

2017 Colorado Patient-Centered Medical Home Survey Report

*Colorado Department of Health Care Policy &
Financing*

November 2017



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1. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Child and Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Patient-Centered Medical Home (PCMH) Surveys.¹⁻¹ The goal of the PCMH Survey is to provide performance feedback that is actionable and will aid in improving overall patient-centered satisfaction by administering the survey at the practice level. The implementation of the CAHPS PCMH Surveys was a pilot study and the results presented in this report are baseline results. To pilot this change in methodology, the Department targeted large Medicaid practices for inclusion in the survey and selected 12 child and eight adult practices to be surveyed. The Department mainly targeted practices that serve both children and adults, but also selected some child-only and adult-only practices. In addition, the Department selected practices that had a sufficient number of clients to meet the minimum required sample size.

The survey instrument administered was a modified CAHPS Clinician & Group (CG-CAHPS) 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. The administered survey is referred to as the PCMH Survey in this report. Parents/caretakers of child Medicaid clients and adult Medicaid clients completed the surveys from March to June 2017.¹⁻² Table 1-1 lists the 12 Colorado Accountable Care Collaboration (ACC) contracted practices selected by the Department for inclusion in the Child PCMH Survey administration and Regional Care Collaborative Organization (RCCO) assignments. Each ACC practice was tied to a RCCO based on the number of Medicaid members within the ACC practice that were attributed to that RCCO.

Table 1-1—Child ACC Practices

Practice Name	Practice Abbreviation	RCCO Assignments
1st Allergy Asthma and Pediatrics Too	1st Allergy Pediatrics	RCCO 3
Clinica Campesina Family Health	Clinica	RCCO 3
Colorado Springs Health Partners, LLC	CO Springs	RCCO 7
Metro Community Provider Network, Inc.	MCPN	RCCO 3
Primary Care Partners, Inc.	PCPartners	RCCO 1
Peak Pediatrics Professional, LLC	Peak Pediatrics	RCCO 6
Peak Vista Community Health Centers	Peak Vista	RCCO 7
Pediatric Associates Professional, LLC	Pediatric Associates	RCCO 1
Pueblo Community Health Center	Pueblo Health	RCCO 4

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

¹⁻² For the Child PCMH Survey, the survey questionnaire was addressed to the parent/caretaker of the child client (identified as having visited a participating practice clinician) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child client.

Practice Name	Practice Abbreviation	RCCO Assignments
Plan de Salud Del Valle, Inc.	Salud Del Valle	RCCO 3
Sunrise Community Health Center	Sunrise	RCCO 2
University Physicians, Inc.	UPI	RCCO 3

Table 1-2 lists the eight Colorado ACC contracted practices selected by the Department for inclusion in the Adult PCMH Survey administration.

Table 1-2—Adult ACC Practices

Practice Name	Practice Abbreviation	RCCO Assignments
Colorado Springs Health Partners, LLC	CO Springs	RCCO 7
Denver Health & Hospital Authority	DHHA	RCCO 5
Peak Vista Community Health Centers	Peak Vista	RCCO 7
Poudre Valley Medical Group, LLC	Poudre Valley	RCCO 1
Pueblo Community Health Center	Pueblo Health	RCCO 4
Plan de Salud Del Valle, Inc.	Salud Del Valle	RCCO 3
Sunrise Community Health Center	Sunrise	RCCO 2
University Physicians, Inc.	UPI	RCCO 3

Survey Administration and Response Rates

Survey Administration

A sample of 1,200 clients was selected from each child ACC practice, with the exception of Salud Del Valle. The sample size for Salud Del Valle was 805. A sample of 1,200 clients was selected from each adult ACC practice. Additional information on the sampling procedures is included in the Reader’s Guide Section beginning on page 6-4.

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The survey process employed allowed clients two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled clients. The first survey mailing was followed by a second survey mailing that was sent to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled clients who had not mailed in a completed survey. Additional information on the survey protocol is included in the Reader’s Guide Section beginning on page 6-5.

Response Rates

The Colorado PCMH Survey administration was designed to achieve the highest possible response rate. The PCMH Survey response rate is the total number of completed surveys divided by all eligible clients of the sample. HSAG followed the CG-CAHPS completeness criteria where a client’s survey was assigned a disposition code of “complete” if 50 percent of the CG-CAHPS defined key items were answered and one reportable item was answered.¹⁻³ Eligible clients included the entire random sample minus ineligible clients. For additional information on the calculation of response rates, please refer to the Reader’s Guide Section on page 6-6.

Child ACC Practices

For the child population, a total of 2,299 child clients returned a completed survey. The 2017 Colorado PCMH Survey response rate for the child population was 17.07 percent. Table 1-3 shows the sample distribution and response rates for each of the participating Colorado ACC practices and the Colorado ACC Aggregate for the child population.

