please print)

THANK YOU

Please return the completed survey in the postage-paid envelope to:
Center for the Study of Services, PO Box 10810, Herndon, VA 20172-9904
If you have any questions please call the toll-free number 1-800-874-5561 (TTY 1-866-343-4069).
Please do not include any other correspondence.



Parent or Guardian of <<Patient_Name>>
<<Address1>>
<<Address2>>
<<City_State_Zip>>

Español al Otro Lado

- ❖ **We want to provide the *best* care we can for your child!**
- ❖ **You can help us by answering a few questions about your child's visits to the doctor in the past 12 months. Your answers are important.**
- ❖ **Please take a few minutes to answer the survey questions. You don't need a stamp to send it back – just put it in the envelope that came with the survey.**
- ❖ **You can choose to answer the questions or not to answer them. If you choose not to answer the questions, there will be no changes to your child's MassHealth benefits.**
- ❖ **Your answers will be private. Your name (or your child's name) and answers will *not* be given to your child's doctor, health plan, or MassHealth.**

QUESTIONS YOU MAY HAVE:

Who is doing this survey?

MassHealth is doing this survey.

What is the purpose of this survey?

MassHealth would like to know what you think about the health care your child has received. Your answers will help MassHealth improve the health care services your child receives.

How were we selected to participate? We randomly chose a group of children enrolled in a MassHealth plan to take part in this survey.

What does the number label on the survey mean? This number tells us if you returned the survey so we don't have to send you reminders.

The Center for the Study of Services is working with MassHealth to contact members and collect surveys. If you have any questions about the survey please call this toll-free number: 1-800-874-5561.

For the deaf and hard of hearing TTY 1-866-343-4069

- ❖ **Queremos proporcionarle a su hijo la *mejor atención* posible.**
- ❖ **Usted puede ayudarnos a lograrlo respondiendo a unas pocas preguntas sobre las consultas médicas que su hijo ha tenido en los últimos 12 meses. Sus respuestas son importantes.**
- ❖ **Por favor, dedique unos minutos a contestar las preguntas de la encuesta. No necesita estampilla para enviarnos la encuesta. Basta con que la envíe en el sobre adjunto.**
- ❖ **Usted puede elegir entre responder a las preguntas o no hacerlo. Si decide no responderlas, no habrá cambios en los beneficios que su hijo recibe de MassHealth.**
- ❖ **Sus respuestas serán confidenciales. No le entregaremos al médico de su hijo, al plan de salud de su hijo ni a Mass Health su nombre (o el de su hijo) ni sus respuestas.**

PREGUNTAS QUE SE LE PUEDEN OCURRIR:

¿Quién está realizando esta encuesta?

MassHealth la está realizando.

¿Cuál es el propósito de esta encuesta?

A MassHealth le gustaría saber qué piensa usted de los servicios médicos que su hijo ha recibido. Sus respuestas le servirán a MassHealth para mejorar los servicios médicos que su hijo recibe.

¿Cómo nos escogieron para participar? Escogimos al azar a un grupo de niños que están inscritos en un plan de MassHealth para que participaran en esta encuesta.

¿Qué significa la etiqueta numerada que trae la encuesta? Este número nos indica si usted nos envió la encuesta. Así no tendremos que enviarle avisos para recordarle.

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Parent or Guardian of <<Patient_Name>>
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QUESTIONS YOU MAY HAVE:

I have already returned this survey - do I need to answer the survey questions again?

This is a second mailing. If you have already mailed back the survey, thank you!

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PREGUNTAS QUE SE LE PUEDEN OCURRIR:

Ya envié esta encuesta. ¿Tengo que responder a las preguntas otra vez?

Esta es la segunda vez que enviamos la encuesta por correo. Si usted ya nos la envió, no es necesario que la responda de nuevo. ¡Muchas gracias!

¿Quién está realizando esta encuesta?

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¿Cuál es el propósito de esta encuesta?

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Commonwealth of Massachusetts • MassHealth

Important! Please have this notice translated immediately.

English

សារៈសំខាន់! សូមបកប្រែដំណឹងនេះជាប្រញាប់ ។

Cambodian

重要事項! 請立即翻譯本通知。

Chinese

Avi enpòtan! Fè tradiksyon avi sa a touswit.

Haitian-Creole

ສຳຄັນ! ກະລຸນາໃຫ້ແປໃບເລື່ອງການມີໂດຍດ່ວນ.

Laotian

Importante! Por favor, mande traduzir esta notificação imediatamente.

Portuguese

Важно! Пожалуйста, срочно переведите это уведомление.

Russian

¡Importante! Por favor traduzca este aviso inmediatamente.

Spanish

Quan trọng! Xin vui lòng dịch lại thông báo này ngay lập tức.

Vietnamese

Plan	Survey Type	Outgoing Sample	Returned	Completed by Mail	Completed by Phone	Non-Responses (See Below)	Raw Response Rate	Adjusted Response Rate*	Usable Responses	Unusable Responses	Usable Response Rate
Project Total	Adult	22,422	6,985	5,567	1,571	15,437	31.2%	31.9%	6,442	543	28.7%
	Child Main	22,240	7,480	5,155	2,431	14,760	33.6%	34.6%	7,097	383	31.9%
	Child Sub	1,333	529	371	169	804	39.7%	40.4%	499	30	37.4%
	Total	45,995	14,994	11,093	4,171	31,001	32.6%	33.5%	14,220	774	30.9%

*Adjusted Response Rate removes undeliverables, deceased, and physically/mentally disabled from outgoing denominator

Table 1-B Non-Response information

Non-Responses		Mail Non-Response		Mail/Phone Combined		Phone Non-Interviews								
Plan	Survey Type	Returned Undeliverable	Call-In Removal	Deceased	Mental/Physical Disability	No Phone Number	No Contact Max Attempts	Refusal	Bad/Old Phone #	Disconnected Number	Broke Off During Interview	Answered "No" to Question 1	Language Barrier	Total
Project Total	Adult	429	3	33	91	1,470	4,819	727	4,361	2,770	0	278	456	15,437
	Child Main	617	2	4	14	1,643	4,116	684	4,067	3,076	0	207	330	14,760
	Child Sub	23	0	1	1	42	274	38	159	172	0	13	81	804
	Total	1,069	5	38	106	3,155	9,209	1,449	8,587	6,018	0	498	867	31,001

Table F-1 - Reported Age of Respondent (Subject for the Pediatric Survey)

Age	Adult PCP		Pediatric PCP	
	N	%	N	%
Less than 2 years	-	-	644	9
2-4	-	-	1592	21
5-9	-	-	2065	27
10-14	-	-	1824	24
15-18	-	-	1471	19
18-24	635	10	-	-
25-34	1277	20	-	-
35-44	1603	25	-	-
45-54	1634	25	-	-
55-64	1184	18	-	-
65-74	107	2	-	-
75 or older	2	0	-	-
Total	6422	100	7596	100

Table F-2 - Reported Gender of Respondents

Gender	Adult PCP		Pediatric PCP	
	N	%	N	%
Female	4692	72.8	3660	48.2
Male	1750	27.2	3936	51.8
Total	6442	100	7596	100

The MassHealth adult population has a higher percentage of female members:

- For the overall adult managed care population (before eligibility criteria), the % female was 63.1%¹
- For the eligible adult managed care members, the % female was 69.4%²

In addition, it has been observed that females are more likely to respond to surveys. Similar female/male respondent proportions have been observed in other MassHealth member surveys:

- The MassHealth CAHPS surveys had a similar response rate by gender each year: (for example, 71% female in 2004). This was only using enrollment data; not visit data.
- MHQP's demonstration project had a 76% MassHealth female response rate (compared to 66.5% for commercial).

Table F-3 - Respondents Reporting Hispanic Latino Origin or Descent (Subject for the Pediatric Survey)

Hispanic/Latino Origin or Descent	Adult		Pediatric	
	N	%	N	%
Yes	1725	26.8%	2227	29.3%
No	4240	65.8%	4710	62.0%
Unknown/Non-response	477	7.4%	514	6.8%
Total	6442	100.0%	7596	100.0%

¹ This is based on all adult member files provided by each individual health plan (N=318,601 adults)

² This % is based on those adults from the above population that were eligible to be surveyed (an active MassHealth member on June 30, 2008, and at least one office visit between 7/1/07 and 6/30/09 (N = 211,317 adults).

Table F-4 - Reported Race of Members (Subject for the Pediatric Survey)

Race	Adult PCP		Pediatric PCP	
	N	%	N	%
American Indian/Alaska Native	26	0.4%	26	0.3%
Asian	349	5.4%	251	3.3%
Native Hawaiian/Pacific Islander	15	0.2%	11	0.1%
Black or African American	370	5.8%	450	5.9%
White	2993	46.6%	2909	38.3%
More than One Race	1278	19.9%	2253	29.7%
Other Race	787	12.3%	781	10.3%
Unknown/Not Reported	624	9.7%	915	12.0%
Total	6422	100%	7596	100%

Table F-5 - Reported Language Mainly Spoken At Home

Language	Adult PCP		Pediatric PCP	
	N	%	N	%
English	4066	63.1%	4859	64.0%
Arabic	32	0.5%	25	0.3%
Cambodian	25	0.4%	18	0.2%
Chinese	170	2.6%	86	1.1%
French	5	0.1%	7	0.1%
Haitian/Creole	16	0.2%	29	0.4%
Laotian	4	0.1%	0	0.0%
Portuguese	46	0.7%	162	2.1%
Russian	42	0.7%	17	0.2%
Spanish	1066	16.5%	909	12.0%
Vietnamese	74	1.1%	32	0.4%
Other	88	1.4%	115	1.5%
Non-response	808	12.5%	1337	17.6%
Total	6442	100%	7596	100%

Table F-6 – Reported Educational Level of Respondents (Education Level of Parent/Guardian for Pediatric Survey)

Educational Level	Adult PCP		Pediatric PCP	
	N	%	N	%
Less than 8 th grade	714	11.1%	416	5.5%
Some high school	949	14.7%	866	11.4%
High school graduate	2210	34.3%	2364	31.1%
Some college	1706	26.5%	2491	32.8%
College graduate	302	4.7%	533	7.0%
Graduate school	182	2.8%	287	3.8%
Non-response	379	5.9%	639	8.4%
Total	6442	100	7596	100

Table F-7 – Reported Chronic Illness of Respondents Subject for the Pediatric Survey)

Chronic Illness	Adult PCP (N=6422)		Pediatric PCP (N=7596)	
	N	%	N	%
Hypertension	2074	34	-	-
Angina	417	7	-	-
Congestive Heart Failure	178	3	-	-
Rheumatoid Arthritis	1528	25	-	-
Cancer	307	5	-	-
Stomach ulcers	1890	31	-	-
Migraine headaches	1681	27	-	-
Diabetes	927	15	56	1
Asthma	1577	26	1588	23
Depression	2712	44	625	9
Overweight or excessive weight gain	-	-	829	12
Eating disorder	-	-	49	1
Attention deficit disorder	-	-	885	13
Autism	-	-	386	6
Epilepsy	-	-	105	2
Cystic fibrosis	-	-	7	0
Birth defect	-	-	91	1

Note: Percentages do not add to 100%. Respondents were allowed to select more than one chronic condition and may not answer the question if there are no chronic conditions to report.

Table F- 8 – Reported Chronic Illness (Subject for the Pediatric Survey)

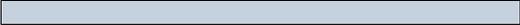
Number of Chronic Conditions	Adult PCP		Pediatric PCP	
	N	%	N	%
No chronic conditions	1275	19.8%	4074	53.6%
1 or 2 chronic conditions	2546	39.5%	2571	33.8%
3 or more chronic conditions	2315	35.9%	380	5.0%
Non-response	306	4.8%	571	7.5%
Total	6442	100	7596	100

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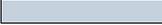
Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

A personal doctor is the doctor that you usually call if you need a check-up, if you get sick or hurt, or if you want advice about a health problem. Is there one particular doctor that you think of as your regular personal doctor?

	<i>frequency</i>	<i>percent</i>	
Yes	6,442	97%	
No, I do not have a personal doctor	190	3%	
Total applicable respondents	6,632		

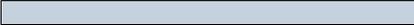
How long has this person been your personal doctor?

	<i>frequency</i>	<i>percent</i>	
Less than 6 months	456	7%	
At least 6 months but less than 1 year	665	10%	
At least 1 year but less than 3 years	1,964	31%	
At least 3 years but less than 5 years	1,100	17%	
5 years or more	2,180	34%	
Total applicable respondents	6,365		

Our records indicate that your personal doctor is at <site> is that correct?

	<i>frequency</i>	<i>percent</i>	
Yes	5,791	91%	
No	544	9%	
Don't Know	31	0%	
Total applicable respondents	6,366		

In the last 12 months, how many visits have you had with your personal doctor?

	<i>frequency</i>	<i>percent</i>	
No visits	324	5%	
1 visit	1,060	17%	
2 or more visits	4,903	78%	
Total applicable respondents	6,287		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Communication (6 questions)

In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	41	1%	█
Almost never	67	1%	█
Sometimes	285	5%	█
Usually	500	9%	█
Almost always	828	14%	█
Always	4,069	70%	█
Total applicable respondents	5,790		

In the last 12 months, how often did your personal doctor listen carefully to you?

	<i>frequency</i>	<i>percent</i>	
Never	59	1%	█
Almost never	72	1%	█
Sometimes	331	6%	█
Usually	463	8%	█
Almost always	715	12%	█
Always	4,152	72%	█
Total applicable respondents	5,792		

Screening Question

In the last 12 months, did you talk with your personal doctor about any health problems or symptoms that were bothering you?

	<i>frequency</i>	<i>percent</i>	
No	729	13%	█
Yes	5,032	87%	█
Total applicable respondents	5,761		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Communication (6 questions)

In the last 12 months, how often did your personal doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering you?

	<i>frequency</i>	<i>percent</i>	
Never	44	1%	▮
Almost never	74	1%	▮
Sometimes	244	5%	▮
Usually	422	8%	▮
Almost always	724	14%	▮
Always	3,511	70%	▮
Total applicable respondents	5,019		

In the last 12 months, how often did your personal doctor give you clear instructions about what to do if your symptoms got worse or came back?

	<i>frequency</i>	<i>percent</i>	
Never	93	2%	▮
Almost never	81	2%	▮
Sometimes	238	5%	▮
Usually	392	8%	▮
Almost always	649	13%	▮
Always	3,551	71%	▮
Total applicable respondents	5,004		

In the last 12 months, how often did your personal doctor show respect for what you had to say?

	<i>frequency</i>	<i>percent</i>	
Never	63	1%	▮
Almost never	72	1%	▮
Sometimes	266	5%	▮
Usually	400	7%	▮
Almost always	667	12%	▮
Always	4,285	74%	▮
Total applicable respondents	5,753		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

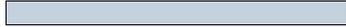
Communication (6 questions)

In the last 12 months, how often did your personal doctor spend enough time with you?

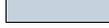
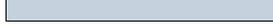
	<i>frequency</i>	<i>percent</i>	
Never	96	2%	
Almost never	171	3%	
Sometimes	410	7%	
Usually	634	11%	
Almost always	1,038	18%	
Always	3,397	59%	
Total applicable respondents	5,746		

Integration of Care (3 questions)

In the last 12 months, did your personal doctor recommend that you see a different doctor, like a specialist, for a particular health problem?

	<i>frequency</i>	<i>percent</i>	
No	2,040	36%	
Yes	3,651	64%	
Total applicable respondents	5,691		

In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you received from specialist doctors?

	<i>frequency</i>	<i>percent</i>	
Never	142	4%	
Almost never	125	4%	
Sometimes	313	9%	
Usually	460	13%	
Almost always	696	20%	
Always	1,757	50%	
Total applicable respondents	3,493		

Screening Question

In the last 12 months, did your personal doctor send you for a blood test, x-ray or other test?

	<i>frequency</i>	<i>percent</i>	
No	919	16%	
Yes	4,776	84%	
Total applicable respondents	5,695		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Integration of Care (3 questions)

In the last 12 months, when your personal doctor sent you for a blood test, x-ray or other test, how often did someone from your doctor's office follow up to give you the test results?

	<i>frequency</i>	<i>percent</i>	
Never	366	8%	
Almost never	201	4%	
Sometimes	360	8%	
Usually	469	10%	
Almost always	737	16%	
Always	2,599	55%	
Total applicable respondents	4,732		

Knowledge of Patient (2 questions)

In the last 12 months, how often did your personal doctor seem to know all the important information about your medical history?

	<i>frequency</i>	<i>percent</i>	
Never	133	2%	
Almost never	128	2%	
Sometimes	451	8%	
Usually	668	12%	
Almost always	1,110	19%	
Always	3,261	57%	
Total applicable respondents	5,751		

How would you rate your personal doctor's knowledge of you as a person, including values and beliefs that are important to you?

	<i>frequency</i>	<i>percent</i>	
Very poor	115	2%	
Poor	177	3%	
Fair	515	9%	
Good	1,004	18%	
Very good	1,527	27%	
Excellent	2,375	42%	
Total applicable respondents	5,713		

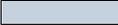
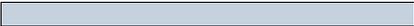
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Frequency Distributions: Adult Primary Care

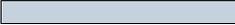
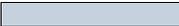
6,632 Respondents Statewide

Health Promotion (5 questions)

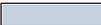
In the last 12 months, did your personal doctor’s office remind you to get preventive care that you were due to receive (for example, flu shot, cancer screening, mammogram, eye exam)?

	<i>frequency</i>	<i>percent</i>	
No	1,291	23%	
Yes	4,444	77%	
Total applicable respondents	5,735		

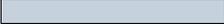
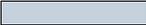
In the last 12 months, did you and your personal doctor talk about a healthy diet and healthy eating habits?

	<i>frequency</i>	<i>percent</i>	
Yes, definitely	2,548	44%	
Yes, somewhat	1,945	34%	
No, definitely not	1,248	22%	
Total applicable respondents	5,741		

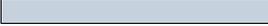
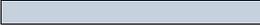
In the last 12 months, did you and your personal doctor talk about the exercise or physical activity you get?

	<i>frequency</i>	<i>percent</i>	
Yes, definitely	2,711	47%	
Yes, somewhat	1,920	33%	
No, definitely not	1,102	19%	
Total applicable respondents	5,733		

In the last 12 months, did you and your personal doctor talk about things in your life that worry you or cause you stress?

	<i>frequency</i>	<i>percent</i>	
Yes, definitely	2,402	42%	
Yes, somewhat	1,728	30%	
No, definitely not	1,575	28%	
Total applicable respondents	5,705		

In the last 12 months, did your personal doctor ask whether there was a period of 2 weeks or more when you felt sad, empty or depressed?

	<i>frequency</i>	<i>percent</i>	
No	2,885	51%	
Yes	2,764	49%	
Total applicable respondents	5,649		

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Frequency Distributions: Adult Primary Care
 6,632 Respondents Statewide

Prescription Drugs

Screener Question **Do you take any prescription medicines?**

	<i>frequency</i>	<i>percent</i>	
No	1,122	20%	
Yes	4,581	80%	
Total applicable respondents	5,703		

In the last 12 months, did your personal doctor talk with you about all of the different prescription medicines you are using, including medicines prescribed by other doctors?

	<i>frequency</i>	<i>percent</i>	
No	839	18%	
Yes	3,703	82%	
Total applicable respondents	4,542		

Overall Rating

Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

	<i>frequency</i>	<i>percent</i>	
0 Worst personal doctor possible	34	1%	
1	32	1%	
2	44	1%	
3	66	1%	
4	95	2%	
5	270	5%	
6	200	3%	
7	492	9%	
8	988	17%	
9	948	17%	
10 Best personal doctor possible	2,547	45%	
Total applicable respondents	5,716		

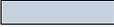
2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Overall Rating

Would you recommend your personal doctor to your family and friends?

