

Member Satisfaction Surveys 2009 Report Summary

CBHNP conducts surveys annually to determine how well CBHNP is meeting the needs of Members and Providers. The survey process and reports were completed by Polk-Lepson Research Group, Inc. Detailed information is available in the individual reports of full surveys, which can be requested from the CBHNP Quality Improvement Department.

The Member Survey tool used is the Experience of Care and Health Outcomes Survey (ECHO™), Managed Behavioral Health Organization version 3.0H, standard items plus additional supplemental items. Both English and Spanish-language versions were made available to Members. Adult and child/adolescent results are analyzed separately.

The following is a summary of the most recently summarized results:

CBHNP provided Polk-Lepson Research Group with the names and addresses of 19,561 adult Members who received services during 2008. From these, a random over-sampling of 2,733 Members were selected to receive a survey. A total of 360 surveys were returned as undeliverable. At the termination of data collection, 404 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 17% which compares unfavorably to last year's response rate of 29.9%, almost matching 17.5% in 2007 and an improvement from 15.8% in 2006. For 2010, a hard copy of the survey will be included in the initial mailing in an effort to have a positive impact on the response rate. The maximum margin of error with a sample of 404 is +/- 4.9 percentage points at the 95% confidence level. This means the answers obtained from all adult clients in 2008 would be within this range of the sample's answers 95% of the time.

CBHNP provided Polk-Lepson Research Group with the names and addresses of 5,876 adolescent (14-17) and 10,817 child (0-14) Members who received services during 2008. From these, a random over-sampling of 789 adolescent Members and 1,478 child Members were selected to receive a survey. A total of 651 adolescent and child surveys were returned as undeliverable. At the termination of data collection, 265 surveys were returned. Not counting the undeliverable surveys, this is a response rate of 22.5%, which is the same rate as the 2008 survey. This also compares favorably to the 2007 response rate of 19.9%. The maximum margin of error with a sample of 265 is +/- 6.0 percentage points at the 95% confidence level. Therefore, answers obtained from all child / adolescent clients in 2008 would be within this range of the sample's answers 95% of the time. The numbers of child, adolescent, and adult surveys were proportionate to the percentage of all child, adolescent, and adult Members receiving services in 2008. Per state confidentiality regulations, surveys were mailed directly to adolescents; children's surveys were mailed to parent / guardian.

The survey process also included outreach to Members receiving substance abuse services. Due to confidentiality, surveys could not be mailed directly to substance abuse service recipients. To account for and include them in the survey findings, a cover letter to the Member about the survey was provided for all substance abuse providers with instructions on distributing them to Members. The survey results for 2008 include

responses from all regions of operations. Reports prior to 2008 reflect results for the five county capital area only.

For 2009, the survey was also available for completion on-line.

The CBHNP Quality Improvement – Utilization Management Committee recommended priority interventions in prior Member satisfaction survey question areas. Two of the areas, Delays in Treatment and Customer Service, relate to CBHNP UM processes. Results of the survey were reviewed by the Committee with the following barriers and subsequent interventions noted:

- **Information Received**

- Barrier: There is a lack of in-person and/or clear written materials available for Members outside of the basic Member Handbook.
- Recommended Intervention(s) included:
 - Development with CABHC of an approved ISPT handout or Parent Handbook that includes a description of the levels of care in the HealthChoices service delivery system.
 - Children’s Information Specialists continue to provide information on levels of care at each initial ISPT meetings
 - Development of a Parent Series – the Parent Series 2-part series explaining CBHNP, its role, and the available services. Content is completed and approved. The training includes both a CBHNP and parent presenter. These will be held at a minimum of 3 sites across the territory.
- Interventions Completed:
 - Development of a “Key Resources” document was initiated to further educate Members about services and available resources.
 - A “Points of Access” insert was developed in conjunction with CBHNP’s Our Values brochure to inform Members of county specific resources.
 - Children’s Information Specialists (CIS) verbally provide the same Level of Care information at each initial ISPT meeting.
 - A handout explaining all levels of care available to children was prepared and approved for distribution by CIS’s. This was recently included in a Member newsletter as well.
 - The full Parent Training Series was developed and presented for final approval by CABHC and OMHSAS for implementation, led by the Manager of Consumer & Family Affairs.
 - In early 2008, substance abuse awareness posters provided in both English and Spanish were developed and distributed to counties who placed them in churches, libraries, and other locations of their choice. In July, 2008, additional posters were delivered to 125 primary care physician sites in the Capital Area. The posters were well received and resulted in only two refusals.
 - Significant improvements were made to the Member Handbook, expanding information provided to Members, offering it in Braille, and making a TDD version available.