Table 1-3—Child Population Sample Distribution and Response Rates

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado ACC Aggregate	14,005	534	13,471	2,299	17.07%
1st Allergy Pediatrics (RCCO 3)	1,200	54	1,146	161	14.05%
Clinica (RCCO 3)	1,200	47	1,153	243	21.08%
CO Springs (RCCO 7)	1,200	23	1,177	188	15.97%
MCPN (RCCO 3)	1,200	67	1,133	237	20.92%
PCPartners (RCCO 1)	1,200	30	1,170	227	19.40%
Peak Pediatrics (RCCO 6)	1,200	40	1,160	166	14.31%
Peak Vista (RCCO 7)	1,200	38	1,162	241	20.74%
Pediatric Associates (RCCO 1)	1,200	30	1,170	200	17.09%
Pueblo Health (RCCO 4)	1,200	36	1,164	177	15.21%
Salud Del Valle (RCCO 3)	805	55	750	111	14.80%
Sunrise (RCCO 2)	1,200	52	1,148	200	17.42%
UPI (RCCO 3)	1,200	62	1,138	148	13.01%

¹⁻³ Agency for Healthcare Research and Quality. CAHPS® Clinician & Group Survey Instructions. *Fielding the CAHPS® Clinician & Group Survey – Sampling Guidelines and Protocols*. June, 1, 2016.

Adult ACC Practices

For the adult population, a total of 1,819 adult clients returned a completed survey. The 2017 Colorado PCMH Survey response rate for the adult population was 19.94 percent. Table 1-4 shows the sample distribution and response rates for each of the participating Colorado ACC practices and the Colorado ACC Aggregate for the adult population.

Table 1-4—Adult Population Sample Distribution and Response Rates

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado ACC Aggregate	9,600	479	9,121	1,819	19.94%
CO Springs (RCCO 7)	1,200	55	1,145	243	21.22%
DHHA (RCCO 5)	1,200	69	1,131	248	21.93%
Peak Vista (RCCO 7)	1,200	53	1,147	274	23.89%
Poudre Valley (RCCO 1)	1,200	45	1,155	252	21.82%
Pueblo Health (RCCO 4)	1,200	64	1,136	233	20.51%
Salud Del Valle (RCCO 3)	1,200	71	1,129	170	15.06%
Sunrise (RCCO 2)	1,200	55	1,145	220	19.21%
UPI (RCCO 3)	1,200	67	1,133	179	15.80%

Key Drivers of Low Satisfaction

HSAG focused the key drivers of low satisfaction analysis on the following three global ratings: Rating of Provider, Rating of All Health Care, and Rating of Health Plan. HSAG evaluated these global ratings to determine if particular PCMH items (i.e., questions) are strongly correlated with one or more of these measures. These individual PCMH Survey items, which HSAG refers to as “key drivers” drive levels of satisfaction with each of the three measures.

Key drivers of low satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the key drivers of low satisfaction analysis, please refer to the Reader’s Guide section.¹⁻⁴ The child and adult results of the key drivers of low satisfaction analysis are presented in Table 2-1 and Table 3-1 of this report.

¹⁻⁴ Please refer to the Methodology section of this report for detailed information regarding the correlation analysis.

Demographics

In general, the demographics of a response group influence overall client satisfaction scores. For example, older and healthier respondents tend to report higher levels of client satisfaction; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.¹⁻⁵

Child and Respondent Demographics¹⁻⁶

Table 1-5 through Table 1-7 show age, gender, and race/ethnicity of children for whom a parent/ caretaker completed a Child PCMH Survey.

Table 1-5—Child Demographics: Age

Practice Name	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
Colorado ACC Aggregate	0.4%	23.6%	23.8%	28.9%	23.3%
1st Allergy Pediatrics (RCCO 3)	0.5%	13.1%	23.0%	43.5%	19.9%
Clinica (RCCO 3)	0.6%	21.5%	23.6%	29.7%	24.5%
CO Springs (RCCO 7)	0.0%	25.5%	25.0%	25.9%	23.6%
MCPN (RCCO 3)	0.3%	24.5%	20.9%	30.0%	24.2%
PCPartners (RCCO 1)	0.0%	25.1%	26.6%	27.3%	21.0%
Peak Pediatrics (RCCO 6)	1.5%	35.2%	26.0%	23.0%	14.3%
Peak Vista (RCCO 7)	0.0%	22.0%	21.3%	30.4%	26.4%
Pediatric Associates (RCCO 1)	0.0%	21.9%	21.5%	33.9%	22.7%
Pueblo Health (RCCO 4)	0.9%	19.8%	23.1%	20.8%	35.4%
Salud Del Valle (RCCO 3)	0.0%	27.5%	27.5%	24.4%	20.6%
Sunrise (RCCO 2)	0.4%	21.9%	24.5%	28.8%	24.5%
UPI (RCCO 3)	1.0%	28.4%	25.9%	26.9%	17.9%

Please note: Percentages may not total 100.0% due to rounding.