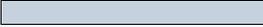
	<i>frequency</i>	<i>percent</i>	
Definitely yes	3,606	63%	
Probably yes	1,233	21%	
Not sure	483	8%	
Probably not	232	4%	
Definitely not	187	3%	
Total applicable respondents	5,741		

Organizational Access (6 questions)

Screener Question **In the last 12 months, did you call your personal doctor's office to get an appointment for an illness, injury or condition that needed care right away?**

	<i>frequency</i>	<i>percent</i>	
No	1,735	30%	
Yes	4,094	70%	
Total applicable respondents	5,829		

In the last 12 months, when you called your personal doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it?

	<i>frequency</i>	<i>percent</i>	
Never	76	2%	
Almost never	86	2%	
Sometimes	382	9%	
Usually	480	12%	
Almost always	1,019	25%	
Always	2,044	50%	
Total applicable respondents	4,087		

Screener Question **In the last 12 months, have you scheduled any appointments for a check-up or routine care at your personal doctor's office?**

	<i>frequency</i>	<i>percent</i>	
No	810	14%	
Yes	5,014	86%	
Total applicable respondents	5,824		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

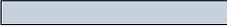
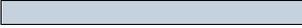
Organizational Access (6 questions)

In the last 12 months, when you scheduled an appointment for a check-up or routine care at your personal doctor's office, how often did you get an appointment as soon as you needed it?

	<i>frequency</i>	<i>percent</i>	
Never	63	1%	
Almost never	111	2%	
Sometimes	475	10%	
Usually	726	15%	
Almost always	1,207	24%	
Always	2,399	48%	
Total applicable respondents	4,981		

Screening Question

In the last 12 months, did you call your personal doctor's office with a medical question during regular office hours?

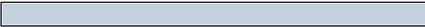
	<i>frequency</i>	<i>percent</i>	
No	2,489	43%	
Yes	3,296	57%	
Total applicable respondents	5,785		

In the last 12 months, when you called your personal doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

	<i>frequency</i>	<i>percent</i>	
Never	103	3%	
Almost never	98	3%	
Sometimes	365	11%	
Usually	426	13%	
Almost always	807	25%	
Always	1,490	45%	
Total applicable respondents	3,289		

Screening Question

In the last 12 months, did you call your personal doctor's office for help or advice after regular office hours?

	<i>frequency</i>	<i>percent</i>	
No	4,597	80%	
Yes	1,152	20%	
Total applicable respondents	5,749		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Organizational Access (6 questions)

In the last 12 months, when you called your personal doctor’s office after regular office hours, how often did you get the help or advice you needed?

	<i>frequency</i>	<i>percent</i>	
Never	51	4%	
Almost never	40	3%	
Sometimes	135	11%	
Usually	126	11%	
Almost always	242	20%	
Always	597	50%	
Total applicable respondents	1,191		

In the last 12 months, when you had an appointment at your personal doctor’s office, how often were you taken to the exam room within 15 minutes of your appointment time?

	<i>frequency</i>	<i>percent</i>	
Never	417	7%	
Almost never	329	6%	
Sometimes	1,012	17%	
Usually	1,012	17%	
Almost always	1,464	25%	
Always	1,556	27%	
Total applicable respondents	5,790		

In the last 12 months, once you were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?

	<i>frequency</i>	<i>percent</i>	
Never	262	5%	
Almost never	208	4%	
Sometimes	805	14%	
Usually	981	17%	
Almost always	1,485	26%	
Always	2,052	35%	
Total applicable respondents	5,793		

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Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Visit-based continuity (1 questions)

In the last 12 months, when you had an appointment at your personal doctor’s office, how often did you see your personal doctor (not a nurse or other provider from the doctor’s office)?

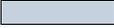
	<i>frequency</i>	<i>percent</i>	
Never	200	3%	
Almost never	182	3%	
Sometimes	549	10%	
Usually	571	10%	
Almost always	1,088	19%	
Always	3,171	55%	
Total applicable respondents	5,761		

Clinical Team (4 questions)

Screening Question **Are there other doctors or nurses in your personal doctor’s office who you have seen for some of your visits in the last 12 months?**

	<i>frequency</i>	<i>percent</i>	
No	2,399	39%	
Yes	3,684	61%	
Total applicable respondents	6,083		

In the last 12 months, how often did these other doctors and nurses at your personal doctor’s office explain things in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	67	2%	
Almost never	95	3%	
Sometimes	411	11%	
Usually	475	13%	
Almost always	787	21%	
Always	1,849	50%	
Total applicable respondents	3,684		

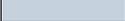
2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

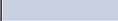
6,632 Respondents Statewide

Clinical Team (4 questions)

In the last 12 months, how often did you feel that these other doctors and nurses at your personal doctor's office had all the information they needed to correctly diagnose and treat your health problems?

	<i>frequency</i>	<i>percent</i>	
Never	94	3%	
Almost never	95	3%	
Sometimes	394	11%	
Usually	485	13%	
Almost always	856	23%	
Always	1,736	47%	
Total applicable respondents	3,660		

In the last 12 months, how often did these other doctors and nurses at your personal doctor's office spend enough time with you?

	<i>frequency</i>	<i>percent</i>	
Never	78	2%	
Almost never	116	3%	
Sometimes	408	11%	
Usually	551	15%	
Almost always	822	22%	
Always	1,693	46%	
Total applicable respondents	3,668		

Overall, how would you rate the care you got in the last 12 months from these other doctors and nurses at your personal doctor's office?

	<i>frequency</i>	<i>percent</i>	
Very poor	50	1%	
Poor	64	2%	
Fair	337	9%	
Good	770	21%	
Very good	1,163	32%	
Excellent	1,286	35%	
Total applicable respondents	3,670		

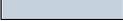
2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Office Staff (2 questions)

In the last 12 months, how often were office staff at your personal doctor's office as helpful as you thought they should be?

	<i>frequency</i>	<i>percent</i>	
Never	99	2%	
Almost never	145	2%	
Sometimes	530	9%	
Usually	814	13%	
Almost always	1,403	23%	
Always	3,070	51%	
Total applicable respondents	6,061		

In the last 12 months, how often did office staff at your personal doctor's office treat you with courtesy and respect?

	<i>frequency</i>	<i>percent</i>	
Never	69	1%	
Almost never	92	2%	
Sometimes	397	7%	
Usually	616	10%	
Almost always	992	16%	
Always	3,899	64%	
Total applicable respondents	6,065		

Access to Specialists

Screening Question In the last 12 months, did you see a specialist doctor?

	<i>frequency</i>	<i>percent</i>	
No	453	12%	
Yes	3,184	88%	
Total applicable respondents	3,637		

2008 MassHealth/MHQP Member Experience Survey Report
Frequency Distributions: Adult Primary Care
 6,632 Respondents Statewide

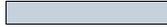
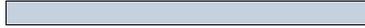
Access to Specialists

In the last 12 months, how often was it easy to get appointments with specialist doctors?

	<i>frequency</i>	<i>percent</i>	
Never	106	3%	
Almost never	129	4%	
Sometimes	447	13%	
Usually	580	16%	
Almost always	906	26%	
Always	1,376	39%	
Total applicable respondents	3,544		

Behavioral Health

In the last 12 months, did your personal doctor ask you how often, if at all, you used drugs or alcohol?

	<i>frequency</i>	<i>percent</i>	
No	1,748	31%	
Yes	3,879	69%	
Total applicable respondents	5,627		

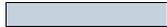
Screening Question

In the last 12 months, did your personal doctor recommend that you get any counseling or treatment for a personal or family problem, including drug and alcohol use?

	<i>frequency</i>	<i>percent</i>	
No	4,524	80%	
Yes	1,108	20%	
Total applicable respondents	5,632		

Screening Question

In the last 12 months, did you get any counseling or treatment for a personal or family problem, including drug or alcohol use?

	<i>frequency</i>	<i>percent</i>	
No	344	30%	
Yes	790	70%	
Total applicable respondents	1,134		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

6,632 Respondents Statewide

Behavioral Health

In the last 12 months, how often did your personal doctor seem informed and up-to-date about counseling or treatment you received for a personal or family problem, including drug or alcohol use?

	<i>frequency</i>	<i>percent</i>	
Never	67	8%	
Almost never	35	4%	
Sometimes	81	10%	
Usually	88	11%	
Almost always	142	18%	
Always	378	48%	
Total applicable respondents	791		

Demographics

In general, how would you rate your overall health?

	<i>frequency</i>	<i>percent</i>	
Excellent	600	10%	
Very good	1,277	21%	
Good	1,952	32%	
Fair	1,677	28%	
Poor	582	10%	
Total applicable respondents	6,088		

What is your age?

	<i>frequency</i>	<i>percent</i>	
18 to 24	605	10%	
25 to 34	1,225	20%	
35 to 44	1,511	25%	
45 to 54	1,571	26%	
55 to 64	1,135	18%	
65 to 74	101	2%	
75 or older	2	0%	
Total applicable respondents	6,150		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

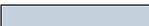
6,632 Respondents Statewide

Demographics

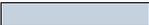
Are you male or female?

	<i>frequency</i>	<i>percent</i>	
Male	1,750	28%	
Female	4,500	72%	
Total applicable respondents	6,250		

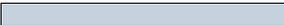
What is the highest grade or level of school that you have completed?

	<i>frequency</i>	<i>percent</i>	
8th grade or less	714	12%	
Some high school, but did not graduate	949	16%	
High school graduate or GED	2,210	36%	
Some college or 2-year degree	1,706	28%	
4-year college graduate	302	5%	
More than 4-year college degree	182	3%	
Total applicable respondents	6,063		

Are you of Hispanic or Latino origin or descent?

	<i>frequency</i>	<i>percent</i>	
No, not Hispanic or Latino	4,444	72%	
Yes, Hispanic or Latino	1,725	28%	
Total applicable respondents	6,169		

What is your race? Please mark one or more.

	<i>frequency</i>	<i>percent</i>	
White	3,415	54%	
Black or African-American	479	8%	
Asian	382	6%	
Native Hawaiian or other Pacific Islander	35	1%	
American Indian or Alaska Native	114	2%	
Other	1,055	17%	
Total applicable respondents	6,318		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Adult Primary Care

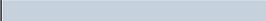
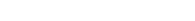
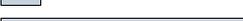
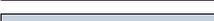
6,632 Respondents Statewide

Demographics

What language do you mainly speak at home?

	<i>frequency</i>	<i>percent</i>	
English	4,066	72%	
Arabic	32	1%	
Cambodian	25	0%	
Chinese	170	3%	
French	5	0%	
Haitian/Creaole	16	0%	
Laotian	4	0%	
Portuguese	46	1%	
Russian	42	1%	
Spanish	1,066	19%	
Vietnamese	74	1%	
Other	88	2%	
Total applicable respondents	5,634		

Has a doctor ever told you that you had:

	<i>frequency</i>	<i>percent</i>	
Hypertension or high blood pressure	2,075	50%	
Angina or coronary artery disease or heart disease	415	10%	
Congestive heart failure	175	4%	
Diabetes	926	22%	
Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	1,574	38%	
Rheumatoid Arthritis, Osteoarthritis, or Degeneratative Joint Disease	1,527	37%	
Any cancer (other than skin)	309	7%	
Depression	2,709	66%	
Acid reflux or stomach ulcers or Gastroesophageal	1,892	46%	
Migraine headaches	1,683	41%	
Total applicable respondents	4,122		

2008 MassHealth/MHQP Member Experience Survey Report

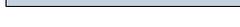
Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Your child's regular doctor is the doctor that you usually call if your child needs a check-up, if your child gets sick or hurt, or if you want advice about a health problem your child may have. Is there one particular doctor that you think of as your child's regular doctor?

	<i>frequency</i>	<i>percent</i>	
Yes	7,596	96%	
No, my child does not have a regular doctor	134	2%	
Total applicable respondents	7,943		

How long has this person been your child's regular doctor?

	<i>frequency</i>	<i>percent</i>	
Less than 6 months	386	5%	
At least 6 months but less than 1 year	425	6%	
At least 1 year but less than 3 years	1,999	27%	
At least 3 years but less than 5 years	1,282	17%	
5 years or more	3,401	45%	
Total applicable respondents	7,493		

Our records indicate that your child's regular doctor is at <site> is that correct?

	<i>frequency</i>	<i>percent</i>	
Yes	6,941	92%	
No	574	8%	
Don't Know	22	0%	
Total applicable respondents	7,537		

In the last 12 months, how many visits has your child had with his or her regular doctor?

	<i>frequency</i>	<i>percent</i>	
No visits	183	2%	
1 visit	1,823	25%	
2 or more visits	5,376	73%	
Total applicable respondents	7,382		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Communication (6 questions)

In the last 12 months, how often did your child's doctor explain things in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	32	0%	
Almost never	22	0%	
Sometimes	138	2%	
Usually	330	5%	
Almost always	761	11%	
Always	5,673	82%	
Total applicable respondents	6,956		

In the last 12 months, how often did your child's doctor listen carefully to you and your child?

	<i>frequency</i>	<i>percent</i>	
Never	19	0%	
Almost never	19	0%	
Sometimes	146	2%	
Usually	314	5%	
Almost always	695	10%	
Always	5,755	83%	
Total applicable respondents	6,948		

Screening Question

In the last 12 months, did you talk with your child's doctor about any health problems or symptoms that were bothering your child?

	<i>frequency</i>	<i>percent</i>	
No	1,817	26%	
Yes	5,078	74%	
Total applicable respondents	6,895		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Communication (6 questions)

In the last 12 months, how often did your child’s doctor give you clear instructions about what to do to take care of the health problems or symptoms that were bothering your child?

	<i>frequency</i>	<i>percent</i>	
Never	19	0%	
Almost never	18	0%	
Sometimes	121	2%	▒
Usually	233	5%	▒
Almost always	598	12%	▒
Always	4,073	80%	▒
Total applicable respondents	5,062		

In the last 12 months, how often did your child's doctor give you clear instructions about what to do if your child's symptoms got worse or came back?

	<i>frequency</i>	<i>percent</i>	
Never	51	1%	▒
Almost never	24	0%	
Sometimes	126	2%	▒
Usually	226	4%	▒
Almost always	516	10%	▒
Always	4,100	81%	▒
Total applicable respondents	5,043		

In the last 12 months, how often did your child's doctor show respect for what you and your child had to say?

	<i>frequency</i>	<i>percent</i>	
Never	31	0%	
Almost never	28	0%	
Sometimes	159	2%	▒
Usually	316	5%	▒
Almost always	663	10%	▒
Always	5,656	83%	▒
Total applicable respondents	6,853		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

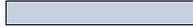
Communication (6 questions)

In the last 12 months, how often did your child's doctor spend enough time with you and your child?

	<i>frequency</i>	<i>percent</i>	
Never	55	1%	
Almost never	71	1%	
Sometimes	378	6%	
Usually	548	8%	
Almost always	1,128	17%	
Always	4,645	68%	
Total applicable respondents	6,825		

Integration of Care (2 questions)

Screening Question In the last 12 months, did your child's doctor recommend that your child see a specialist doctor for a particular health problem?

	<i>frequency</i>	<i>percent</i>	
No	4,357	64%	
Yes	2,404	36%	
Total applicable respondents	6,761		

In the last 12 months, how often did your child's doctor seem informed and up-to-date about the care your child received from specialist doctors?

	<i>frequency</i>	<i>percent</i>	
Never	77	3%	
Almost never	40	2%	
Sometimes	153	7%	
Usually	277	12%	
Almost always	477	21%	
Always	1,251	55%	
Total applicable respondents	2,275		

Screening Question In the last 12 months, did your child's doctor send your child for a blood test, x-ray or other test?

	<i>frequency</i>	<i>percent</i>	
No	3,761	56%	
Yes	2,981	44%	
Total applicable respondents	6,742		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Integration of Care (2 questions)

In the last 12 months, when your child's doctor sent your child for a blood test, x-ray or other test, how often did someone from the doctor's office follow up to give you the test results?

	<i>frequency</i>	<i>percent</i>	
Never	254	9%	
Almost never	98	3%	
Sometimes	208	7%	
Usually	271	9%	
Almost always	382	13%	
Always	1,739	59%	
Total applicable respondents	2,952		

Knowledge of Patient (2 questions)

In the last 12 months, how often did your child's doctor seem to know all the important information about your child's medical history?

	<i>frequency</i>	<i>percent</i>	
Never	80	1%	
Almost never	73	1%	
Sometimes	372	5%	
Usually	595	9%	
Almost always	1,206	18%	
Always	4,496	66%	
Total applicable respondents	6,822		

How would you rate your child's doctor's knowledge about your child as a person (special abilities, concerns, fears)?

	<i>frequency</i>	<i>percent</i>	
Very poor	42	1%	
Poor	76	1%	
Fair	368	5%	
Good	1,051	15%	
Very good	1,736	26%	
Excellent	3,517	52%	
Total applicable respondents	6,790		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Health Promotion (5 questions)

In the last 12 months, did your child's doctor talk with you about how your child is growing and developing?

	<i>frequency</i>	<i>percent</i>	
Yes	364	6%	
No	6,049	94%	
Does not apply			
Total applicable respondents	6,413		

In the last 12 months, did your child's doctor talk with you about protecting your child from injury (for example, in a car, on a bike, at home)?

	<i>frequency</i>	<i>percent</i>	
No	1,683	25%	
Yes	5,181	75%	
Total applicable respondents	6,864		

In the last 12 months, did your child's doctor give you the information that you needed about food and nutrition for your child?

	<i>frequency</i>	<i>percent</i>	
Yes, definitely	3,618	53%	
Yes, somewhat	1,039	15%	
No, definitely not	285	4%	
I did not need information about food and nutrition	1,914	28%	
Total applicable respondents	6,856		

In the last 12 months, did your child's doctor give you the information that you needed to help you understand and deal with your child's behaviors?

	<i>frequency</i>	<i>percent</i>	
Yes, definitely	2,749	40%	
Yes, somewhat	1,103	16%	
No, definitely not	397	6%	
I did not need information about my child's behaviors	2,607	38%	
Total applicable respondents	6,856		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Health Promotion (5 questions)

In the last 12 months, did your child's doctor's office remind you to get preventive care that your child was due to receive (for example, immunization, flu shot, eye exam)?

	<i>frequency</i>	<i>percent</i>	
No	997	15%	
Yes	5,842	85%	
Total applicable respondents	6,839		

Prescription Drugs

Screening Question Does your child take any prescription medicines?

	<i>frequency</i>	<i>percent</i>	
No	4,277	63%	
Yes	2,482	37%	
Total applicable respondents	6,759		

In the last 12 months, did your child's doctor talk with you about all of the different prescription medicines your child is using, including medicines prescribed by other doctors?

	<i>frequency</i>	<i>percent</i>	
No	454	18%	
Yes	2,015	82%	
Total applicable respondents	2,469		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Overall Rating

Using any number from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible, what number would you use to rate your child's regular doctor?

	<i>frequency</i>	<i>percent</i>	
0 Worst doctor possible	14	0%	
1	9	0%	
2	12	0%	
3	17	0%	
4	29	0%	
5	124	2%	▮
6	101	1%	▮
7	339	5%	▮
8	1,019	15%	▮
9	1,317	19%	▮
10 Best doctor possible	3,801	56%	▮
Total applicable respondents	6,782		

Would you recommend your child's regular doctor to your family and friends?