- Initial efforts have begun to duplicate the changes in newer regions of CBHNP operations.
- **Information Received**
 - Barrier: There is a lack of self help and support group information and access.
 - Recommended Intervention(s) included:
 - Develop and provide resource material and information to Members and families about self help and support groups (MH and SA).
 - Identify actual geographic and / or topic areas where supports are not available or lacking.
 - Maintain database of groups that can provide assistance.
 - Include information in updated Member handbooks
 - Include information in Member newsletters
 - Use Stakeholder Steering Committees to identify and implement other interventions
 - Interventions Completed: N/A. Initial implementation. Measures are currently being incorporated into an updated Quality Improvement Program Work Plan.
- **Customer Service**
 - Barrier: There has not been company-wide customer service training or recovery philosophy.
 - Recommended Intervention(s) included:
 - Implementing specific customer service training for CBHNP staff interacting with Members via a train-the-trainer model using available external specific customer service training.
 - Implementing the Family Perspective series of employee training using parents and consumers as trainers for staff.
 - Interventions Completed:
 - All Audit tools have been updated to include recovery related measures.
 - Providers were advised that including recovery in treatment will be a focus during the year.
 - Family Perspective trainings were provided during 2008 by Consumers and Family Members and were mandatory for all CBHNP staff.
 - Customer Service trainings – Select Member Services Specialist staff were sent for customer services training, as a train the trainer. They subsequently provided training for the remaining MSS staff.
 - Recovery Trainings –
 - 3 QI Quick Tips to providers were completed on recovery in 2008
 - Training was provided at PCPA conference with Providers
 - Select Clinical Care Managers receive external recovery training as needed
 - In 2007 – the QI department received recovery training

- Provider staff continues to be offered reimbursement for staff trainings regarding recovery initiatives during 2009. Training for CBHNP staff also continued to be encouraged and supported.
 - Recovery principles are included in current treatment plan trainings by CBHNP for providers.
 - Recovery principles continue to be reviewed during level of care meetings.
 - Level of care record reviews include an indicator for all levels of care which looks for recovery principles that are implemented by providers.

- **Cultural Needs and Hispanic Members**
 - While not tied to a specific survey question, the identified Barrier has been language and the limited availability of Spanish-language providers.
 - Recommended Intervention(s) included:
 - Coordination with Anthony House, Manager of Consumer & Family Affairs regarding additional feedback from the Hispanic community, particularly in Dauphin, Lancaster, & Lebanon counties (those identified as +5% Spanish-speaking preference)
 - The continued monitoring of Spanish-speaking providers in the network by Provider Relations
 - Consultation with Latino community provider agencies on provider experience of HealthChoices services and any additional satisfaction data collected
 - Interventions Completed:
 - General issues related to language needs are referred to the Manager of Consumer & Family Affairs.
 - Materials such as new brochures and training materials are translated into Spanish.
 - Provider Relations continued to assess language proficiencies at provider sites and reports them to QIC. The most recent data indicates the following: 173 individual sites (26%) offer access to Spanish speaking staff; 54 sites (8%) also report having at least one Spanish speaking psychiatrist, and 117 sites (17%) report having at least one Spanish speaking therapist. The next update on this bi-annual measure will be completed in August 2009.

Information Received

Adults

The percentage of Members who are satisfactorily receiving information remained fairly constant in 2009. The current report shows an increase in two measures and minor decreases in two measures. The largest decrease margin was in “Managing one’s condition” which fell by 3.6%. However, overall results indicate it remains a strong

performance area. Improvement and consistency in ratings and improved ratings may be a result of interventions that were adopted since the 2006 analysis.

