

To: SHAP Grantee States

June 23, 2010

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RE: Addendum to Memo "Composition of Enrollee Surveys"

This addendum accompanies the memo, "Enrollee Surveys" dated June 23, 2010. This document intends to provide specific examples of surveys and the types of information collected by each (Part A) as well as specific survey questions currently in use (Part B).

The majority of surveys referenced were designed as assessments to be administered by health plans/clinics to capture their own enrollees'/patients' experiences. Others are national population surveys that inquire about a wide array of health plans.

Since each state's programs and information needs vary, the content of each survey will differ. Similarly, states will need to tailor the language and vernacular of their survey to the respondent population and program terminology (i.e. "premium" versus "fee", "insurance" versus "health care coverage.")

A. Sample Surveys

1. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Agency for Healthcare Research & Quality (AHRQ) <http://www.cahps.ahrq.gov/cahpskit/Healthplan/HPChooseQx2.asp>

This site, administered by AHRQ, provides extensive information and resources on the evaluation of health plans and health care services. AHRQ offers a free kit that can help health plans plan form, administer, analyze, and report findings from their own survey. This kit consists of a number of documents including:

- Questionnaires in English and Spanish for adult and children enrollees
- Protocols and sample materials for administering the survey
- Data analysis programs and guidelines for conducting analysis
- Information/templates for reporting results from survey measures

In addition, because this is a standardized, widely available questionnaire, its use will allow states to compare their ratings/evaluation with a number of other private and public insurance programs. For these reasons, SHADAC recommends that states first review the information available at this site before looking at other examples. A potential failing of this tool is that it is considerably shorter and less comprehensive than other surveys.

National-level data based on these measures are available at the CAHPS website:
<https://www.cahps.ahrq.gov/CAHPSIDB/Public/ChartbookOverview.aspx>

To view examples of reports that use CAHPS:

<http://www.mrmib.ca.gov/mrmib/HFP/Health06ConsSurRpt.pdf>

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5541-ENG>

2. Health Resources and Services Administration (HRSA) Health Center Patient Satisfaction Survey

<http://bphc.hrsa.gov/patientsurvey/samplesurvey.htm>

Made available to clinics through HRSA, this survey can be modified and administered for state's own purposes. This questionnaire only covers patient satisfaction with clinic services, as opposed to satisfaction with health plans or health care coverage in general. Survey content includes:

- Ease/convenience (location/hours) of care
- Customer service, staff/provider friendliness/communication
- Waiting times (waiting room, exam room, tests, results)
- Comfort and safety/confidentiality and privacy

3. Rite Share Member Satisfaction Survey

http://www.ritecare.ri.gov/documents/reports_publications/RiteShareMember.Satis6pgr.pdf

This is a very brief survey of Rhode Island Rite Care members (a public insurance program) that asks enrollees about their ability to have co-payments/health plan accepted by their provider or pharmacy; their ability to keep same their doctor under Rite Care; the helpfulness of customer service; and whether health plan information is easy to understand.

4. RAND - Patients' View of Health Care

http://www.rand.org/health/surveys_tools/pss_umga/pssumga_survey_english.pdf

This is a very thorough survey that asks about a wide array of topics. It is probably longer than most states would want their own surveys to be, but does offer an overview of the scope of questions one could potentially ask. They first ask questions about the enrollee's clinic/provider, and second about the individual's health plan. Some of the measures include:

- Access to care/convenience
- Quality/comprehensiveness of care/communication with providers
- Rating of health plan coverage/information/ease/convenience
- Problems with health plan/coverage

5. Primary Care Assessment Survey

<http://160.109.101.132/icrhps/resprog/thi/pcas.asp>

This is also a very thorough survey with a wide variety of questions on the quality of healthcare services, ease/convenience of services, and the patient-provider relationship. Measures include:

- Convenience/access
- Rating decision-making of, trust in, and communication with provider
- Coordination of care

6. Health Insurance Flexibility & Accountability (HIFA) Enrollee Survey, 2009

*Available from SHADAC upon request

The HIFA enrollee survey was designed to understand the experiences of HIFA waiver (a federal initiative to expand coverage to uninsured) program participants in New Mexico and Oregon, and to inquire about participants' access to care. Participants are asked about the ease of the application process and how receiving the waiver has improved their access to care, among other things.