*Children are eligible for inclusion in the PCMH Survey if they are age 17 or younger as of December 31, 2016. Some children eligible for the PCMH Survey turned 18 between January 1, 2017 and the time of survey administration.

¹⁻⁵ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

¹⁻⁶ Child and respondent demographics included respondents who were categorized as “Incomplete but Eligible” (i.e., those that did not answer at least 50 percent of the key items and one reportable item). There was a total of 967 incomplete responses for the Colorado ACC Aggregate.

Table 1-6—Child Demographics: Gender

Practice Name	Male	Female
Colorado ACC Aggregate	50.5%	49.5%
1st Allergy Pediatrics (RCCO 3)	50.8%	49.2%
Clinica (RCCO 3)	52.7%	47.3%
CO Springs (RCCO 7)	54.7%	45.3%
MCPN (RCCO 3)	50.9%	49.1%
PCPartners (RCCO 1)	49.4%	50.6%
Peak Pediatrics (RCCO 6)	51.8%	48.2%
Peak Vista (RCCO 7)	52.9%	47.1%
Pediatric Associates (RCCO 1)	50.2%	49.8%
Pueblo Health (RCCO 4)	41.5%	58.5%
Salud Del Valle (RCCO 3)	50.6%	49.4%
Sunrise (RCCO 2)	48.0%	52.0%
UPI (RCCO 3)	51.5%	48.5%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-7—Child Demographics: Race/Ethnicity

Practice Name	Multi-Racial	White	Hispanic	Black	Asian	Native American	Other
Colorado ACC Aggregate	11.8%	22.3%	59.2%	4.1%	1.3%	0.2%	1.0%
1st Allergy Pediatrics (RCCO 3)	14.3%	23.0%	49.5%	7.1%	5.1%	0.5%	0.5%
Clinica (RCCO 3)	5.1%	1.5%	92.7%	0.3%	0.0%	0.0%	0.3%
CO Springs (RCCO 7)	21.9%	50.5%	20.0%	3.3%	1.4%	0.5%	2.4%
MCPN (RCCO 3)	6.0%	3.6%	81.3%	6.6%	2.4%	0.0%	0.0%
PCPartners (RCCO 1)	11.9%	47.8%	37.0%	1.9%	0.4%	0.7%	0.4%
Peak Pediatrics (RCCO 6)	16.9%	51.8%	24.6%	0.5%	1.5%	0.0%	4.6%
Peak Vista (RCCO 7)	14.9%	23.1%	52.5%	5.4%	2.4%	0.7%	1.0%
Pediatric Associates (RCCO 1)	7.1%	43.5%	47.7%	0.8%	0.0%	0.4%	0.4%
Pueblo Health (RCCO 4)	16.6%	16.1%	64.9%	0.9%	0.0%	0.0%	1.4%
Salud Del Valle (RCCO 3)	6.8%	3.1%	88.8%	0.6%	0.0%	0.0%	0.6%
Sunrise (RCCO 2)	9.1%	8.7%	79.3%	1.5%	1.5%	0.0%	0.0%
UPI (RCCO 3)	18.4%	8.2%	48.0%	21.9%	1.5%	0.0%	2.0%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-8 through Table 1-11 show the self-reported age, gender, level of education, and relationship to the child for the respondents who completed the Child PCMH Survey on behalf of the child patient.

Table 1-8—Respondent Demographics: Age

Practice Name	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado ACC Aggregate	4.3%	5.8%	32.7%	37.7%	12.6%	4.9%	2.0%
1st Allergy Pediatrics (RCCO 3)	3.6%	2.0%	33.2%	40.3%	10.7%	7.1%	3.1%
Clinica (RCCO 3)	3.4%	3.7%	31.7%	44.9%	14.8%	1.5%	0.0%
CO Springs (RCCO 7)	4.3%	4.7%	34.6%	29.4%	14.2%	8.5%	4.3%
MCPN (RCCO 3)	4.0%	3.1%	33.0%	44.2%	12.1%	2.8%	0.6%
PCPartners (RCCO 1)	4.8%	8.1%	38.0%	32.1%	9.6%	4.4%	3.0%
Peak Pediatrics (RCCO 6)	5.1%	11.7%	36.7%	27.6%	8.7%	7.1%	3.1%
Peak Vista (RCCO 7)	5.5%	5.8%	31.7%	36.5%	13.3%	5.8%	1.4%
Pediatric Associates (RCCO 1)	1.2%	6.2%	28.2%	37.3%	17.4%	7.9%	1.7%
Pueblo Health (RCCO 4)	5.2%	9.0%	26.7%	34.3%	13.8%	6.7%	4.3%
Salud Del Valle (RCCO 3)	5.2%	3.2%	32.5%	46.1%	9.7%	1.9%	1.3%
Sunrise (RCCO 2)	4.0%	4.7%	33.5%	40.0%	12.0%	3.6%	2.2%
UPI (RCCO 3)	5.6%	8.7%	32.1%	35.7%	12.8%	4.1%	1.0%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-9—Respondent Demographics: Gender