	<i>frequency</i>	<i>percent</i>	
Definitely yes	5,251	77%	▮
Probably yes	1,140	17%	▮
Not sure	270	4%	▮
Probably not	99	1%	▮
Definitely not	57	1%	▮
Total applicable respondents	6,817		

Organizational Access (6 questions)

Screening Question **In the last 12 months, did you call your child's doctor's office to get an appointment for an illness, injury or condition that needed care right away?**

	<i>frequency</i>	<i>percent</i>	
No	2,318	33%	▮
Yes	4,758	67%	▮
Total applicable respondents	7,076		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Organizational Access (6 questions)

In the last 12 months, when you called your child’s doctor’s office for an appointment your child needed right away, how often did you get an appointment as soon as you needed it?

	<i>frequency</i>	<i>percent</i>	
Never	31	1%	▮
Almost never	32	1%	▮
Sometimes	235	5%	▮
Usually	285	6%	▮
Almost always	795	17%	▮
Always	3,347	71%	▮
Total applicable respondents	4,725		

Screening Question

In the last 12 months, have you scheduled any appointments for a check-up or routine care at your child’s doctor’s office?

	<i>frequency</i>	<i>percent</i>	
No	519	7%	▮
Yes	6,544	93%	▮
Total applicable respondents	7,063		

In the last 12 months, when you scheduled an appointment for a check-up or routine care at your child’s doctor’s office, how often did you get an appointment as soon as you needed it?

	<i>frequency</i>	<i>percent</i>	
Never	44	1%	▮
Almost never	73	1%	▮
Sometimes	426	7%	▮
Usually	641	10%	▮
Almost always	1,412	22%	▮
Always	3,875	60%	▮
Total applicable respondents	6,471		

Screening Question

In the last 12 months, did you call your child’s doctor’s office with a medical question during regular office hours?

	<i>frequency</i>	<i>percent</i>	
No	2,818	40%	▮
Yes	4,201	60%	▮
Total applicable respondents	7,019		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Organizational Access (6 questions)

In the last 12 months, when you called your child’s doctor’s office with a medical question during regular office hours, how often did you get an answer to your question that same day?

	<i>frequency</i>	<i>percent</i>	
Never	32	1%	▮
Almost never	26	1%	▮
Sometimes	163	4%	▮
Usually	268	6%	▮
Almost always	693	17%	▮
Always	3,004	72%	▮
Total applicable respondents	4,186		

Screening Question

In the last 12 months, did you call your child’s doctor’s office for help or advice after regular office hours?

	<i>frequency</i>	<i>percent</i>	
No	4,936	71%	▮
Yes	2,020	29%	▮
Total applicable respondents	6,956		

In the last 12 months, when you called your child’s doctor’s office after regular office hours, how often did you get the help or advice you needed?

	<i>frequency</i>	<i>percent</i>	
Never	37	2%	▮
Almost never	21	1%	▮
Sometimes	112	5%	▮
Usually	124	6%	▮
Almost always	321	16%	▮
Always	1,425	70%	▮
Total applicable respondents	2,040		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

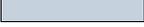
7,943 Respondents Statewide

Organizational Access (6 questions)

In the last 12 months, when you had an appointment at your child’s doctor’s office, how often was your child taken to the exam room within 15 minutes of your appointment time?

	<i>frequency</i>	<i>percent</i>	
Never	361	5%	
Almost never	298	4%	
Sometimes	1,132	16%	
Usually	1,131	16%	
Almost always	1,895	27%	
Always	2,147	31%	
Total applicable respondents	6,964		

In the last 12 months, once you and your child were in the exam room, how often did the person you were scheduled to see come in within 15 minutes?

	<i>frequency</i>	<i>percent</i>	
Never	216	3%	
Almost never	247	4%	
Sometimes	987	14%	
Usually	1,113	16%	
Almost always	1,867	27%	
Always	2,525	36%	
Total applicable respondents	6,955		

Visit-based continuity (1 questions)

In the last 12 months, when you had an appointment at your child’s doctor’s office, how often did you see your child’s doctor (not a nurse or other provider from the doctor’s office)?

	<i>frequency</i>	<i>percent</i>	
Never	166	2%	
Almost never	163	2%	
Sometimes	669	10%	
Usually	742	11%	
Almost always	1,617	23%	
Always	3,562	51%	
Total applicable respondents	6,919		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Clinical Team (4 questions)

Screening Question **Are there other doctors or nurses in your child's doctor's office who your child has seen for some of his or her visits in the last 12 months?**

	<i>frequency</i>	<i>percent</i>	
No	2,177	31%	
Yes	4,858	69%	
Total applicable respondents	7,035		

In the last 12 months, how often did these other doctors and nurses at your child's doctor's office explain things in a way that was easy to understand?

	<i>frequency</i>	<i>percent</i>	
Never	38	1%	
Almost never	101	2%	
Sometimes	448	9%	
Usually	460	10%	
Almost always	962	20%	
Always	2,823	58%	
Total applicable respondents	4,832		

In the last 12 months, how often did you feel that these other doctors and nurses at your child's doctor's office had all the information they needed to correctly diagnose and treat your child's health problems?

	<i>frequency</i>	<i>percent</i>	
Never	47	1%	
Almost never	65	1%	
Sometimes	353	7%	
Usually	478	10%	
Almost always	1,152	24%	
Always	2,725	57%	
Total applicable respondents	4,820		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Clinical Team (4 questions)

In the last 12 months, how often did these other doctors and nurses at your child's doctor's office spend enough time with you and your child?

	<i>frequency</i>	<i>percent</i>	
Never	28	1%	
Almost never	93	2%	
Sometimes	367	8%	█
Usually	579	12%	█
Almost always	1,057	22%	█
Always	2,698	56%	█
Total applicable respondents	4,822		

Overall, how would you rate the care your child got in the last 12 months from these other doctors and nurses at your child's doctor's office?

	<i>frequency</i>	<i>percent</i>	
Very poor	19	0%	
Poor	39	1%	
Fair	266	6%	█
Good	852	18%	█
Very good	1,510	31%	█
Excellent	2,129	44%	█
Total applicable respondents	4,815		

Office Staff (2 questions)

In the last 12 months, how often were office staff at your child's doctor's office as helpful as you thought they should be?

	<i>frequency</i>	<i>percent</i>	
Never	72	1%	
Almost never	107	2%	
Sometimes	499	7%	█
Usually	749	11%	█
Almost always	1,448	21%	█
Always	4,133	59%	█
Total applicable respondents	7,008		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Office Staff (2 questions)

In the last 12 months, how often did office staff at your child's doctor's office treat you with courtesy and respect?

	<i>frequency</i>	<i>percent</i>	
Never	57	1%	
Almost never	65	1%	
Sometimes	338	5%	
Usually	546	8%	
Almost always	1,080	15%	
Always	4,921	70%	
Total applicable respondents	7,007		

Access to Specialists

Screening Question **In the last 12 months, did your child see a specialist doctor?**

	<i>frequency</i>	<i>percent</i>	
No	373	16%	
Yes	2,031	84%	
Total applicable respondents	2,404		

In the last 12 months, how often was it easy to get appointments with specialist doctors for your child?

	<i>frequency</i>	<i>percent</i>	
Never	93	4%	
Almost never	78	3%	
Sometimes	303	13%	
Usually	298	13%	
Almost always	543	23%	
Always	1,012	43%	
Total applicable respondents	2,327		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Behavioral Health

In the last 12 months, did your child's doctor ask your child about his or her use of drugs or alcohol?

	<i>frequency</i>	<i>percent</i>	
Yes	258	69%	
No	114	31%	
Don't know			
Total applicable respondents	372		

Screening Question

In the last 12 months, did your child's doctor recommend that your child get counseling for any emotional or behavioral problems, including drug and alcohol use?

	<i>frequency</i>	<i>percent</i>	
No	6,087	90%	
Yes	651	10%	
Total applicable respondents	6,738		

Screening Question

In the last 12 months, did you get any emotional or behavioral counseling, including treatment for drug or alcohol use?

	<i>frequency</i>	<i>percent</i>	
No	218	33%	
Yes	447	67%	
Total applicable respondents	665		

In the last 12 months, how often did your personal doctor seem informed and up-to-date about the emotional or behavioral counseling or treatment for drug or alcohol use your child received?

	<i>frequency</i>	<i>percent</i>	
Never	25	6%	
Almost never	8	2%	
Sometimes	39	9%	
Usually	44	10%	
Almost always	81	19%	
Always	237	55%	
Total applicable respondents	434		

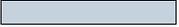
2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Demographics

In general, how would you rate your child's overall health?

	<i>frequency</i>	<i>percent</i>	
Excellent	3,332	47%	
Very good	2,312	33%	
Good	1,114	16%	
Fair	276	4%	
Poor	30	0%	
Total applicable respondents	7,064		

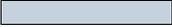
What is your child's age?

	<i>frequency</i>	<i>percent</i>	
Less than 2 years old	598	9%	
2 to 4 years old	1,436	21%	
5 to 9 years old	1,868	27%	
10 to 14 years old	1,646	24%	
15 to 18 years old	1,349	20%	
Total applicable respondents	6,897		

Is your child male or female?

	<i>frequency</i>	<i>percent</i>	
Male	3,582	52%	
Female	3,336	48%	
Total applicable respondents	6,918		

Is your child of Hispanic or Latino origin or descent?

	<i>frequency</i>	<i>percent</i>	
No, not Hispanic or Latino	4,710	68%	
Yes, Hispanic or Latino	2,227	32%	
Total applicable respondents	6,937		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Demographics

What is your child's race? Please mark one or more.

	<i>frequency</i>	<i>percent</i>	
White	4,402	60%	
Black or African-American	918	13%	
Asian	357	5%	
Native Hawaiian or other Pacific Islander	34	0%	
American Indian or Alaska Native	96	1%	
Other	1,259	17%	
Total applicable respondents	7,291		

What language do you mainly speak at home?

	<i>frequency</i>	<i>percent</i>	
English	4,859	78%	
Arabic	25	0%	
Cambodian	18	0%	
Chinese	86	1%	
French	7	0%	
Haitian/Creole	29	0%	
Laotian			
Portuguese	162	3%	
Russian	17	0%	
Spanish	909	15%	
Vietnamese	32	1%	
Other	115	2%	
Total applicable respondents	6,259		

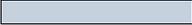
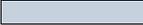
2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

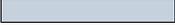
7,943 Respondents Statewide

Demographics

Has a doctor ever said that your child had:

	<i>frequency</i>	<i>percent</i>	
Diabetes	58	3%	
Asthma	1,589	69%	
The problem of being overweight or excessive weight	826	36%	
An eating disorder (anorexia or bulimia)	46	2%	
Attention Disorder such as ADD or ADHD	888	39%	
Depression or other emotional problem	623	27%	
Autism, mental retardation, or other developmental problems	385	17%	
Epilepsy or seizure disorder	106	5%	
Cystic Fibrosis	4	0%	
Birth defect (including spina bifida and congenital heart disease)	94	4%	
Other chronic (long term) health condition (Please specify)	564	25%	
Total applicable respondents	2,296		

What is your age?

	<i>frequency</i>	<i>percent</i>	
Less than 18 years old	93	1%	
18 to 24 years old	550	8%	
25 to 34 years old	2,290	33%	
35 to 44 years old	2,472	35%	
45 to 54 years old	1,211	17%	
55 to 64 years old	303	4%	
65 years old or older	104	1%	
Total applicable respondents	7,023		

Are you male or female?

	<i>frequency</i>	<i>percent</i>	
Male	648	9%	
Female	6,390	91%	
Total applicable respondents	7,038		

2008 MassHealth/MHQP Member Experience Survey Report

Frequency Distributions: Pediatric Care

7,943 Respondents Statewide

Demographics

What is the highest grade or level of school that you have completed?

	<i>frequency</i>	<i>percent</i>	
8th grade or less	416	6%	
Some high school, but did not graduate	866	12%	
High school graduate or GED	2,364	34%	
Some college or 2-year degree	2,491	36%	
4-year college graduate	533	8%	
More than 4-year college degree	287	4%	
Total applicable respondents	6,957		

How are you related to the child?

	<i>frequency</i>	<i>percent</i>	
Mother or father	6,458	94%	
Grandparent	258	4%	
Aunt or uncle	39	1%	
Older brother or sister	14	0%	
Other relative	6	0%	
Legal guardian	88	1%	
Someone else (please specify)	23	0%	
Total applicable respondents	6,886		

Practice CIX - Adult Primary Care

Patients' Experience with Your Practice (n = 134)
 Compared with the MassHealth Statewide Average

Summary Measures	Comparison to MassHealth State Average	Adj. Mean	Reliability
<i>Quality of Doctor-Patient Interaction</i>	0 20 40 60 80 100		
Communication		88.3	≥ .70
Integration of Care		80.4	.50 to .69
Knowledge of Patient		82.5	≥ .70
Health Promotion		61.3	≥ .70
<i>Organization/Structural Features of Care</i>	0 20 40 60 80 100		
Organizational Access		79.9	≥ .70
Visit-based continuity		76.1	≥ .70
Clinical Team		83.1	≥ .70
Office Staff		87.8	≥ .70
<i>Global Rating</i>	0 20 40 60 80 100		
Overall Rating		84.5	.50 to .69

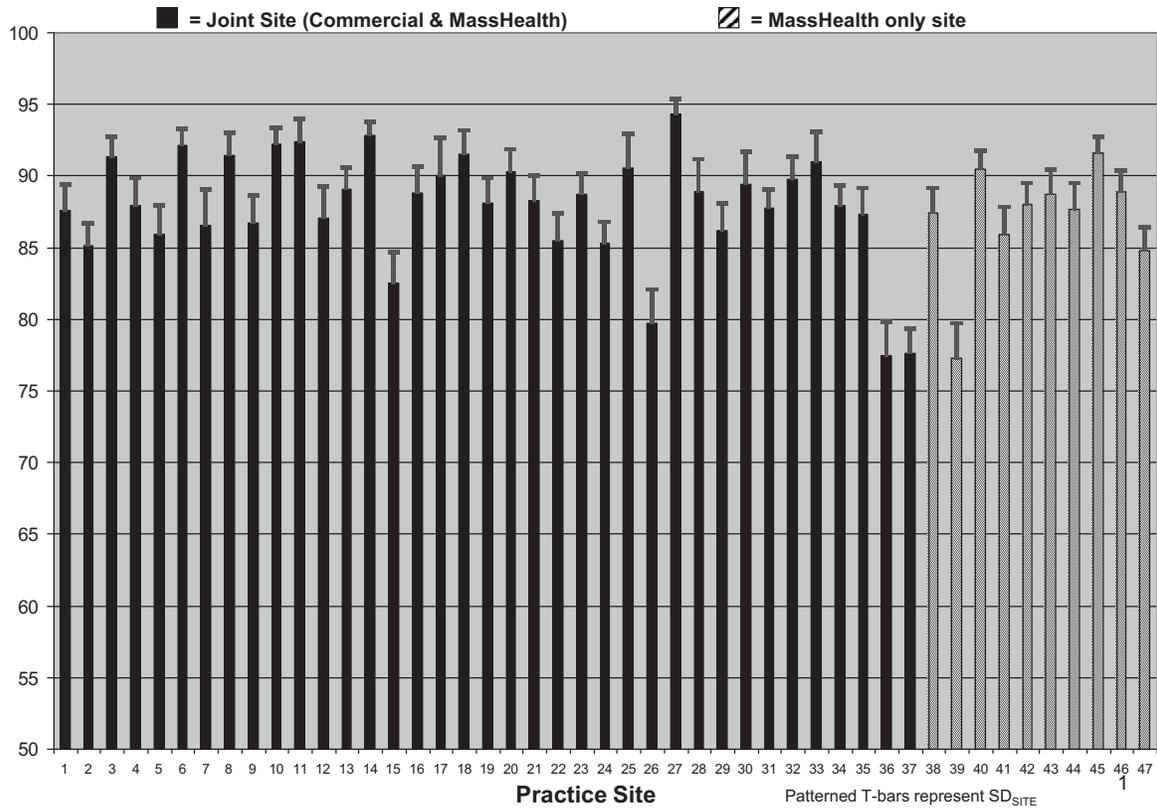
Comparison Symbol Legend	
<i>Benchmark...</i>	
	MassHealth Statewide Average
<i>Your score...</i>	
	Statistically significantly above the benchmark (p ≤ 0.05)
	Statistically equivalent to the benchmark
	Statistically significantly below the benchmark (p ≤ 0.05)
<i>Confidence Interval...</i>	
	95% confidence interval around the adjusted mean (p ≤ 0.05)

Reliability Legend	
≥ .70	Available sample for this measure meets or exceeds reliability standards required for public reporting.
.50 to .69	Available sample for this measure is slightly less than optimal. Your performance relative to the state average is very likely correct, but your actual score could differ somewhat in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
.35 to .49	Available sample size for this measure is less than optimal. Your performance relative to the state average is likely correct, but your actual score could vary considerably in a sample including a larger number of your patients. Results are provided for your information only and will not be reported publicly.
< .34	Available sample for this measure is too small to provide a useful estimate of your performance or your position relative to other practices statewide.