7. DHS Barriers to Care for Minnesota Healthcare Program Enrollees

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-5852-ENG>

This is a survey of MN public health care program enrollees that asks about barriers to care, including cultural, linguistic, and other access problems. It also inquires about health care utilization and access to care. Measures include:

- Cost and coverage barriers, access barriers, provider-related barriers
- Perceived discrimination (racial/ethnic, class-based, gender-based)
- Availability, consistency, quality, and privacy of interpreter services

8. Kaiser Family Foundation National Survey of Enrollees in Consumer Directed Health Plans, 2006

<http://www.kff.org/kaiserpolls/upload/7596.pdf>

This is a national survey that asks about concepts such as rating of one's health plan, quality of providers, and access to care, etc.

9. Medical Expenditure Panel Survey – Satisfaction with Health Plan

http://www.meps.ahrq.gov/mepsweb/survey_comp/hc_survey/2008/SP1201.pdf

This is a portion of the MEPS survey, a national household survey that asks respondents about their experiences with health care. The survey asks about a number of different plans one could potentially be enrolled in, so questions are repeated for each type of plan. As such, states need only refer to the first set of questions. Topics include:

- Problems finding providers they're happy with
- Delays in health care while waiting for plan approval
- Ease of looking for information on internet
- Customer service (problems getting help); problems with plan paperwork

10. Commonwealth Fund Biennial Health Insurance Survey, 2007

http://www.commonwealthfund.org/~media/Files/Surveys/2007/2007%20Commonwealth%20Fund%20Biennial%20Health%20Insurance%20Survey/2007_Biennial_Health_Insurance_Survey_QQ%20pdf.pdf

This is a national survey, so respondents are from the general population, as opposed to enrollees. Still, it asks about a number of relevant concepts including:

- Quality of health care; confidence in access to high-quality medical care
- Perception of provider coordination/communication with provider
- Rating of coverage
- Problems with paperwork/disputes

11. Massachusetts Health Care Reform Survey (MHRS)

http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Researcher&L2=Insurance+%28including+MassHealth%29&L3=Health+Insurance+Surveys&sid=Eeohhs2&b=terminalcontent&f=dhcfp_researcher_resident_survey&csid=Eeohhs2

The MHRS is a survey that examines respondents' experiences and opinions about the health care system in Massachusetts. There are a number of relevant questions within the area of health care utilization and access, as well as satisfaction with health plans/coverage.

12. Healthy NY Annual Report

<http://www.ins.state.ny.us/website2/hny/english/hnyrep.htm>

Every year, the Healthy NY program administers surveys to small business owners, employees of those businesses and to sole proprietors and individuals. Key information acquired through the member surveys includes how much employers pay towards premiums, members' ability to access medical care, health plan selection and satisfaction and price sensitivity.

B. Sample Questions (by common areas of assessment):

1. Satisfaction with health plan and enrollment process

Customer service:
<i>Sample questions</i>
In the last 12 months, did you try to get information or help from your health plan's customer service?
In the last 12 months, how often did your health plan's customer service give you the information or help you needed? (Never, sometimes, usually, or always)
In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? (Never, sometimes, usually, or always)
<i>*Consumer Assessment of Healthcare Providers and Systems (CAHPS)</i>

Enrollee's rating of health plan:
<i>Sample questions</i>
How would you rate the range of services covered by your current health insurance coverage [health plan]? Would you say excellent, very good, good, fair or poor?
How would you rate the choice of doctors and other providers available under your current health insurance coverage [health plan]? Would you say excellent, very good, good, fair or poor?
How would you rate quality of care available under your current health insurance coverage [health plan]? Would you say excellent, very good, good, fair or poor?
<i>*Massachusetts Reform Survey</i>

Ease of understanding health plan coverage/application process:
<i>Sample questions</i>
Thinking about your health plan, how do you rate the following? (responses range from A+ to F) <ul style="list-style-type: none"> • How well your plan informs you about the costs of care • Ease of completing claim forms or other paperwork
Have any of the following been a problem for you when getting services covered by your health plan? (big problem, small problem, not a problem) <ul style="list-style-type: none"> • Confusion about what services are covered by your health plan? • Confusion about necessary paperwork to get treatment?
<i>*RAND Patients' View of Health Care Survey</i>
In the last 12 months, did you look for any information about how your health plan works in written material or on the Internet ?
In the last 12 months, how much of a problem, if any, was it to find or understand this information? (big problem, small problem, not a problem)