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
<i>Rights as a patient</i>	87.5%	85.4%	87.8%	83.6%	84.9%
<i>Managing one's condition</i>	73.9%	77.5%	73.7%	70.7%	78.6%
<i>Different kinds of counseling available</i>	59.9%	61.6%	59.7%	51.3%	55.0%
<i>Self-help or support groups</i>	55.0%	53.5%	53.5%	41.3%	52.2%

Children and Adolescents

For children and adolescents, improvements were noted in 2007 and 2008 in all areas except the self help / support groups measure. In 2009, a very large increase is noted in this measure, increasing by over 41% in 2009. Changes in the other measures, while decreasing, remain close to last years results and are strong performance areas, with possible exception of “Managing one’s condition”, which fell by almost 5%.

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
Discussed goals of treatment (child survey only)	91.6%	93.1%	91.8%	90.1%	87.8%
Rights as a patient	90.6%	92.9%	90.7%	87.9%	85.7%
Managing one's condition	75.0%	80.2%	79.5%	72.5%	71.3%
Different kinds of counseling available	73.9%	74.7%	72.8%	68.8%	64.7%
Self-help or support groups (adolescent survey only)	68.0%	26.4%	40.0%	57.5%	41.0%

Delays in Treatment

Adults

During 2009, 41% of the Members needed approval for counseling or treatment, an increase from 37.1% in 2008 and closer to the 44% 2007 rating. It is also an improvement from the 2006 (40%) and 2005 (38%) results. Of these, 58.6% reported that any delays waiting for approval were not a problem, an improvement from previous results. Previous years show a fluctuation in the percentage where delay was a small problem: 19.4% in 2005; 31.5% in 2006; 26% in 2007; 26.1% in 2008; and 24.6% in 2009. The number of Members identifying delays as a big problem is 17.2% 2009. Following a significant improvement from previous years (2005 – 22.6%; 2006 – 14.5%; 2007 - 14.7%; 2008 – 9.9%), the 2009 rating may require further analysis and intervention.

Children and Adolescents

A total of 46.8% of the members needed approval for counseling or treatment. This is a decrease from 45.3% in 2008 but below the 57.2% 2007 rating. Members (64.1%)

indicating that delays due to waiting for approval were not a problem fell from 64.1% to 53.2% in 2009. Other previous ratings were 59.75 in 2007 and 54.2% in 2006. The percentage reporting it as a big problem increased slightly to 16.5% from 14.7% in 2008 and 15.9% in 2007.

Interventions focusing primarily on children's services appear to be having a positive impact. Continuous improvement in this area is still identified as an important outcomes measure. Any delay to treatment is viewed as a significant problem. Efforts will continue to improve access to Behavioral Health Rehabilitation Service providers and services to meet child Member needs.

Customer Service

Adults

A small increase in the number of Members who called customer service for information or help in 2009 is noted (19.9% vs. 17.0% in 2008). The ability to obtain the information desired was described as not a problem by 52.2% of the Members, slightly lower than 2008 (52.4%) and 2007 (58.5%). The percentage of respondents who feel receiving the information was a big problem saw an increase following consistent decreases over the years: In 2005 14.8% described it as a big problem; 2006 - 28.1%; 2007 - 18.9%; 2008 - 13.8%. In 2009, the percentage was 15.9%. The percentage describing it as a small problem decreased 33.8% in 2008 to 31.9% in 2009.

Children and Adolescents

A total of 18.5% of child and adolescent Members called customer service for information or help in 2009 (a 0.5% decrease). In 2008, the ability to obtain the information desired was described as not a problem for 61.0% of the Members. A significant change is noted for 2009 (32.6%), lower than any other years that have been reported: 2007 (52.7%); 2006 (52.5%) and 2005 (43.1%).

Cultural Needs and Hispanic Members

Representation in the Child/Adolescent survey showed a response rate for Hispanic population of 5.9%. The impact of the current interventions focused on increasing Spanish-speaking provider and CBHNP staff, additional Spanish-language materials, and work with Latino community agencies should continue to be a focus for continued improvement.

Individual reports of full surveys can be requested from the CBHNP Quality Improvement Department by contacting:

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