Practice Name	Male	Female
Colorado ACC Aggregate	9.5%	90.5%
1st Allergy Pediatrics (RCCO 3)	14.9%	85.1%
Clinica (RCCO 3)	4.3%	95.7%
CO Springs (RCCO 7)	11.8%	88.2%
MCPN (RCCO 3)	11.1%	88.9%
PCPartners (RCCO 1)	11.4%	88.6%
Peak Pediatrics (RCCO 6)	6.7%	93.3%
Peak Vista (RCCO 7)	9.6%	90.4%
Pediatric Associates (RCCO 1)	10.8%	89.2%
Pueblo Health (RCCO 4)	8.6%	91.4%
Salud Del Valle (RCCO 3)	9.6%	90.4%
Sunrise (RCCO 2)	5.8%	94.2%
UPI (RCCO 3)	12.9%	87.1%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-10—Respondent Demographics: Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado ACC Aggregate	15.0%	15.6%	33.0%	25.9%	10.6%
1st Allergy Pediatrics (RCCO 3)	8.2%	13.4%	34.0%	29.9%	14.4%
Clinica (RCCO 3)	22.5%	23.8%	42.3%	8.3%	3.1%
CO Springs (RCCO 7)	1.4%	5.2%	22.7%	49.8%	20.9%
MCPN (RCCO 3)	24.8%	19.6%	39.1%	9.6%	6.8%
PCPartners (RCCO 1)	10.0%	10.7%	30.0%	33.3%	15.9%
Peak Pediatrics (RCCO 6)	1.0%	9.3%	24.2%	43.8%	21.6%
Peak Vista (RCCO 7)	12.4%	14.5%	27.9%	33.8%	11.4%
Pediatric Associates (RCCO 1)	13.2%	14.5%	30.8%	30.8%	10.7%
Pueblo Health (RCCO 4)	10.1%	14.4%	37.5%	30.8%	7.2%
Salud Del Valle (RCCO 3)	30.9%	19.1%	40.1%	7.2%	2.6%
Sunrise (RCCO 2)	26.3%	23.4%	29.9%	15.7%	4.7%
UPI (RCCO 3)	10.6%	12.8%	34.0%	30.3%	12.2%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-11—Respondent Demographics: Relationship to Child

Practice Name	Mother or Father	Grandparent	Legal Guardian	Other
Colorado ACC Aggregate	94.1%	4.5%	0.7%	0.7%
1st Allergy Pediatrics (RCCO 3)	92.0%	5.9%	1.1%	1.1%
Clinica (RCCO 3)	99.1%	0.6%	0.3%	0.0%
CO Springs (RCCO 7)	91.6%	6.4%	1.5%	0.5%
MCPN (RCCO 3)	97.5%	0.9%	0.9%	0.6%
PCPartners (RCCO 1)	93.2%	4.2%	1.5%	1.1%
Peak Pediatrics (RCCO 6)	92.5%	7.0%	0.5%	0.0%
Peak Vista (RCCO 7)	93.1%	4.9%	0.3%	1.7%
Pediatric Associates (RCCO 1)	91.0%	7.7%	0.9%	0.4%
Pueblo Health (RCCO 4)	89.8%	9.6%	0.5%	0.0%
Salud Del Valle (RCCO 3)	96.2%	3.2%	0.0%	0.6%
Sunrise (RCCO 2)	95.5%	3.7%	0.0%	0.7%
UPI (RCCO 3)	93.7%	4.2%	1.0%	1.0%

Please note: Percentages may not total 100.0% due to rounding.

Child Overall Health

Table 1-12 and Table 1-13 show the overall general health status and mental health status of children for whom a parent/caretaker completed a Child PCMH Survey.

