

To: SHAP Grantee States

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RE: Composition of Enrollee Surveys (including Addendum – Part A: Sample Surveys and Part B: Sample Questions)

Overview

Many states are using their SHAP grants to initiate new coverage programs. To evaluate these programs, many are also proposing enrollee surveys. To help inform the development of these surveys, SHADAC has developed two memorandums. This memo discusses satisfaction surveys broadly and a companion memo focuses on using surveys to assess enrollee perception of affordability – “Methods for Assessing Enrollee Perception of Affordability of Health Care Coverage Using a Survey”.

With any survey or data collection effort, SHADAC recommends that states consider what it is they would like to know about enrollees and how they expect to use the information that will be collected. To clearly define the purpose and scope of data collection, this conversation should first focus on concepts (e.g., satisfaction with providers) rather than specific questions. Each program should try to identify which concepts pertain to information they would like to collect and how having this information would help inform decisions. Some questions to consider:

- What do you want to learn from enrollees?
- Do you have a benchmark against which you would like to evaluate your program?
- Do you want to use this information to make programmatic changes?
- What types of information are you able to take action on?

To inform this discussion, SHADAC has presented a list of topic areas commonly found in enrollee surveys. After some initial content decisions have been made, it might be helpful to review examples of surveys and sample questions, which can be found in the *Addendum*. For states looking for a broad base of information, one approach SHADAC recommends is to adopt the **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey supplemented with relevant questions from the remaining surveys referenced in the *Addendum - Part A: Sample Surveys*.

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”).

Common Areas of Assessment

Below is a list of topic areas commonly found in enrollee surveys. Sample questions that relate to these areas can be found in the *Addendum – Part B: Sample Questions* that was distributed with this memo.

1. Satisfaction with health plan and enrollment process

- a. **Customer service:** Questions look at respondents' experience accessing assistance from their health plan and ask the respondents to rate the courteousness and respectfulness of staff.
- b. **Enrollee rating of health plan:** Respondents are asked to rate the range of services covered by their plan, the choice and availability of providers, the quality of care available under the plan, and access to specialty care.
- c. **Ease of understanding health plan coverage/application process:** Respondents are asked about how well their health care plan informs them about costs and availability of services, whether written or electronic materials are available and/or easy to understand, and whether enrollees felt the application process for their health plan was timely and/or could be completed with ease.

2. Satisfaction with clinics/providers

- a. **Convenience/ease of getting care:** Questions include the convenience of the location and available hours of their clinic, the wait time between calling for an appointment and being seen by a provider, and wait time once they arrive at the clinic.
- b. **Quality of services/provider communication, trust:** Questions within this area vary greatly across surveys but may include measures such as friendliness and courteousness of staff, access to providers/staff by phone and/or after hours, provider expertise, overall quality of services, how well care meets needs, and trust in and communication with one's provider.

3. Health care utilization

- a. **Usual source of care/provider:** Respondents are asked about where they usually seek care and whether they see a regular provider for most of their health care needs.
- b. **Utilization:** Questions on utilization ask about frequency of use of different health care services (preventive, acute, emergency) and unmet need or delayed care (e.g., not filling prescriptions, not getting recommended tests or treatments).

4. Health status

- a. **Health status/medical conditions:** Respondents are asked about their overall health status, physical and mental health status or functioning, and a variety of medical conditions.

5. Demographics

- a. **Age, gender, race/ethnicity, income, etc:** Most surveys include some questions about enrollee demographics, though it is possible to rely on administrative data only. Demographic data, whether collected through survey or records from the application, will help states better understand the distribution of problems among enrollees (i.e., whether certain enrollees experience more problems than others). This can help state focus on interventions that are based

on the survey results. For example, states may tailor certain initiatives or program changes to select groups of enrollees (e.g., by age, gender, race/ethnicity).

Targeted Technical Assistance

This memo provides guidance on how to approach the development of enrollee surveys, some categories of questions to consider and some example surveys and questions. Given the variety of programs being implemented under SHAP and the differing information needs of each state, the composition of survey questions is likely to vary. SHADAC is available to consult with states one-on-one to review specific survey questions or to talk about additional questions not referenced here.

Please also refer to the Addendum to this memo – Part A: Sample Surveys and Part B: Sample Questions.