<i>*MEPS – Satisfaction with Health Plan</i>				
The following questions are about your experiences in applying for your current health plan. For each statement please indicate how strongly you agree or disagree with the statement.				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
Your application was processed in a timely way				
If you had a question it was clear who to call				
It seemed that you had to deal with too many different people or agencies				
The required application forms were easy to fill out				
It was easy to get all the documents you needed				
<i>*HIFA enrollee survey, 2009</i>				

2. Satisfaction with clinics/providers

<i>Convenience/ease of getting care:</i>
<i>Sample questions</i>
Thinking about the times you have needed to see or talk to your doctor, how would you rate the following (very poor, poor, fair, good, very good, excellent): <ul style="list-style-type: none"> • Ability to get through to the doctor's office by phone? • Ability to speak to your doctor by phone when you have a question or need medical advice?
How many minutes late do your appointments at your doctor's office usually begin? (they begin on time; less than 5 minutes; 6-10 minutes; 11-20 minutes; 21-30 minutes; 31-45 minutes; more than 45 minutes)
How would you rate the amount of time you wait at your doctor's office for your appointment to start ? (very poor, poor, fair, good, very good, excellent)
<i>*Primary Care Assessment Survey</i>
How long do you usually have to wait between the time you make an appointment for care and the day you actually see the provider for routine scheduled care (such as a physical or regular checkup)? (Same day, 1-3 days, 4-7 days, 8-14 days, 15-30 days, 31 days to 2 months, more than 2 months)
<i>*CAHPS</i>
<i>Quality of services/provider communication, trust:</i>
<i>Sample question – See Primary Care Assessment Survey or RAND Patients' View of Health Care</i>

3. Health care utilization

<i>Usual source of care/provider:</i>
<i>Sample questions</i>
Which of the following places best describes where you usually go for your health care? Is it...a doctor's office or clinic, an emergency room, an urgent care center, a hospital, an outpatient clinic in a hospital, a community health center, an Indian health center, or something else? (Specify: _____)
<i>*DHS MN Healthcare Program Enrollees – Barriers to Care</i>

Is there one particular doctor that you consider to be your regular personal doctor ?
How long has this person been your doctor? (less than 6 months, between 6 months and 1 year, 1 to 2 years, 3 to 5 years, more than 5 years)
Is this the person you call when you have a medical problem or question ?
Does this doctor handle most of your health care needs?
<i>*Primary Care Assessment Survey</i>

Utilization:				
<i>Sample questions</i>				
In the past 12 months, how many times did you visit a general doctor who treats a variety of illnesses? For example, a doctor in general practice, family medicine or internal medicine. (None, 1 time, 2 times, 3 times, more than 3 times)				
Were any of those visits for a check-up, physical examination or for other preventive care?				
In the past 12 months, how many times did you receive care in a hospital emergency room? (None, 1 time, 2 times, 3 times, more than 3 times)				
The last time you went to a hospital emergency room, was it for a condition that could have been treated by a regular doctor if he or she had been available?				
In the past 12 months, was there any time that you did not get or postponed [options below]?	Yes, did not get	Yes, postponed getting	Yes, both did not get and postponed getting	No, no unmet need or delayed care
filling a prescription for medicine				
a medical test, treatment or follow-up recommended by a doctor				
preventive care screening such as colon cancer screening (or a mammogram)				
doctor care that you needed				
specialist care that you needed				
dental care that you needed				

4. Health status

Health status/medical conditions:
<i>Sample questions</i>
In general, how would you rate your overall health? Would you say excellent, very good, good, fair, or poor?
Now thinking about your health, in general, would you say your health is above average, about average, or below average?
Are you limited in any way in any activities because of physical, mental, or emotional problems?
Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____ Days
Overall, how would you rate your emotional health? Would you say excellent, very good, good, fair, or poor?
<i>*DHS MN Healthcare Program Enrollees – Barriers to Care</i>

Have you EVER been told by a doctor or other health professional that you have...hypertension or high blood pressure, heart disease or congestive heart failure, diabetes or sugar diabetes and/or asthma?

**Massachusetts Health Care Reform Survey*

Please also refer to the full memo, to which this addendum relates – “Composition of Enrollee Surveys”.