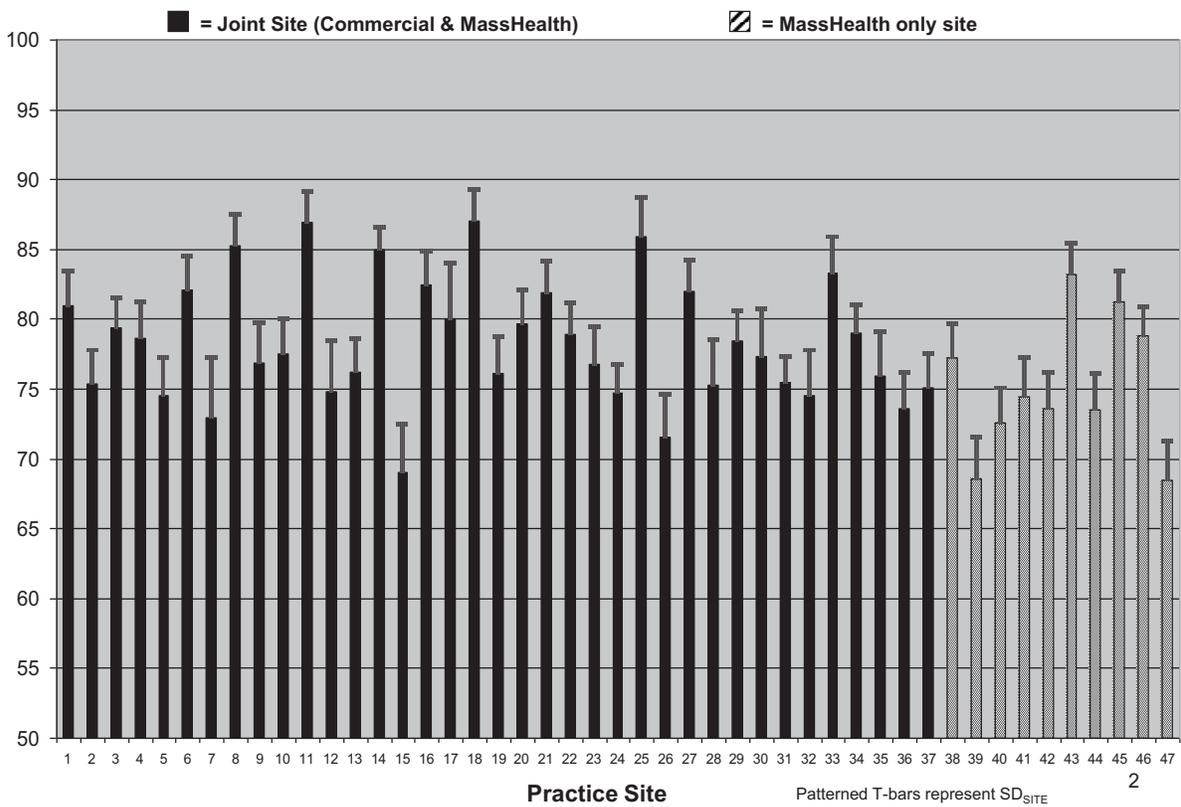
Site Level Results

- Adult
 - MassHealth Composite Results
 - Mean scores – All Sites Included in Survey
 - MassHealth Results as compared to Commercial Results
 - Mean Scores – Sites with both MassHealth and Commercial Members Available for Survey
- Pediatric
 - MassHealth Composite Results
 - Mean scores – All Sites Included in Survey
 - MassHealth Results as compared to Commercial Results
 - Mean Scores – Sites with both MassHealth and Commercial Members Available for Survey

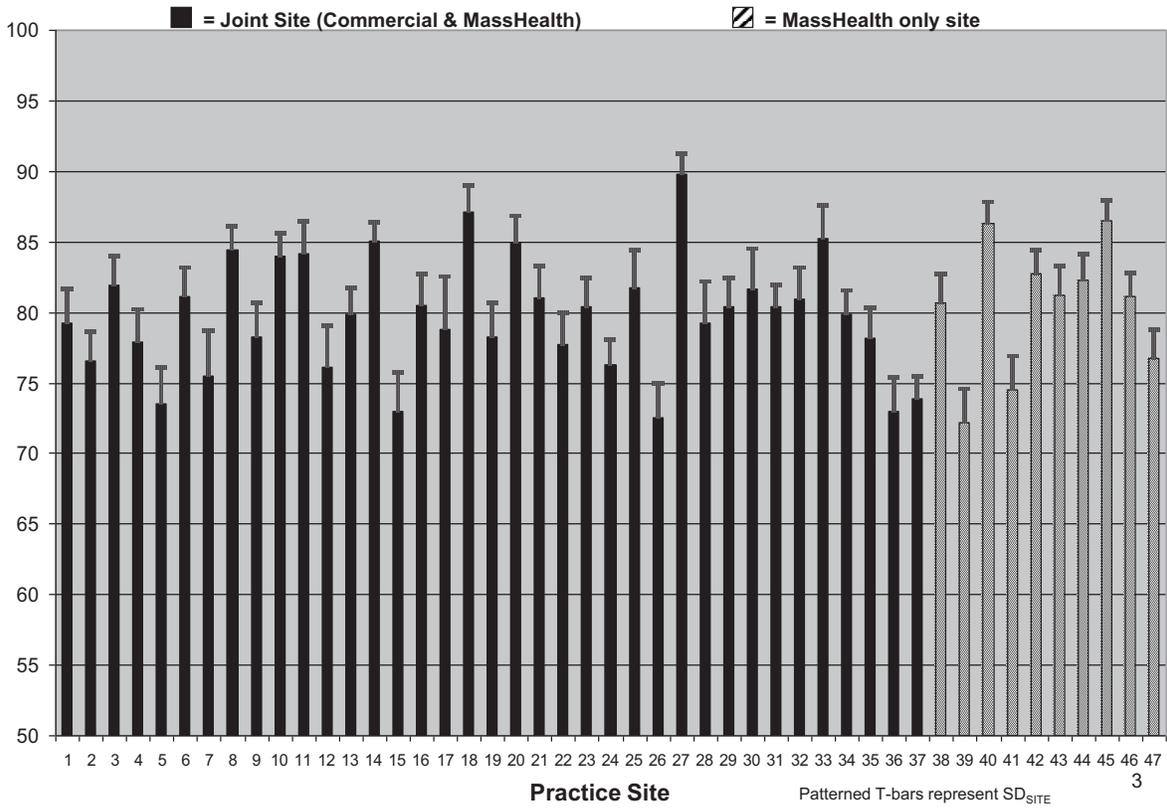
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Communication



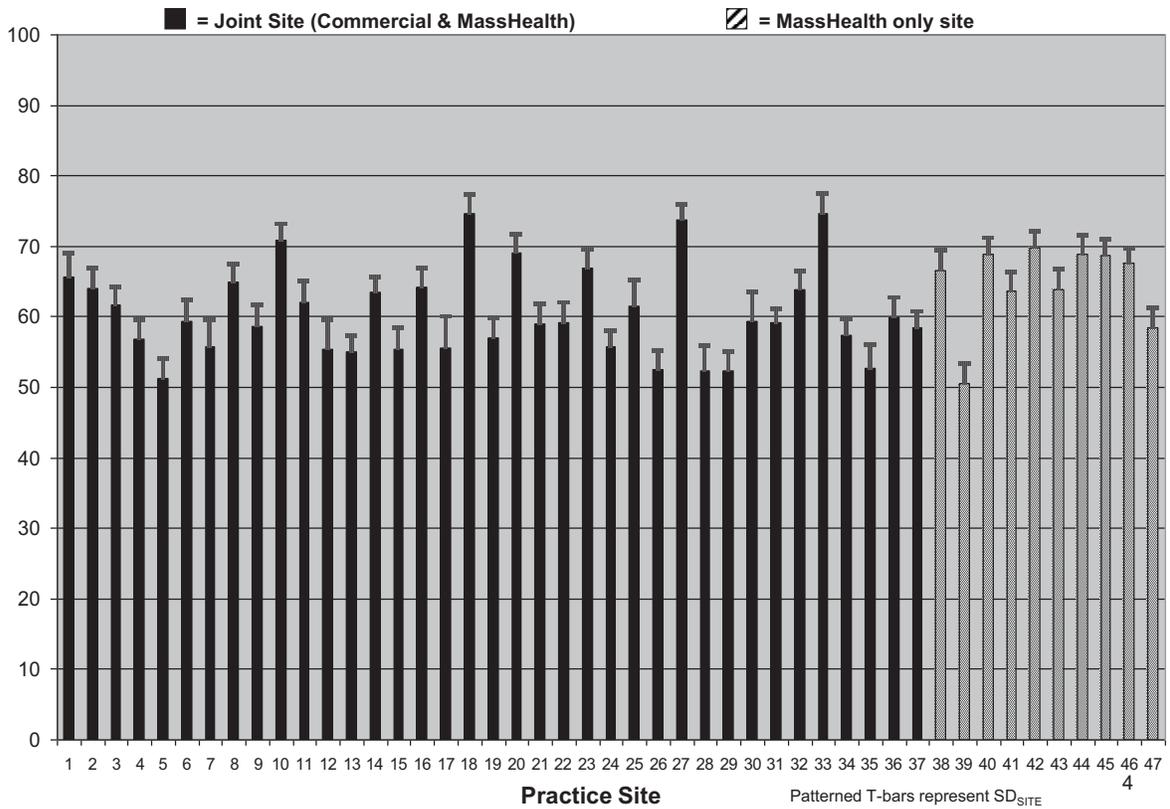
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Integration



MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Knowledge of the Patient

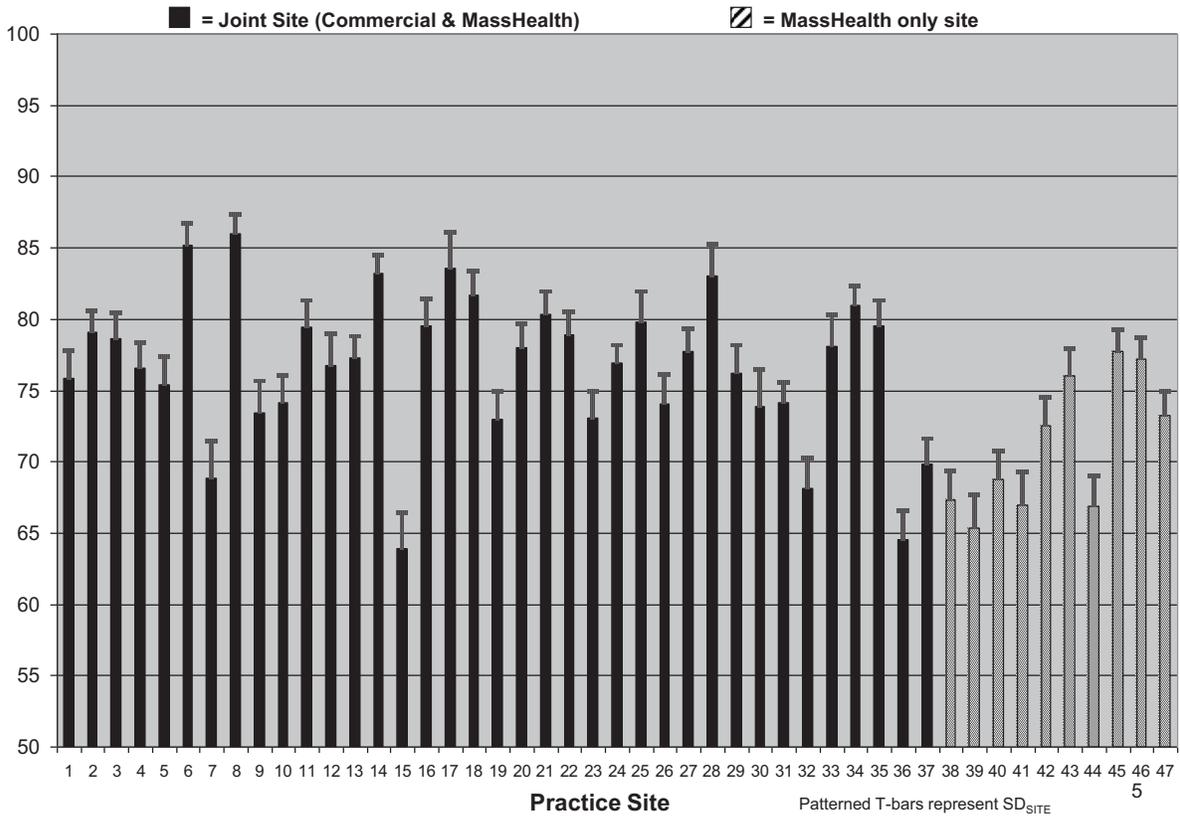


MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Health Promotion



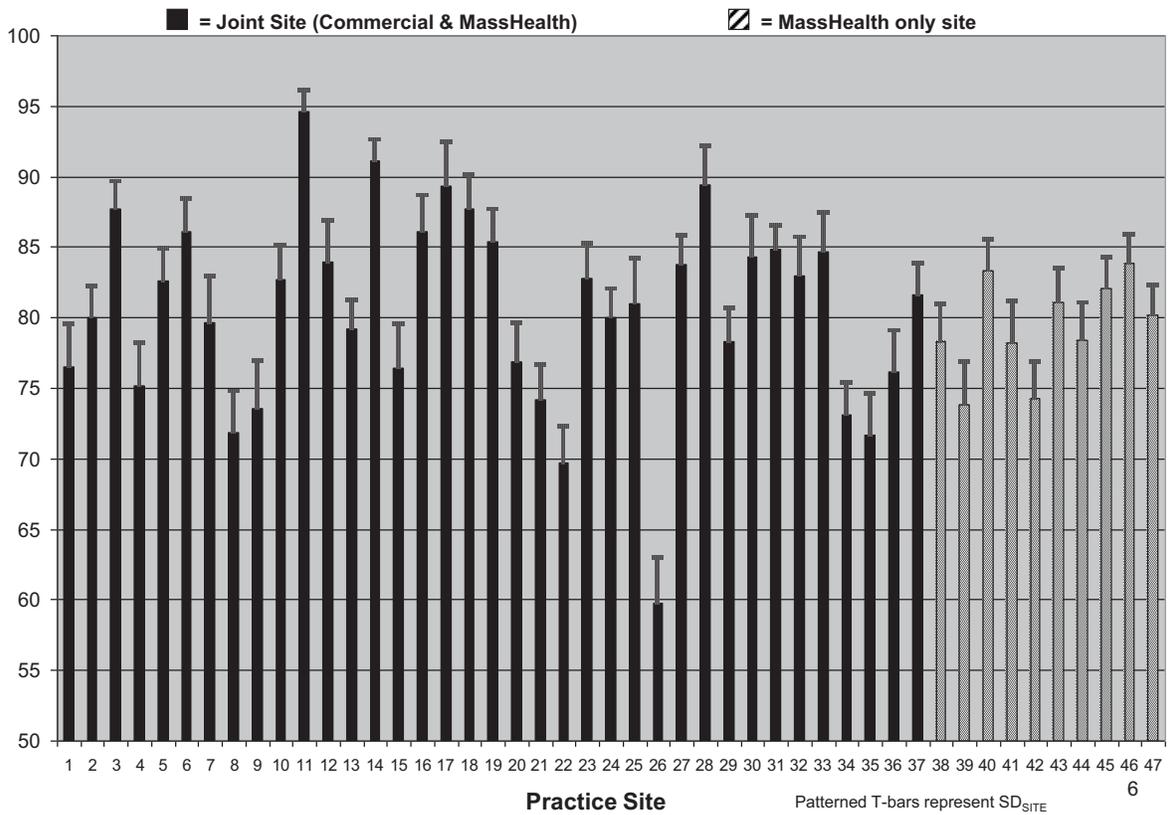
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites

Adult PCP (Unadjusted Results) – Access

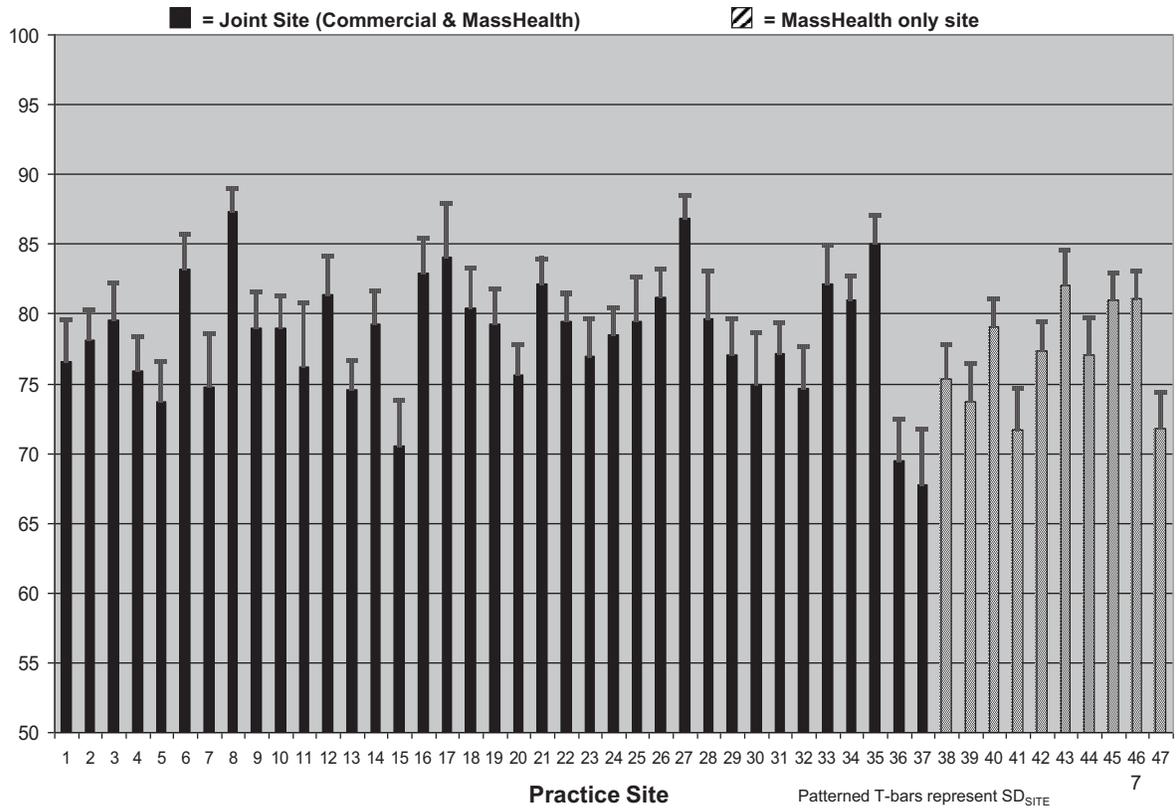


MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites

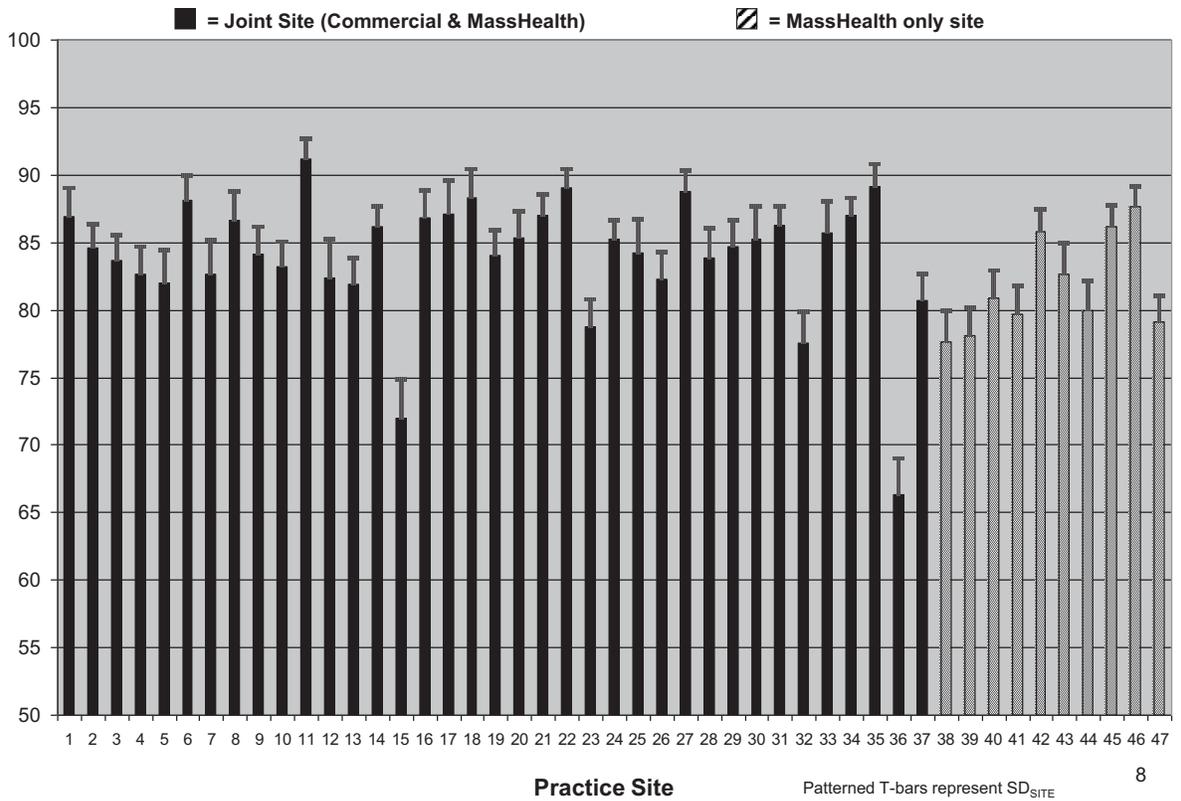
Adult PCP (Unadjusted Results) – Visit-based Continuity



MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Clinical Team



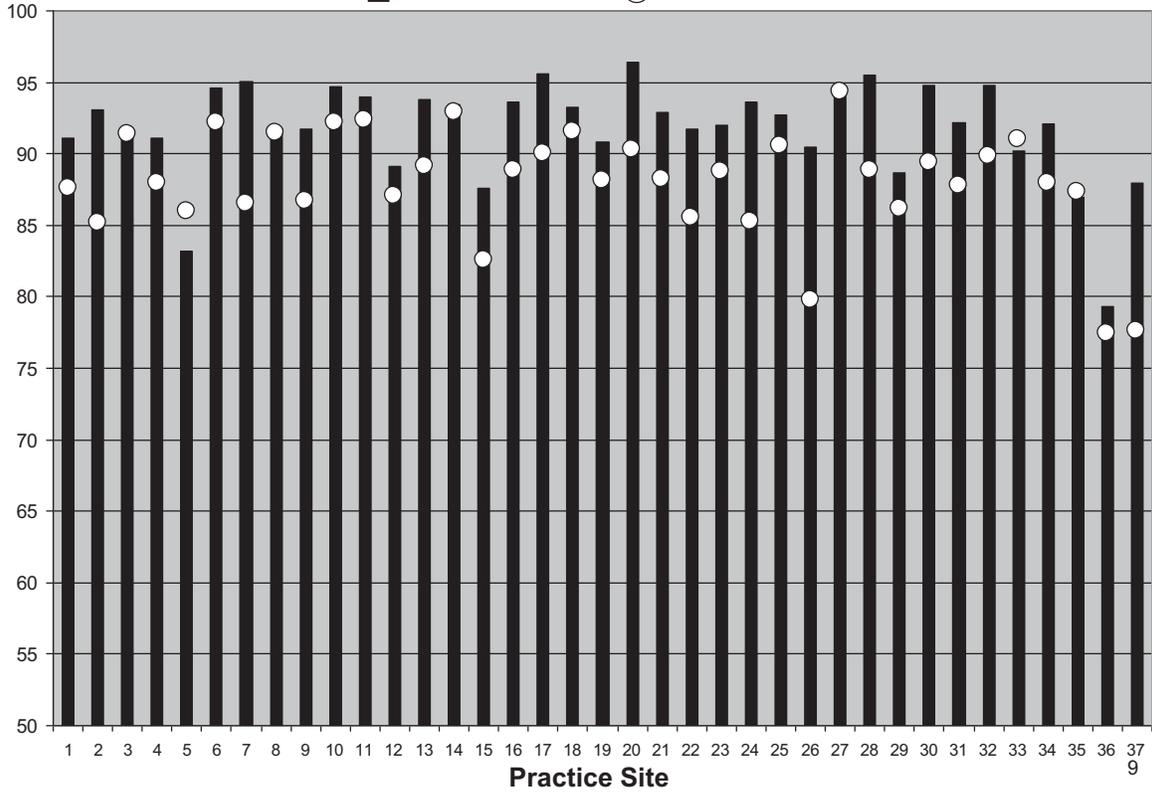
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Adult PCP (Unadjusted Results) – Office Staff



MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples

Adult PCP (Unadjusted Results) – Communication

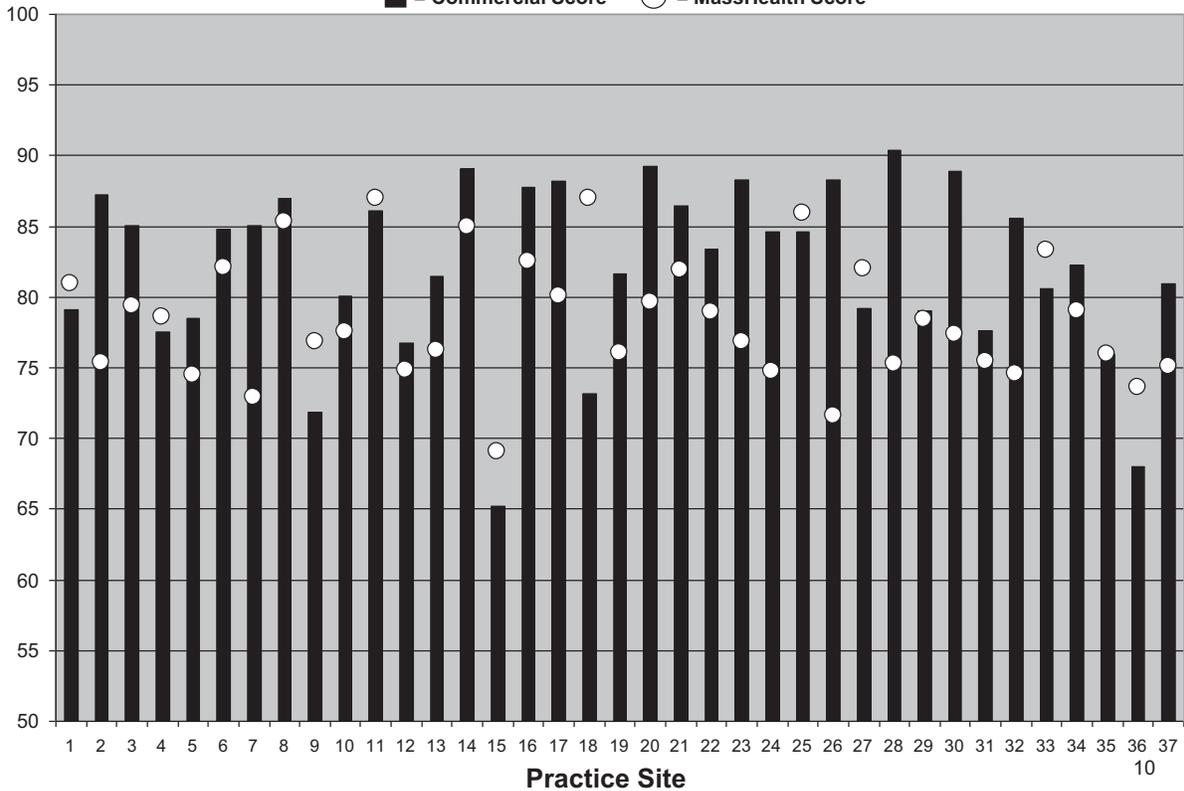
■ = Commercial Score ○ = MassHealth Score



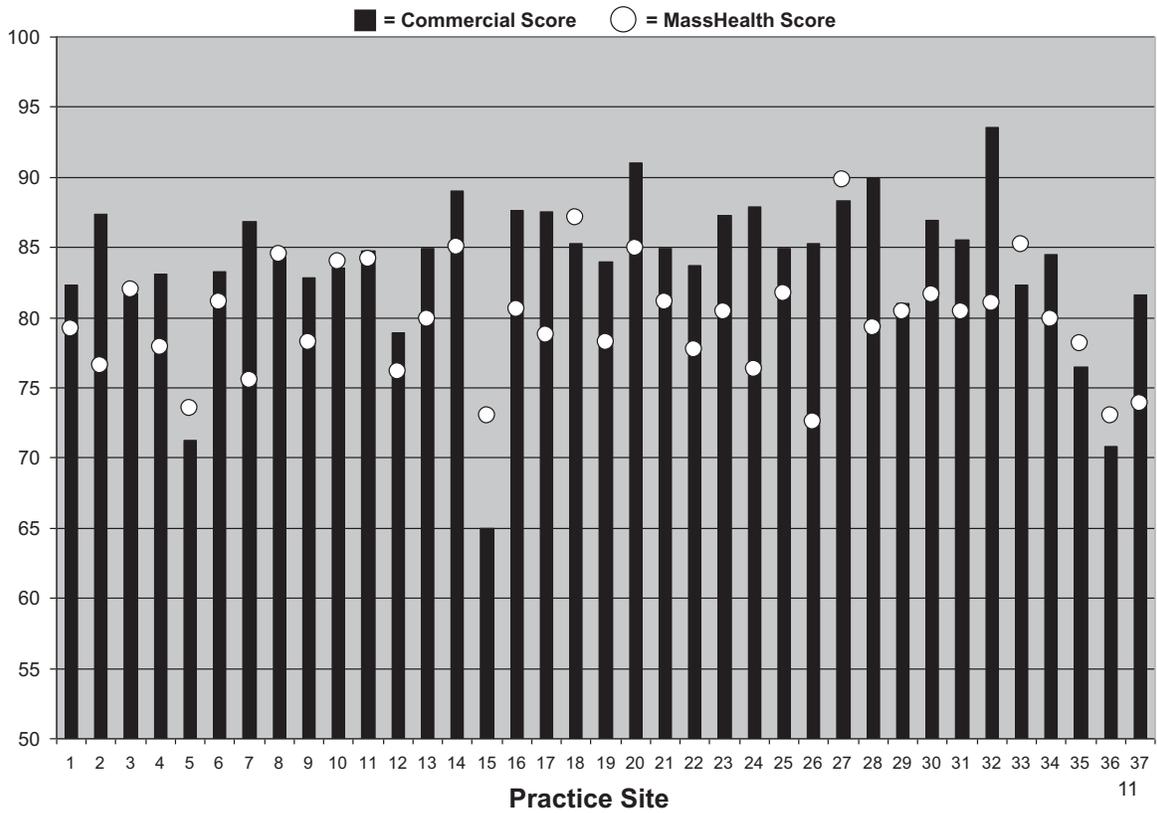
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples

Adult PCP (Unadjusted Results) – Integration

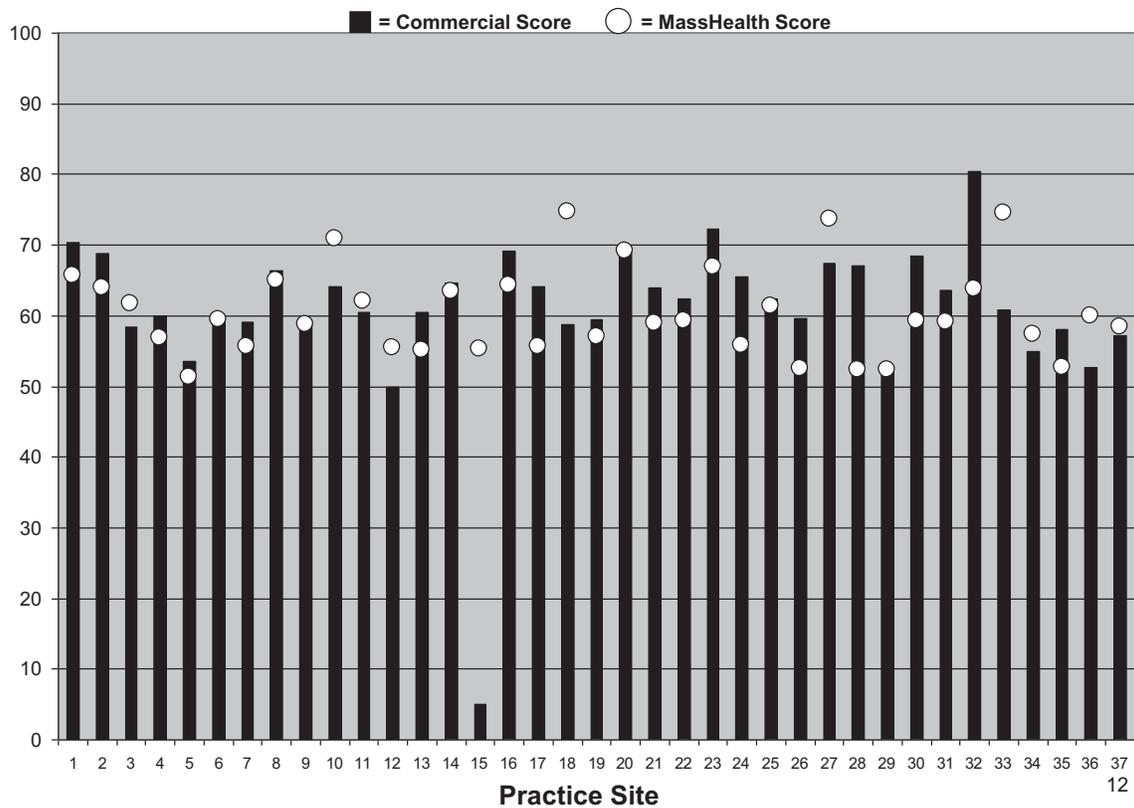
■ = Commercial Score ○ = MassHealth Score



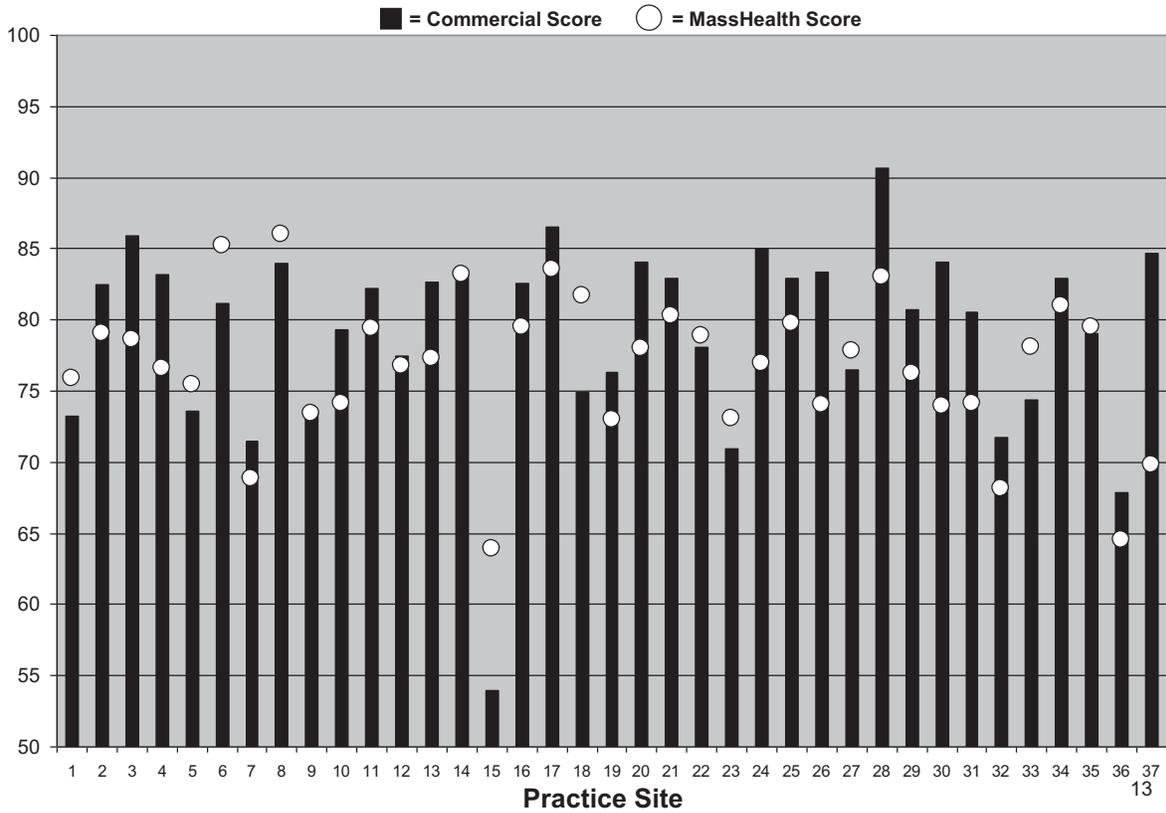
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Knowledge of Patient



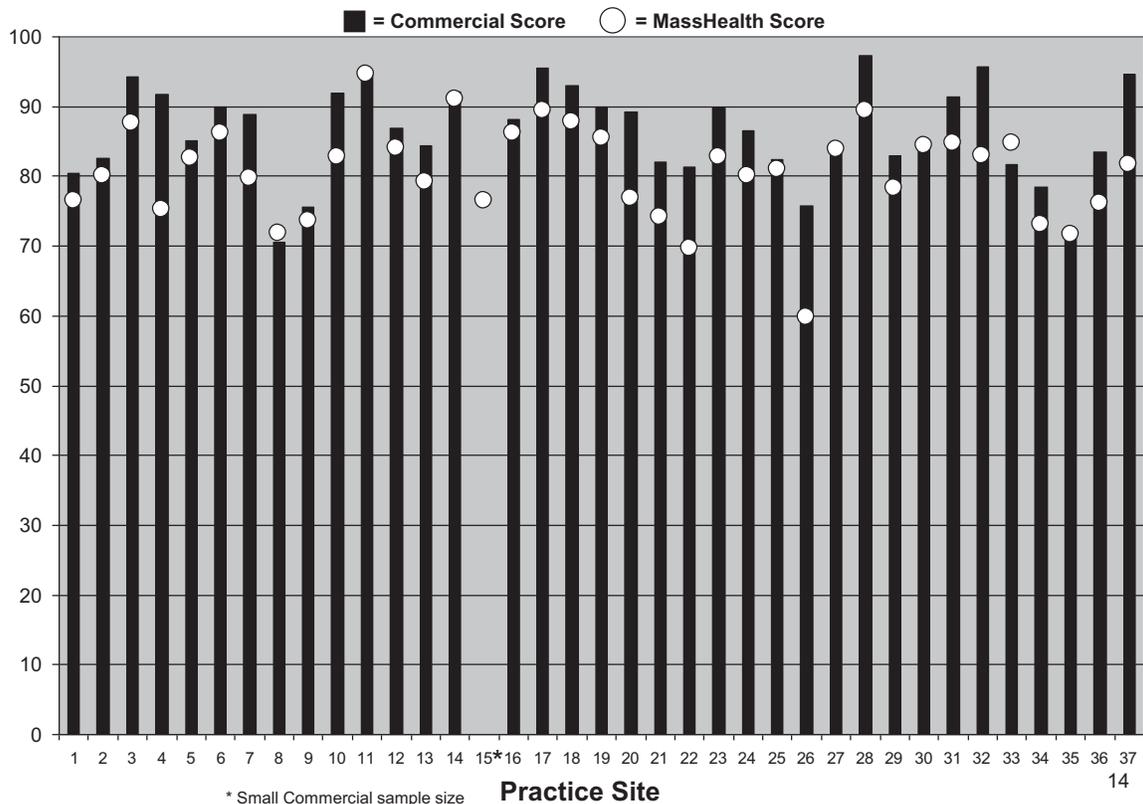
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Health Promotion



MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Access

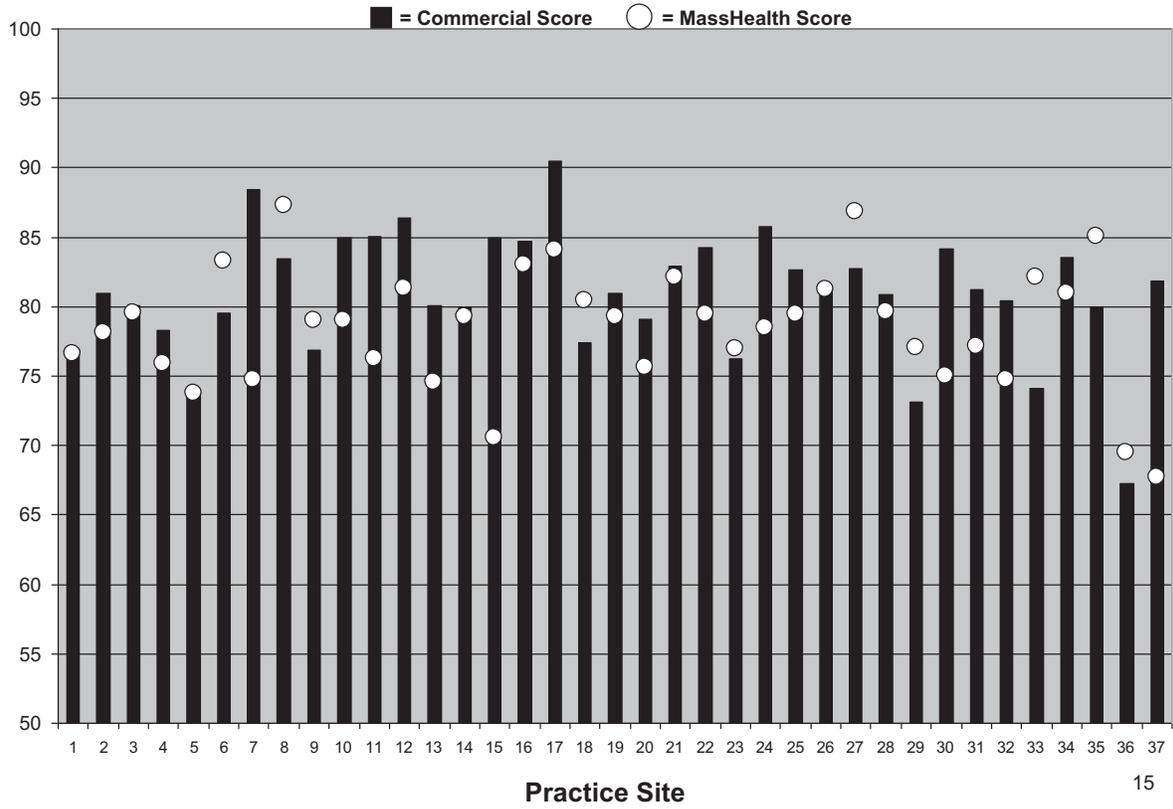


MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Visit-based Continuity

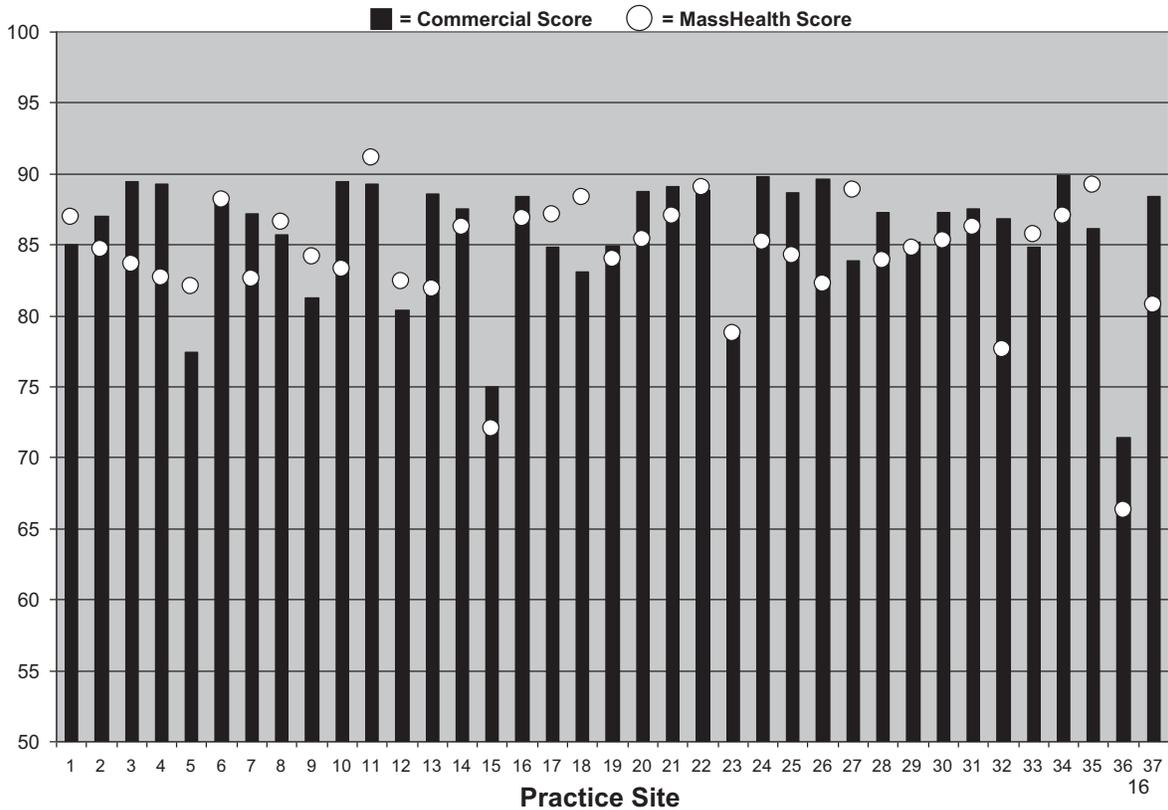


* Small Commercial sample size

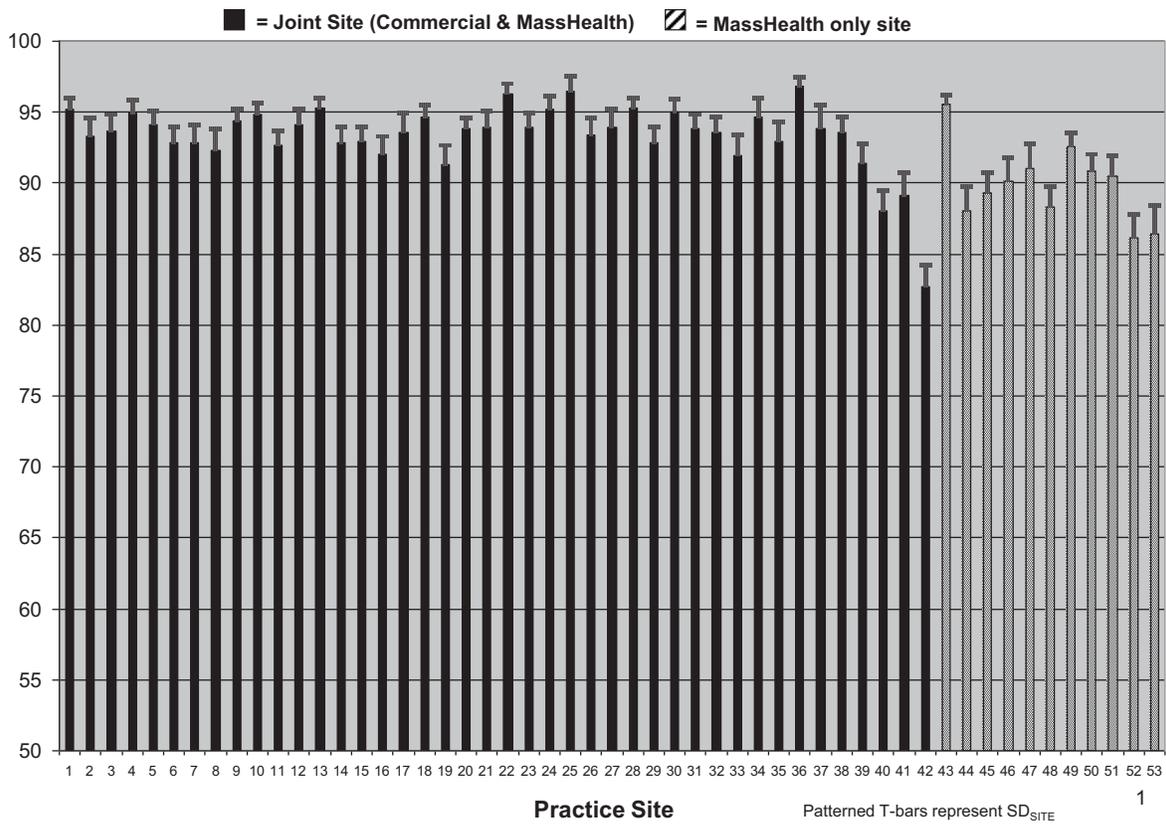
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Clinical Team



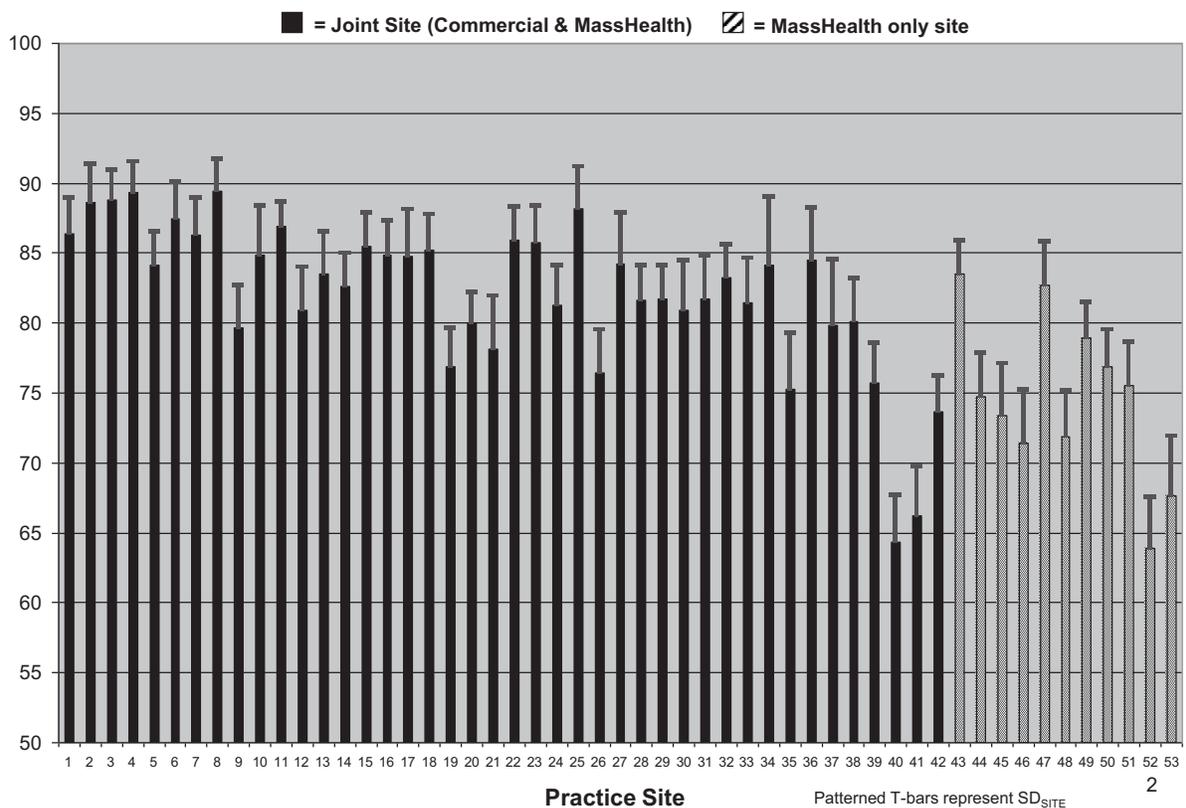
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Adult PCP (Unadjusted Results) – Office Staff



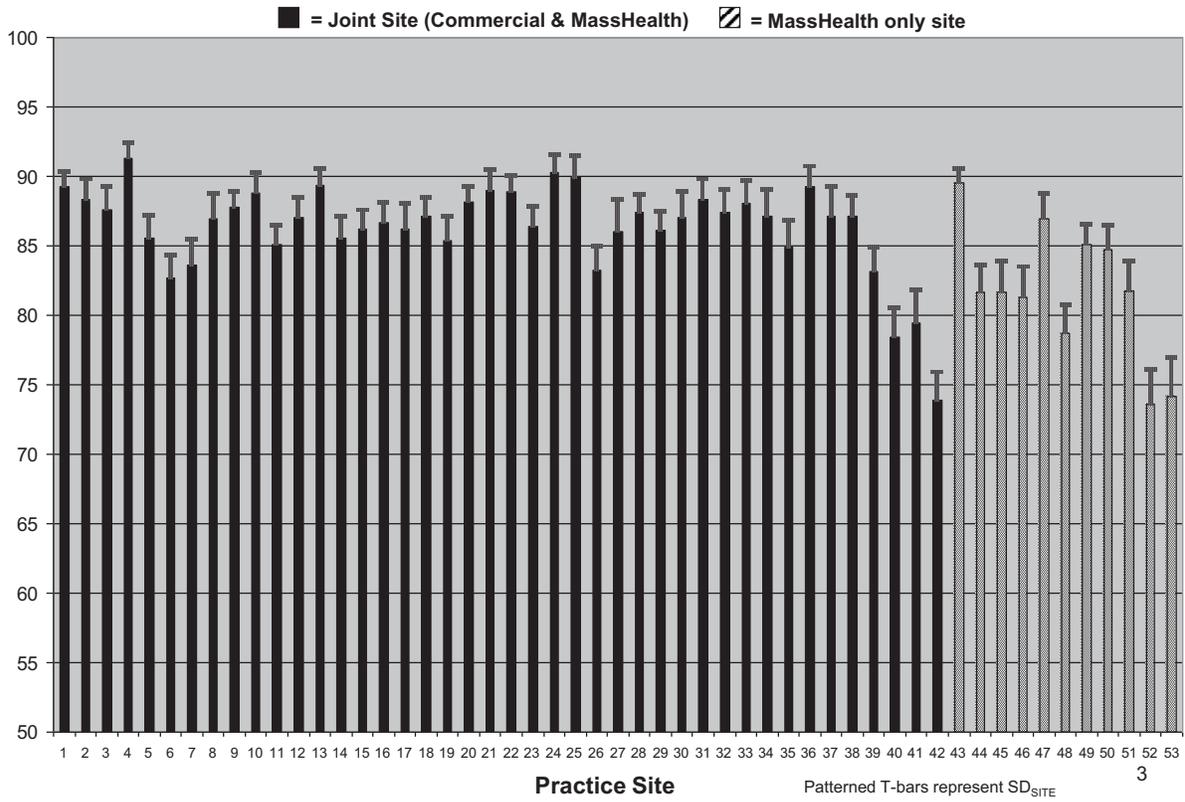
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Communication



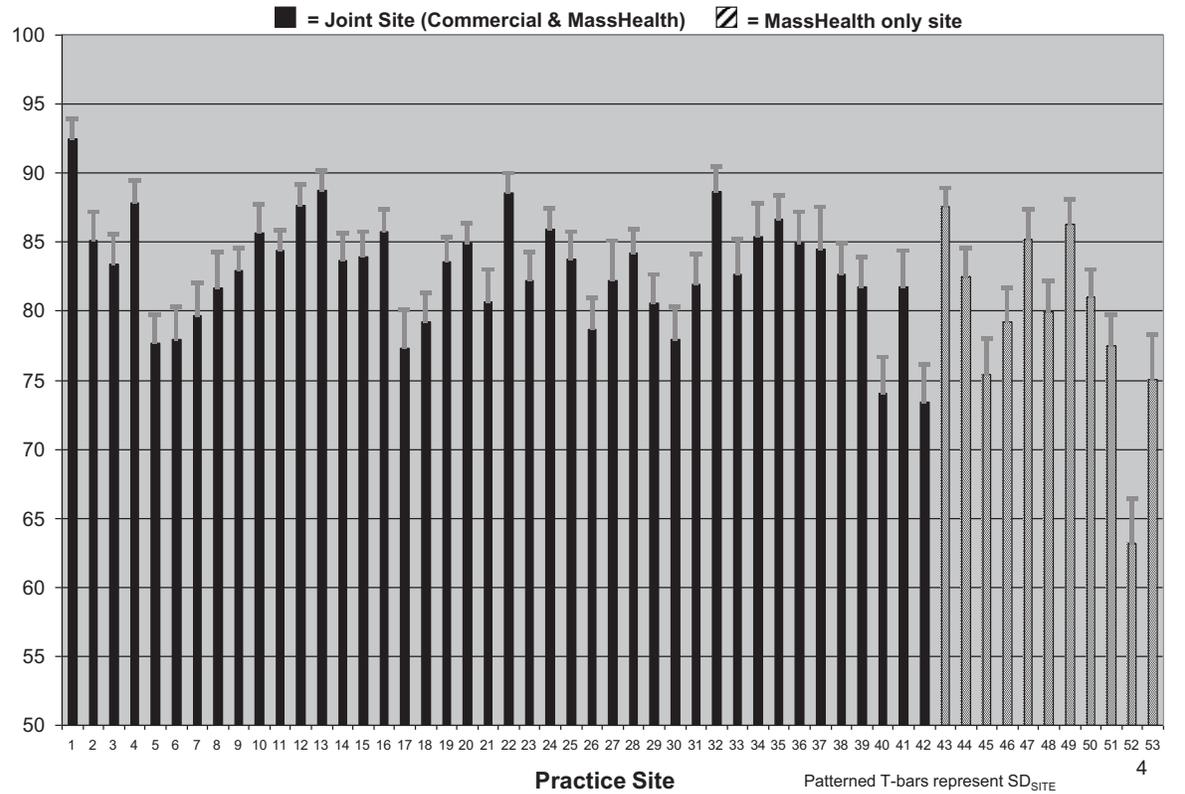
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Integration



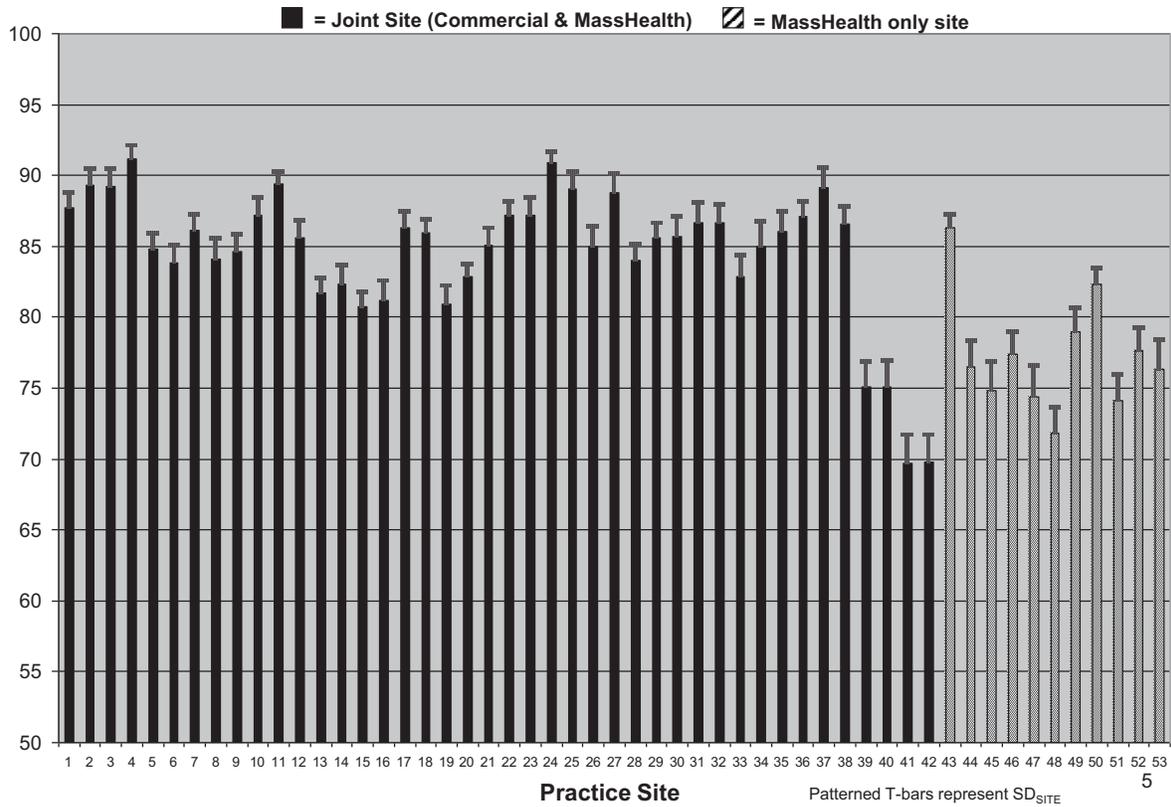
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Knowledge of the Patient