Table 1-12—Child Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado ACC Aggregate	37.3%	32.0%	24.0%	6.3%	0.4%
1st Allergy Pediatrics (RCCO 3)	33.3%	36.4%	27.7%	2.6%	0.0%
Clinica (RCCO 3)	34.4%	28.2%	28.8%	7.7%	0.9%
CO Springs (RCCO 7)	46.4%	35.5%	12.8%	5.2%	0.0%
MCPN (RCCO 3)	30.0%	31.2%	29.4%	8.8%	0.6%
PCPartners (RCCO 1)	44.1%	34.1%	17.0%	4.1%	0.7%
Peak Pediatrics (RCCO 6)	51.0%	31.6%	14.3%	2.6%	0.5%
Peak Vista (RCCO 7)	33.4%	31.7%	27.0%	6.8%	1.0%
Pediatric Associates (RCCO 1)	38.3%	36.3%	19.6%	5.8%	0.0%
Pueblo Health (RCCO 4)	37.1%	30.5%	23.8%	8.1%	0.5%
Salud Del Valle (RCCO 3)	34.4%	27.6%	30.7%	7.4%	0.0%
Sunrise (RCCO 2)	33.1%	31.3%	27.2%	8.1%	0.4%
UPI (RCCO 3)	38.7%	30.2%	25.1%	6.0%	0.0%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-13—Child Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado ACC Aggregate	43.6%	27.6%	21.4%	6.5%	0.9%
1st Allergy Pediatrics (RCCO 3)	40.3%	31.6%	20.9%	7.1%	0.0%
Clinica (RCCO 3)	44.0%	26.8%	24.4%	4.2%	0.6%
CO Springs (RCCO 7)	50.5%	28.6%	14.8%	5.7%	0.5%
MCPN (RCCO 3)	44.7%	26.1%	21.9%	6.3%	0.9%
PCPartners (RCCO 1)	41.0%	33.2%	18.8%	5.9%	1.1%
Peak Pediatrics (RCCO 6)	53.8%	24.4%	15.7%	6.1%	0.0%
Peak Vista (RCCO 7)	39.7%	26.6%	25.3%	7.4%	1.0%
Pediatric Associates (RCCO 1)	37.5%	33.3%	20.0%	7.9%	1.3%
Pueblo Health (RCCO 4)	42.7%	23.9%	22.5%	7.5%	3.3%
Salud Del Valle (RCCO 3)	39.6%	27.7%	25.8%	6.3%	0.6%
Sunrise (RCCO 2)	41.7%	27.9%	24.3%	5.4%	0.7%
UPI (RCCO 3)	49.7%	20.6%	19.6%	10.1%	0.0%

Please note: Percentages may not total 100.0% due to rounding.

Adult Respondent Demographics¹⁻⁷

Table 1-14 through Table 1-17 show Adult PCMH Survey respondents’ self-reported age, gender, race/ethnicity, and education.

Table 1-14—Adult Demographics: Age

Practice Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado ACC Aggregate	7.1%	11.8%	11.8%	22.9%	37.2%	9.2%
CO Springs (RCCO 7)	10.6%	13.8%	11.3%	19.4%	38.2%	6.7%
DHHA (RCCO 5)	3.8%	9.7%	10.7%	19.7%	43.9%	12.1%
Peak Vista (RCCO 7)	7.2%	15.4%	11.9%	27.7%	34.3%	3.5%
Poudre Valley (RCCO 1)	5.5%	12.7%	14.4%	19.2%	38.0%	10.3%
Pueblo Health (RCCO 4)	3.7%	11.5%	11.5%	28.9%	34.8%	9.6%
Salud Del Valle (RCCO 3)	6.6%	9.9%	11.3%	29.6%	31.0%	11.7%
Sunrise (RCCO 2)	5.9%	9.4%	14.5%	20.8%	41.6%	7.8%
UPI (RCCO 3)	15.3%	10.6%	8.3%	18.1%	33.8%	13.9%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-15—Adult Demographics: Gender

Practice Name	Male	Female
Colorado ACC Aggregate	36.4%	63.6%
CO Springs (RCCO 7)	35.2%	64.8%
DHHA (RCCO 5)	48.1%	51.9%
Peak Vista (RCCO 7)	35.2%	64.8%
Poudre Valley (RCCO 1)	37.7%	62.3%
Pueblo Health (RCCO 4)	37.3%	62.7%
Salud Del Valle (RCCO 3)	28.8%	71.2%
Sunrise (RCCO 2)	34.4%	65.6%
UPI (RCCO 3)	31.3%	68.7%

Please note: Percentages may not total 100.0% due to rounding.

¹⁻⁷ Respondent demographics included respondents who were categorized as “Incomplete but Eligible” (i.e., those that did not answer at least 50 percent of the key items and one reportable item). There was a total of 479 incomplete responses for the Colorado ACC Aggregate.