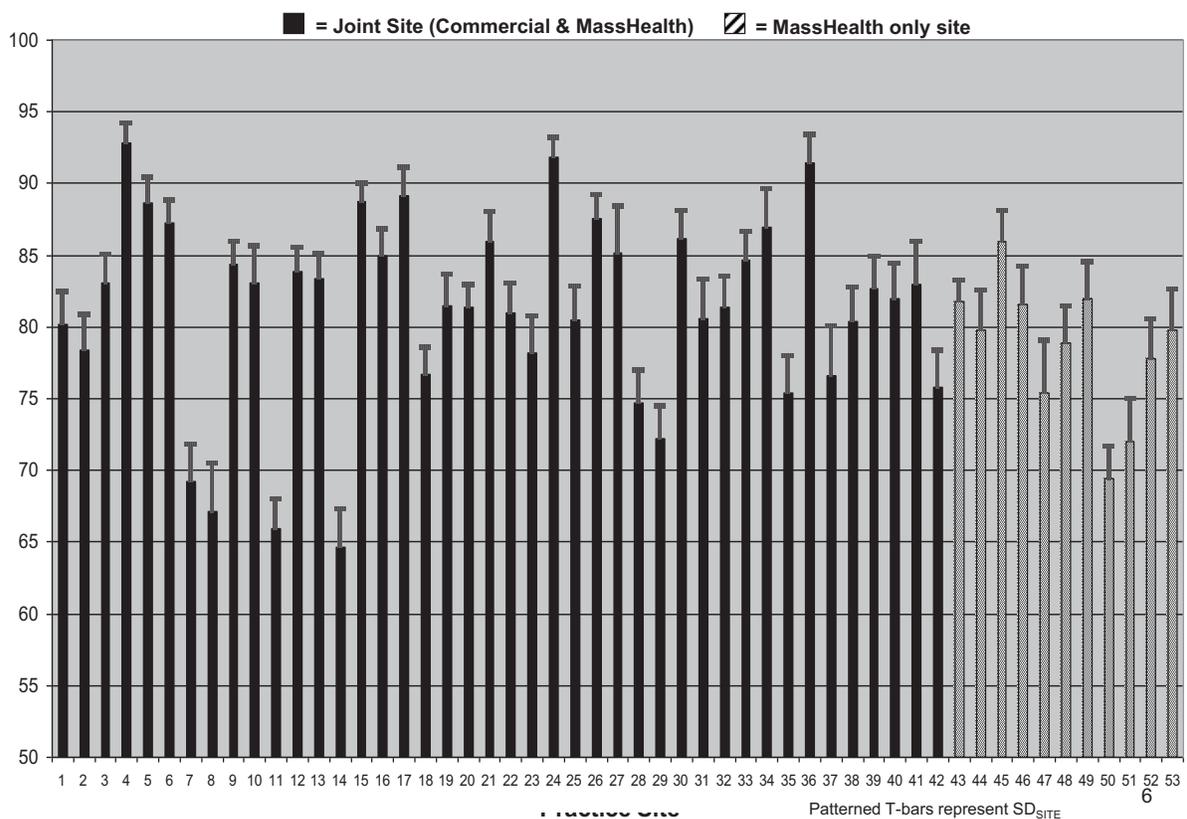
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Health Promotion



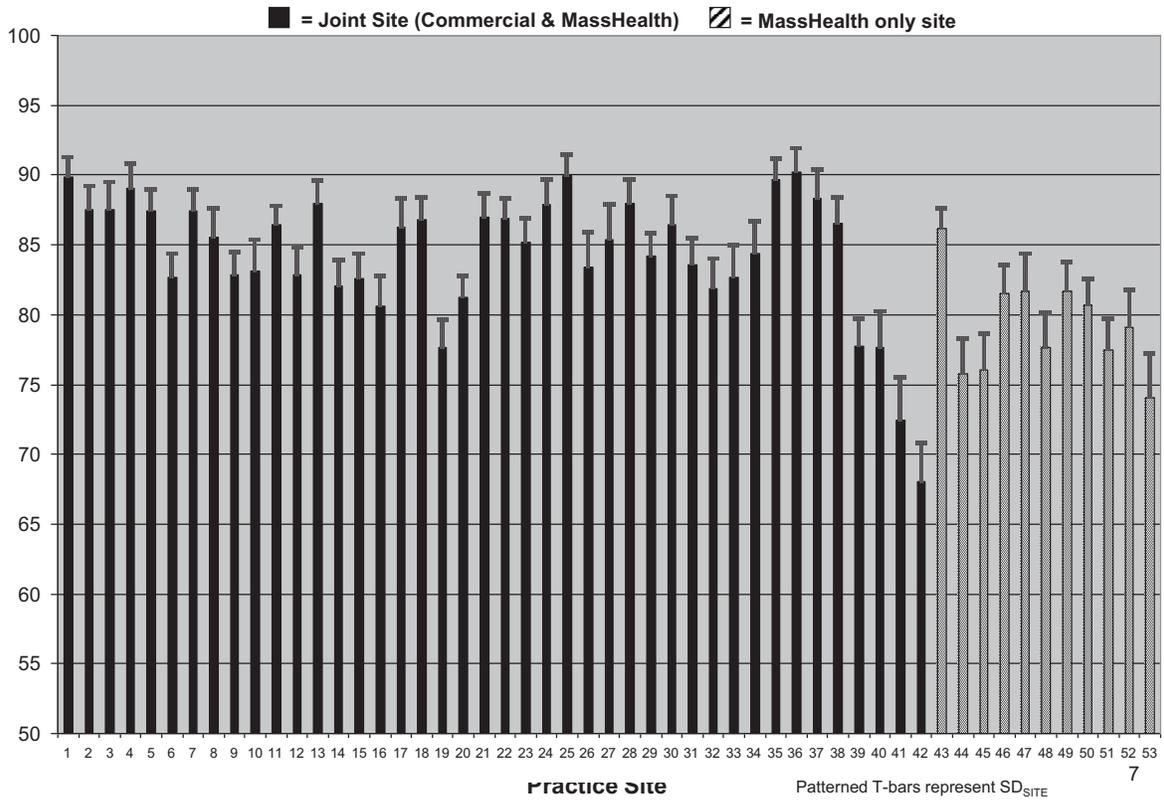
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Access



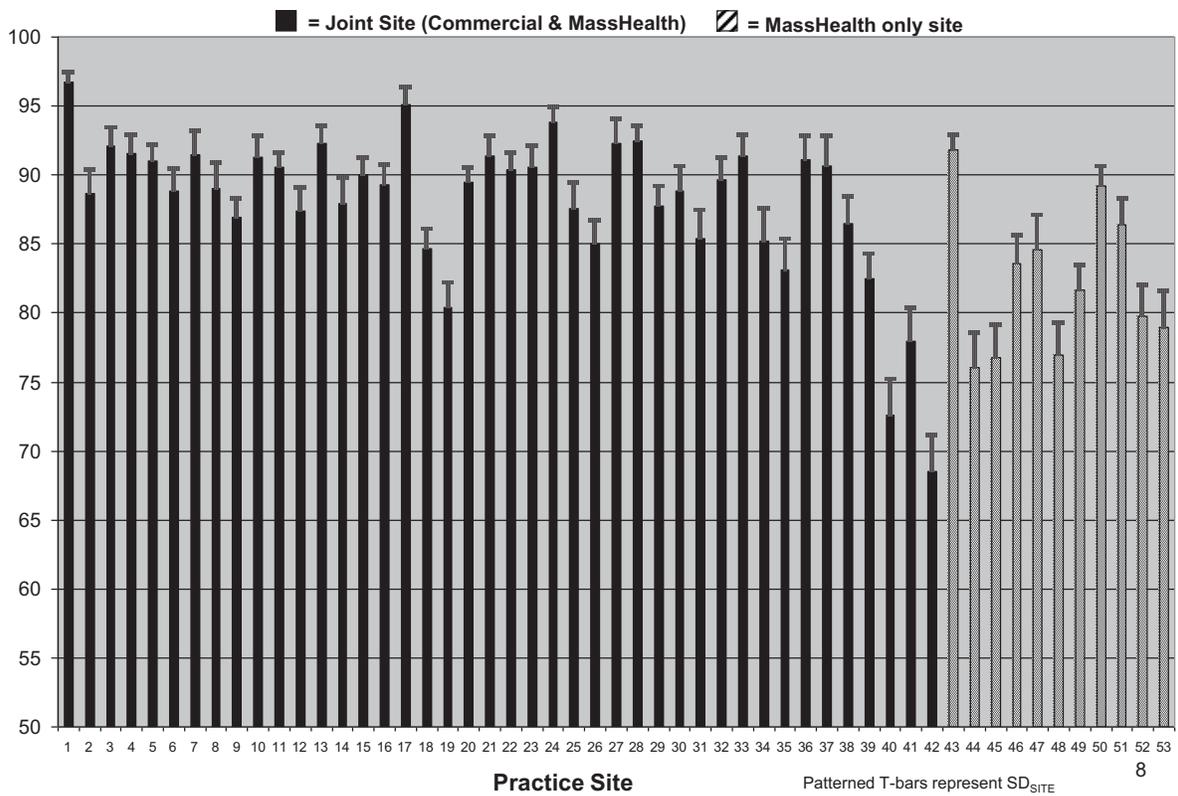
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Visit-based Continuity



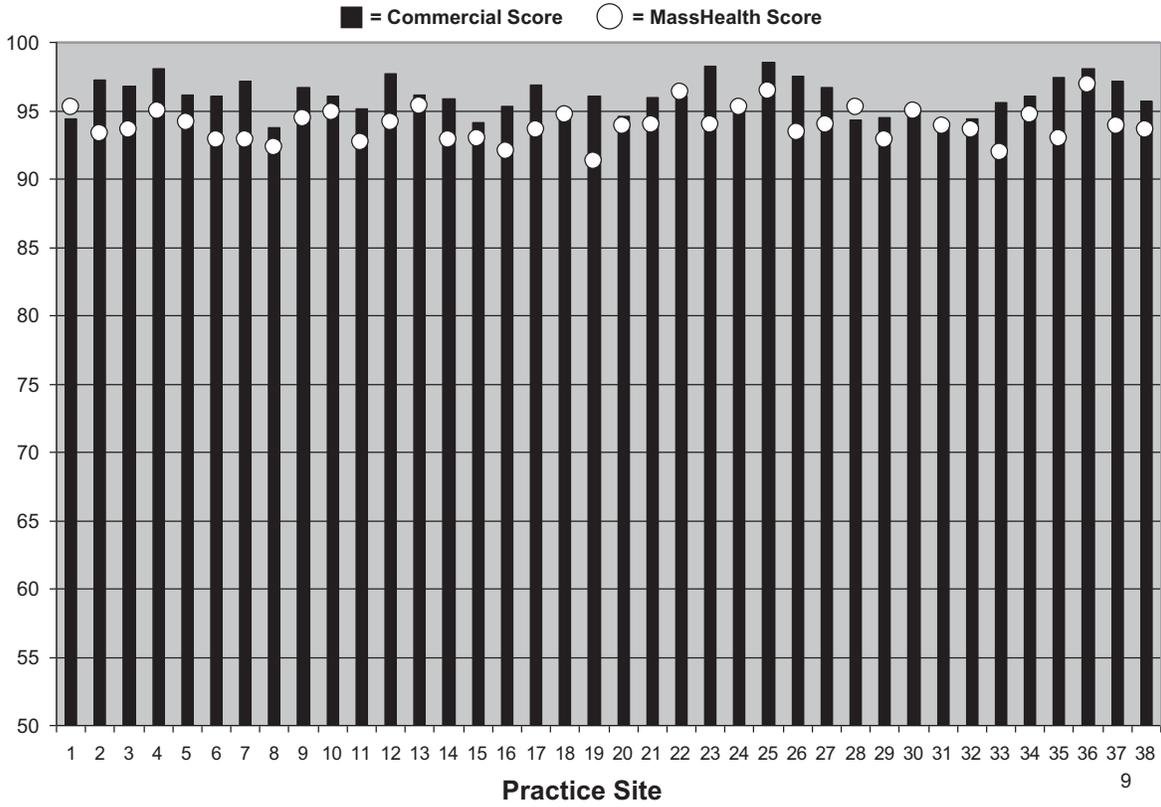
MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Clinical Team



MHQP MassHealth Physician Experiences Survey, Joint Sites vs. MassHealth Only Sites
Pediatric PCP (Unadjusted Results) – Office Staff

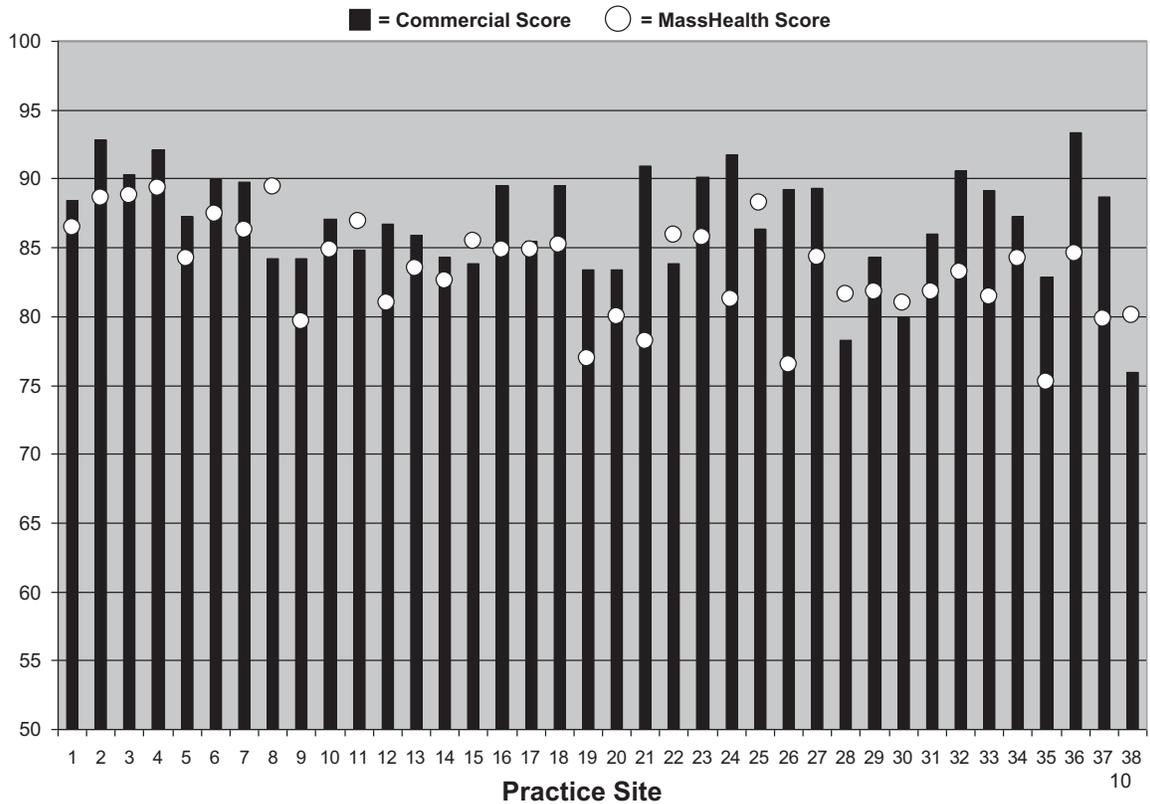


MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) - Communication



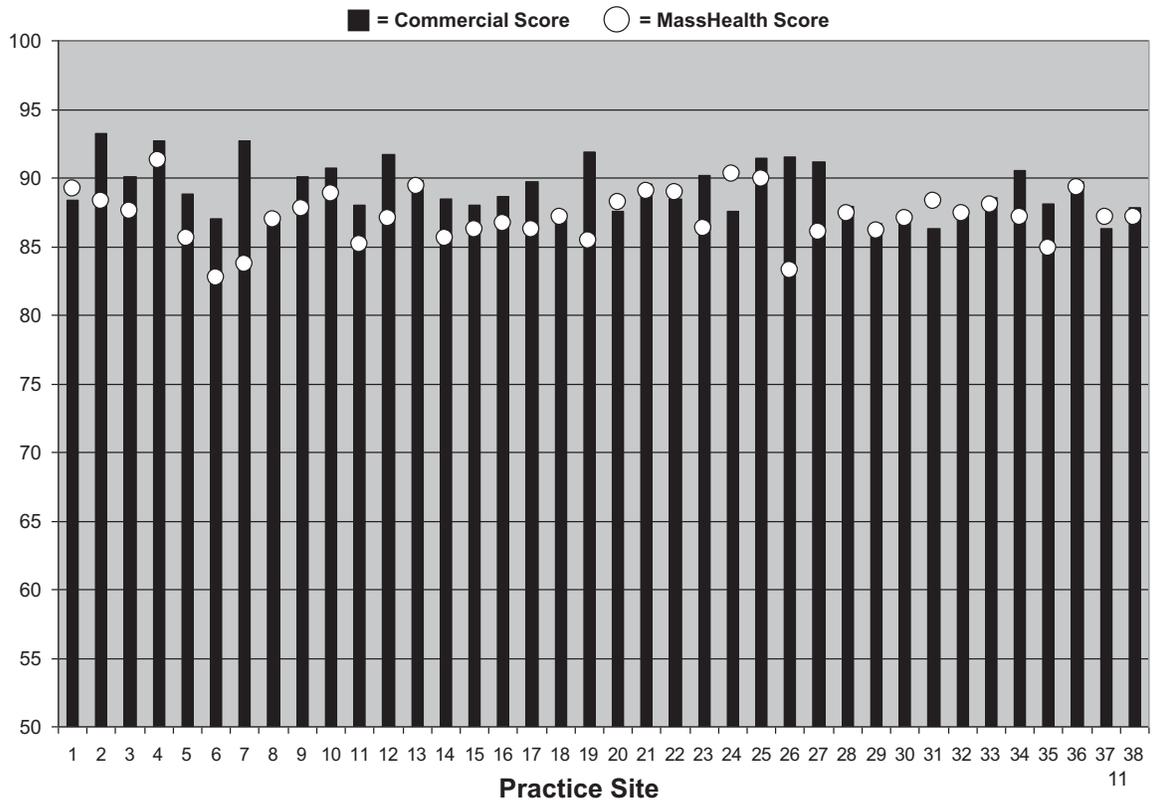
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MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Integration

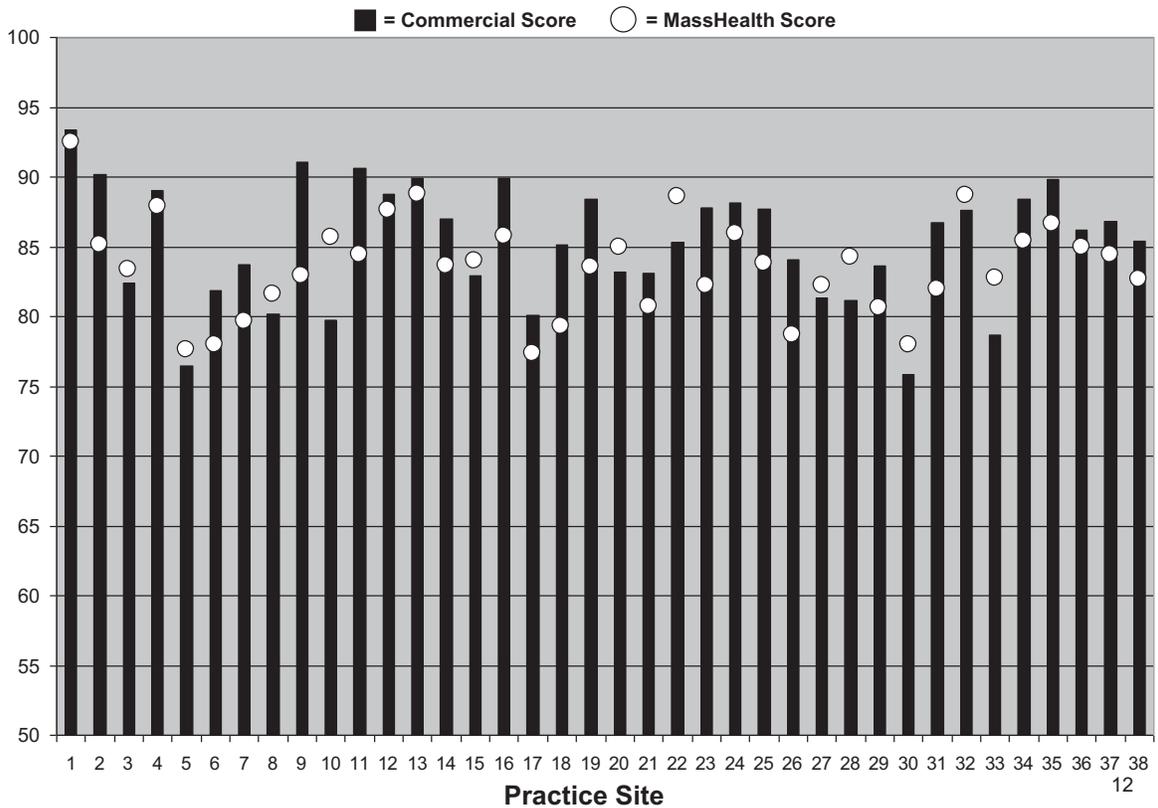


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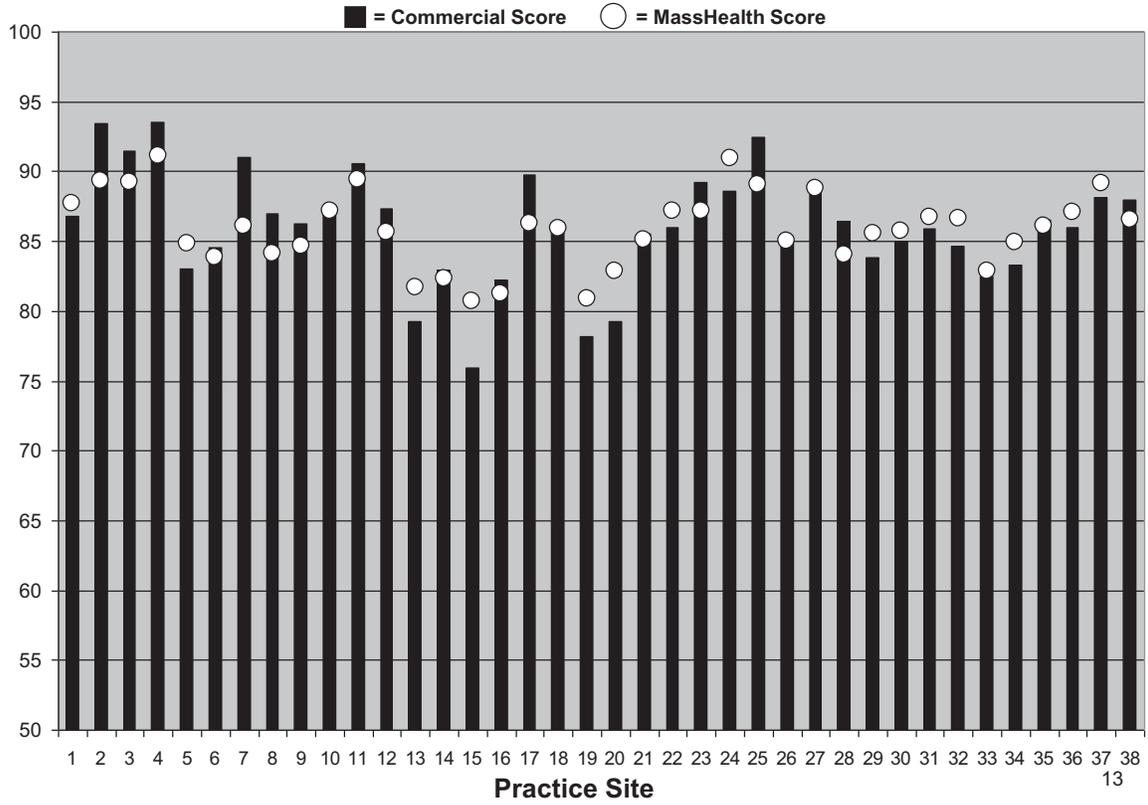
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Knowledge of the Patient



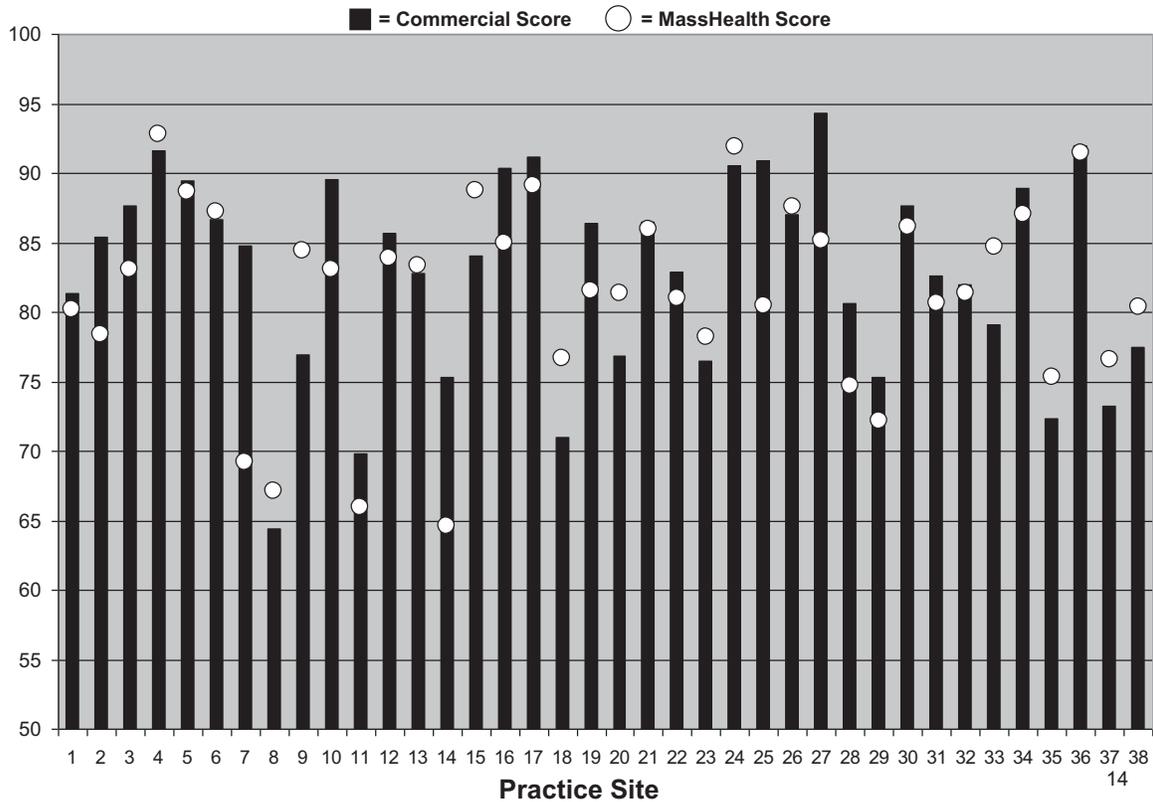
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Health Promotion



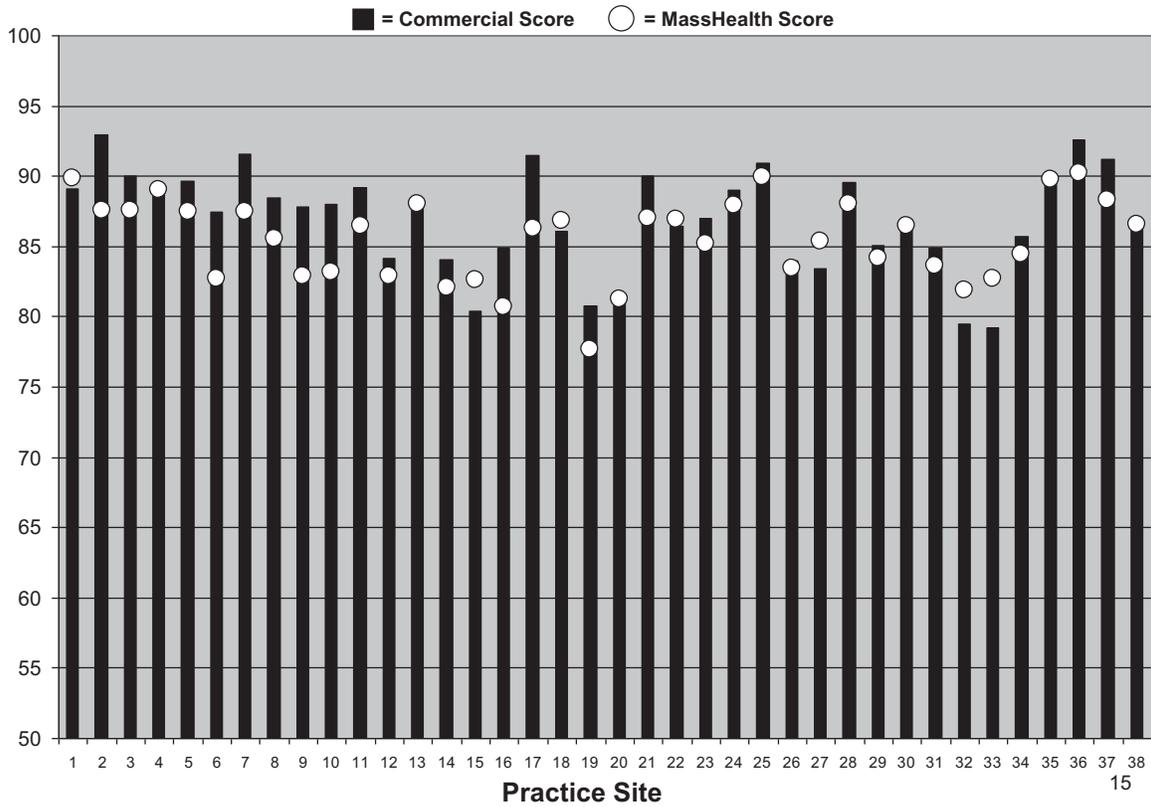
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Access



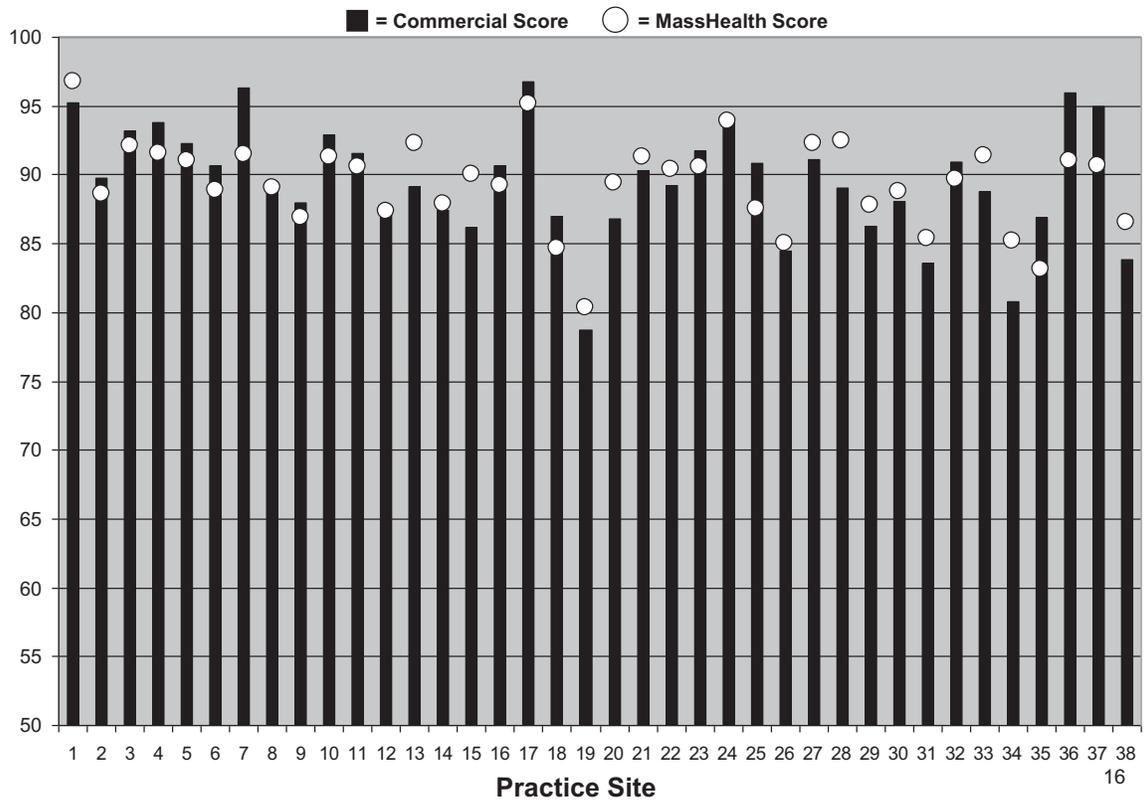
MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Visit-based Continuity



MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Clinical Team



MHQP Physician Experiences Survey, Commercial vs. MassHealth Samples
Pediatric PCP (Unadjusted Results) – Office Staff



Impact of Demographic Factors and Site on MassHealth Patient Experience of Care Using Regression Analyses

Regression analyses were completed using demographic factors, the site selection of respondents, and the demographic mix within sites as independent variables that might affect the scores in each composite. *This analysis showed that within the adult MassHealth population, racial, ethnic and language diversity and to a lesser extent health status have the greatest impact on the care experience in the physician’s office. For children both diversity and health status have large effects.*

This analysis also looked at the impact of the site at which patients receive care. If these patient characteristics are combined with the practice sites at which individuals receive care, little additional explanation of differences is provided. *However if the effect of the site alone is assessed (regardless of its proportion of lower income, less healthy or more diverse patients) quite a large impact on experience is found for both adults and children indicating that in addition to patient characteristics, the particular practice site at which individuals receive their care contributes to the quality of the patient experience.*

Adult Regression

Results of 3+ are highlighted

Dependent Variable	SES	HLTH	R/E/L	MH insur.	Site SES	Site HLTH	Site R/E/L	Site MH	Site ID
Access	-0.2	1.9	4.0	1.0	0.6	0.1	2.1	-0.2	4.7
Communication	-0.0	1.9	2.6	-0.7	-0.5	0.2	1.5	0.0	2.3
Integration	-0.2	2.1	3.4	0.3	0.3	-0.1	2.3	-1.2	3.7
Knowledge of Patient	-0.3	2.5	2.6	0.3	-1.1	0.4	1.4	0.0	3.4
Health Promotion	-1.2	1.6	2.9	2.4	-1.3	0.0	1.7	-0.2	5.3
Continuity	0.0	1.0	1.8	-1.9	-0.1	-0.7	-0.1	-1.6	6.4
Clinical Team	-0.2	2.7	4.5	1.9	-0.2	0.0	2.2	-0.8	3.0
Office Staff	-1.0	1.9	3.9	2.5	-0.5	0.0	2.3	-0.4	3.6

Pediatric Regression Coefficients

Results of 3+ are highlighted

Dependent Variable	SES	HLTH	R/E/L	MH insur.	SiteSE S	Site HLTH	Site R/E/L	Site MH	Site ID
Access	-0.5	2.0	3.2	0.7	2.3	0.7	0.9	0.7	4.2
Communication	0.0	2.1	2.8	-1.2	-0.2	0.3	0.9	-0.1	1.3
Integration of Care	-0.5	2.3	4.4	-3.1	1.6	0.3	-0.4	1.2	3.1
Knowledge of Patient	-0.6	3.3	3.7	-1.2	-0.3	0.6	-0.0	-0.4	2.5
Health Promotion	0.0	2.8	2.7	0.0	0.8	-0.5	0.9	0.7	3.9
Continuity	-0.9	2.3	0.3	-1.4	-1.7	1.3	2.2	0.1	7.8
Clinical Team	0.2	3.3	4.0	-1.0	0.8	0.1	0.8	-0.7	2.5
Office Staff	-0.7	2.4	3.5	-0.2	0.5	0.3	2.8	0.3	4.0

Explanation of the Analysis

Propensity scoring confirmed that having MassHealth as an insurer did not make a difference in care experience. Further analyses were needed to understand the observed differences. The following matrix theorizes on possible explanations:

Member	Site
The socio-economic status of members affected the care they received or perceived.	Sites with less capable or less educated members practiced a different style of medicine.
The members with minority race or ethnicity, or who were not native English speakers, got or perceived different care.	The sites with a large number of minority or ethnic patients practiced a different style of care.
Members who were unhealthy got or perceived different care.	Sites with large numbers of sick patients practiced a different style of medicine.
Patients with MassHealth insurance got or perceived different care.	Sites with large numbers of MassHealth members practiced a different style of medicine (e.g. Medicaid mills).

In addition, there was the contribution of the different sites to the different scores. Indeed, the underlying premise of the MHQP ACES survey is that the sites themselves make a strong contribution related to their own skills and habits—as doctors and as sites.

There are three methods commonly used in the literature to assign differences.

- Propensity scores (which we used above). These don’t separate out the various reasons for the differences, so while they point away from the fourth row (and the lower left cell of the matrix in particular), they don’t provide any clues as to the other possible mechanisms.
- Statistical adjustment. For example, the standard MHQP analysis model compares sites by adjusting the individual scores. We can examine the coefficients of the various adjusters, but the adjusters are overlapping and each dependent variable has its own set of coefficients. The adjusters all have different units.
- Components of variance. This has been used to find the general magnitude of the effect of groups of factors (such as sites or medical groups) and adjusters, but the results are in variance terms. The results are in comparable units, but they are unsigned.

To compare the signed effects of the eight cells in the matrix, we created for the adult and child samples separately a variable to represent each cell and used a regression equation to measure their competing effects. The individual variables were created by first combining together four of the measures, each measured on a 0-100 scale:

- Communication
- Access
- Integration
- Knowledge

The combination was then regressed separately on three sets of independent variables, and a predicted value was computed for each:

- SES: Education, and census-defined poverty and education
- Cultural: White, black, Asian, Hawaiian, American Indian, Other, Hispanic. This was also highly correlated with language spoken at home in the MassHealth sample
- Health: general health perceptions and the appropriate list of chronic conditions (adult or pediatric)

In addition, there was a variable for MassHealth. The predicted values can be characterized as "that aspect of SES (or culture or health) that best represents its relevance to patient evaluations".

Once these three predicted values were created, they were sized. Sizing means that we found a multiplier that made a 1 unit change in the dependent variable approximately equivalent to a meaningful difference in one of the component variables. For SES, the impact of 4 years of education, for culture the impact of being white, and for health the impact of having a major chronic condition. Literally, the multiplier was chosen so that:

$$\frac{\text{multiplier} * \text{prediction}}{SD(\text{prediction})} = \frac{\text{criterion difference}}{SD(\text{criterion})}$$

For adults and children, the predictions for SES, Culture, and Health were multiplied by 0.50, 0.41, and 0.20, respectively. Mass Health was left as an indicator variable. The effect of 1 unit of SES is also roughly equal to a 25% difference in the poverty rate. The effect of 1 unit of Culture is roughly the impact of not speaking English in the household, even though language is not explicitly part of the culture variable (it was not included in the commercial survey).

The site versions of the variables were created by averaging the patients within the site, taking into consideration the number in each site who were commercial and MassHealth.

Each dependent variable was then regressed on each of the 4 individual and 4 site variables, together with age and gender. In addition, the model included a random effects term for Site ID. The regression coefficients are shown in the tables on pages 1 and 2 of this appendix. For Site ID, the “coefficient” value shown is the standard deviation of the random site effect.