Table 1-16—Adult Demographics: Race/Ethnicity

Practice Name	Multi-Racial	White	Hispanic	Black	Asian	Native American	Other
Colorado ACC Aggregate	9.7%	47.8%	29.9%	7.0%	2.3%	1.1%	2.1%
CO Springs (RCCO 7)	9.3%	66.4%	15.0%	5.0%	1.4%	1.1%	1.8%
DHHA (RCCO 5)	6.6%	42.1%	31.7%	9.3%	3.8%	2.4%	4.1%
Peak Vista (RCCO 7)	11.6%	52.3%	25.5%	6.1%	3.2%	0.3%	1.0%
Poudre Valley (RCCO 1)	9.0%	66.1%	18.0%	3.1%	0.7%	0.3%	2.8%
Pueblo Health (RCCO 4)	11.2%	37.5%	44.2%	2.6%	1.1%	0.4%	3.0%
Salud Del Valle (RCCO 3)	8.0%	33.3%	52.6%	3.3%	0.9%	1.4%	0.5%
Sunrise (RCCO 2)	12.6%	44.5%	35.8%	2.4%	2.4%	0.8%	1.6%
UPI (RCCO 3)	9.1%	31.3%	22.1%	27.9%	5.3%	2.4%	1.9%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-17—Adult Demographics: Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado ACC Aggregate	8.3%	12.8%	28.9%	35.2%	14.7%
CO Springs (RCCO 7)	3.2%	7.1%	24.6%	45.4%	19.6%
DHHA (RCCO 5)	9.5%	12.0%	25.4%	27.1%	26.1%
Peak Vista (RCCO 7)	5.0%	11.9%	28.5%	40.4%	14.1%
Poudre Valley (RCCO 1)	5.2%	8.7%	32.5%	38.1%	15.6%
Pueblo Health (RCCO 4)	6.4%	16.9%	30.0%	39.0%	7.9%
Salud Del Valle (RCCO 3)	22.2%	18.4%	31.1%	22.6%	5.7%
Sunrise (RCCO 2)	12.7%	14.7%	29.1%	31.5%	12.0%
UPI (RCCO 3)	6.1%	15.1%	31.6%	33.5%	13.7%

Please note: Percentages may not total 100.0% due to rounding.

Adult Respondent Overall Health

Table 1-18 and Table 1-19 show Adult PCMH Survey respondents’ self-reported overall general health status and mental health status.

Table 1-18—Adult Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado ACC Aggregate	7.1%	16.8%	35.9%	29.7%	10.5%
CO Springs (RCCO 7)	8.2%	17.7%	42.2%	23.8%	8.2%
DHHA (RCCO 5)	10.0%	15.5%	32.3%	32.3%	10.0%
Peak Vista (RCCO 7)	6.9%	22.0%	37.4%	28.3%	5.3%
Poudre Valley (RCCO 1)	6.6%	17.5%	33.9%	26.9%	15.0%
Pueblo Health (RCCO 4)	6.3%	13.3%	33.2%	33.6%	13.7%
Salud Del Valle (RCCO 3)	7.7%	12.0%	31.6%	38.3%	10.5%
Sunrise (RCCO 2)	6.3%	16.8%	37.9%	27.7%	11.3%
UPI (RCCO 3)	4.2%	18.2%	37.9%	28.5%	11.2%

Please note: Percentages may not total 100.0% due to rounding.

Table 1-19—Adult Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado ACC Aggregate	13.2%	20.3%	36.1%	23.9%	6.5%
CO Springs (RCCO 7)	14.7%	20.4%	38.4%	22.6%	3.9%
DHHA (RCCO 5)	17.8%	16.0%	36.6%	22.6%	7.0%
Peak Vista (RCCO 7)	12.6%	21.8%	37.2%	24.6%	3.8%
Poudre Valley (RCCO 1)	13.1%	25.8%	34.4%	21.6%	5.2%
Pueblo Health (RCCO 4)	10.5%	18.0%	33.8%	25.9%	11.7%
Salud Del Valle (RCCO 3)	16.0%	18.3%	31.5%	27.7%	6.6%
Sunrise (RCCO 2)	12.3%	20.6%	38.7%	23.7%	4.7%
UPI (RCCO 3)	8.3%	20.8%	37.0%	23.6%	10.2%

Please note: Percentages may not total 100.0% due to rounding.

Key Drivers of Low Satisfaction

HSAG performed an analysis of key drivers for two global ratings: Rating of Provider and Rating of All Health Care. The analysis provides information on: (1) how well the Colorado ACC Aggregate is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of low satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the key drivers of low satisfaction analysis, please refer to the Reader’s Guide section. Table 2-1 depicts those items identified for each of the two global ratings as being key drivers of low satisfaction for the Colorado ACC Aggregate for the child population.

Table 2-1—Child ACC Aggregate Key Drivers of Low Satisfaction

Rating of All Health Care
Respondents reported that clerks and receptionists at their child's provider's office were not as helpful as they thought they should be.
Respondents reported that their child's provider did not always seem informed and up-to-date about the care their child received from specialists.
Respondents reported that they were not able to get the care that their child needed from their child's provider's office during evenings, weekends, or holidays.
Respondents reported that when their child needed care right away, they did not obtain an appointment with their child's provider as soon as they thought their child needed.
Respondents reported that when they contacted their child's provider's office during regular office hours, they did not receive an answer to their medical questions within the same day.
Rating of Provider
Respondents reported that when their child's provider ordered a blood test, x-ray, or other test for their child, no one from their child's provider's office followed up to give them the results.

Key drivers were identified for both global ratings for the Child ACC Aggregate. The key drivers identified for the Rating of All Health Care global rating are related to provider customer service and access to care. The key driver identified for the Rating of Provider global rating is related to coordinating medical care with parents or caretakers of child members.

Practice Comparisons

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item measure.²⁻¹

The Colorado ACC Aggregate results were weighted based on the child eligible population for each practice. HSAG compared the case-mix adjusted ACC practice results to the Colorado ACC Aggregate average to determine if the ACC practice results were statistically significantly different than the Colorado ACC Aggregate average. ACC practice rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

In some instances, the top-box rates presented for two practices were similar, but one was statistically significantly different from the Colorado ACC Aggregate average and the other was not. In these instances, it was the difference in the number of respondents between the two practices that explains the different statistical results. It is more likely that a significant result will be found in a practice with a larger number of respondents.

Each ACC practice was tied to a RCCO based on the number of Medicaid members within the ACC practice that were attributed to that RCCO. The RCCO assignment for each ACC practice is displayed in the figures below.

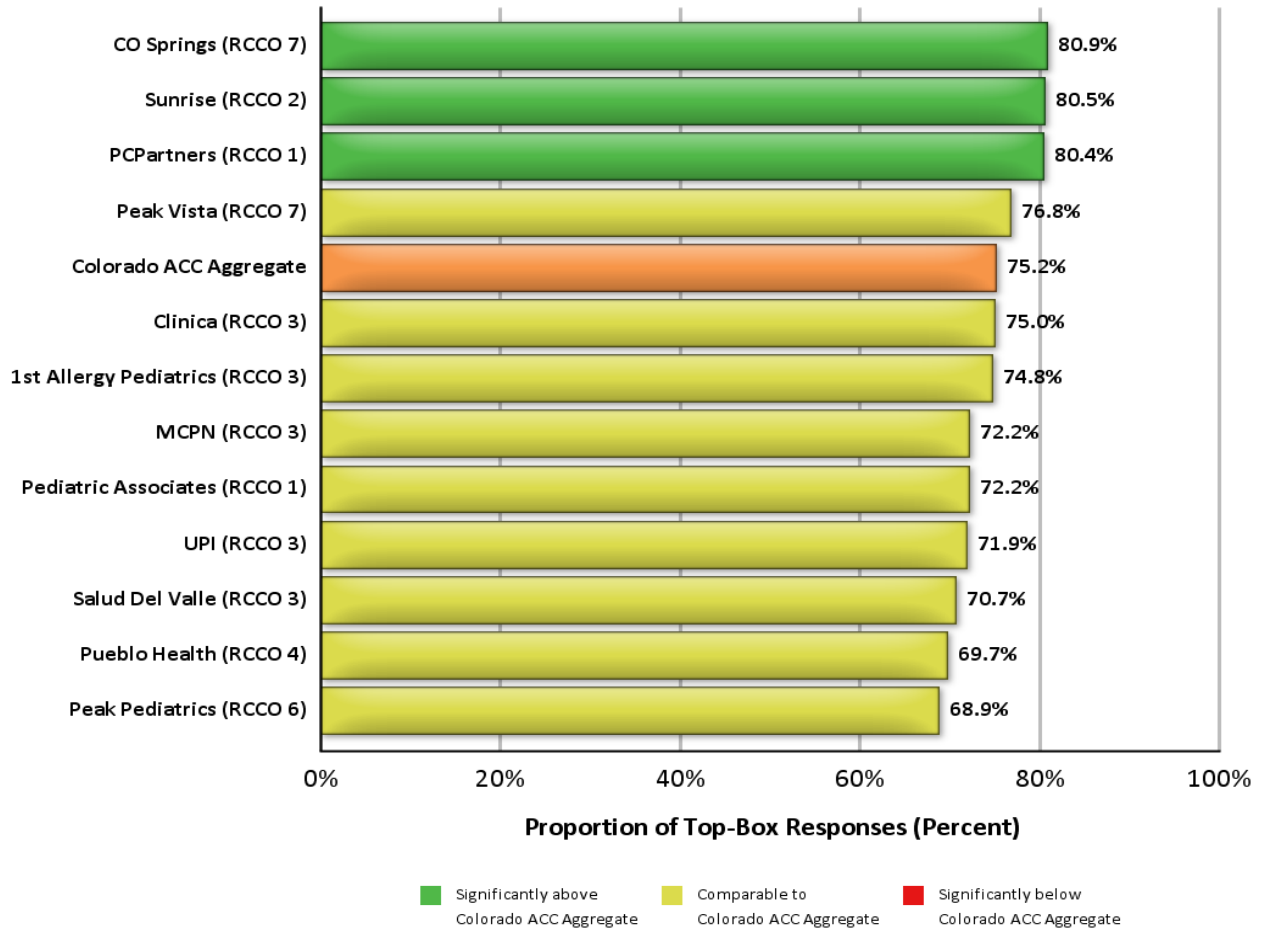
²⁻¹ HSAG followed *HEDIS® Volume 3: Technical Specifications for Survey Measures* for defining top-box responses.

Global Ratings

Rating of Provider

Parents or caretakers of child clients were asked to rate their child’s provider on a scale of 0 to 10, with 0 being the “worst provider possible” and 10 being the “best provider possible.” Figure 2-1 shows the Rating of Provider top-box rates.

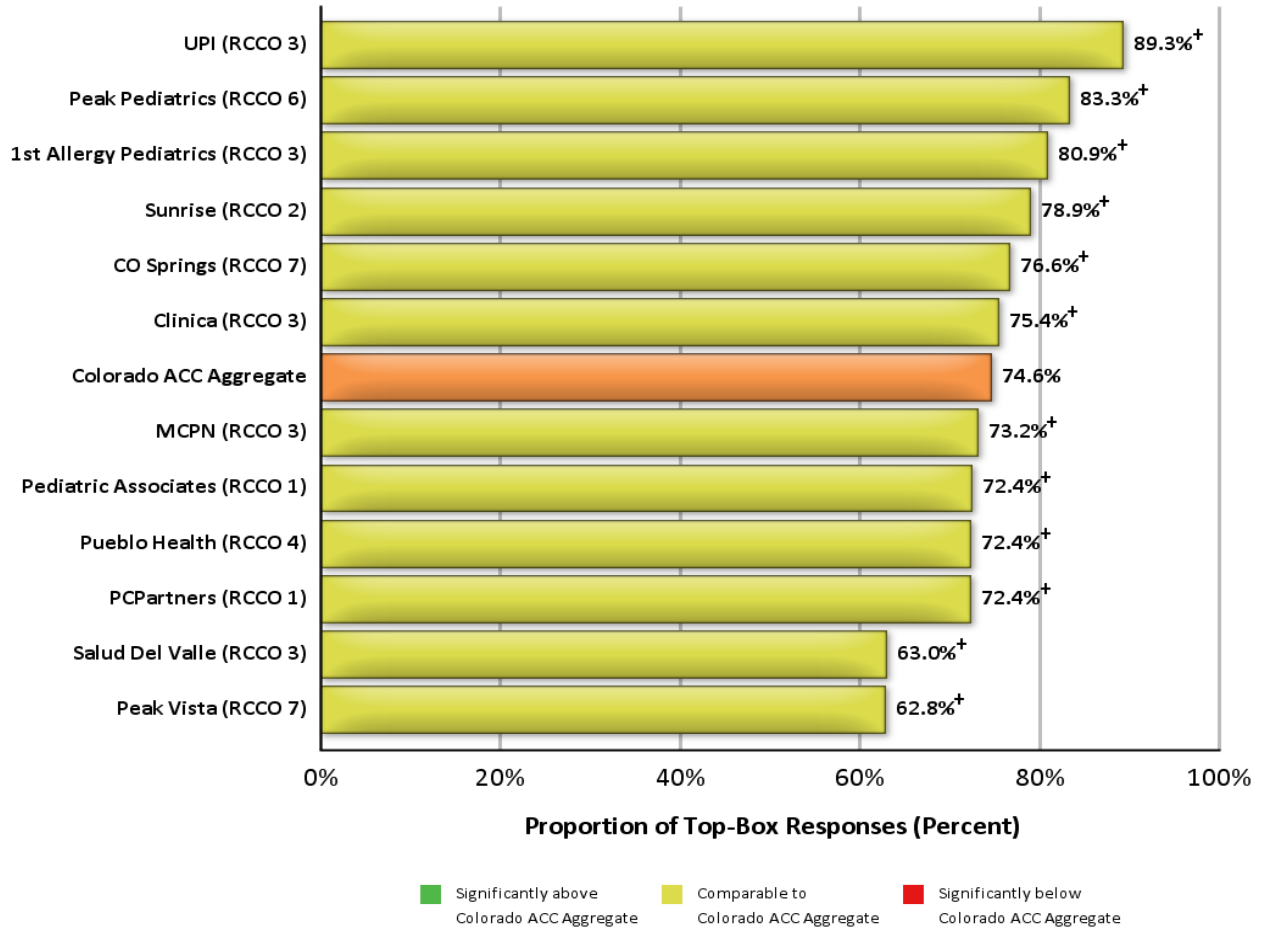
Figure 2-1—Rating of Provider Top-Box Rates



Rating of Specialist Seen Most Often

Parents or caretakers of child clients were asked to rate the specialist their child saw most often in the last 6 months on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 2-2 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 2-2—Rating of Specialist Seen Most Often Top-Box Rates

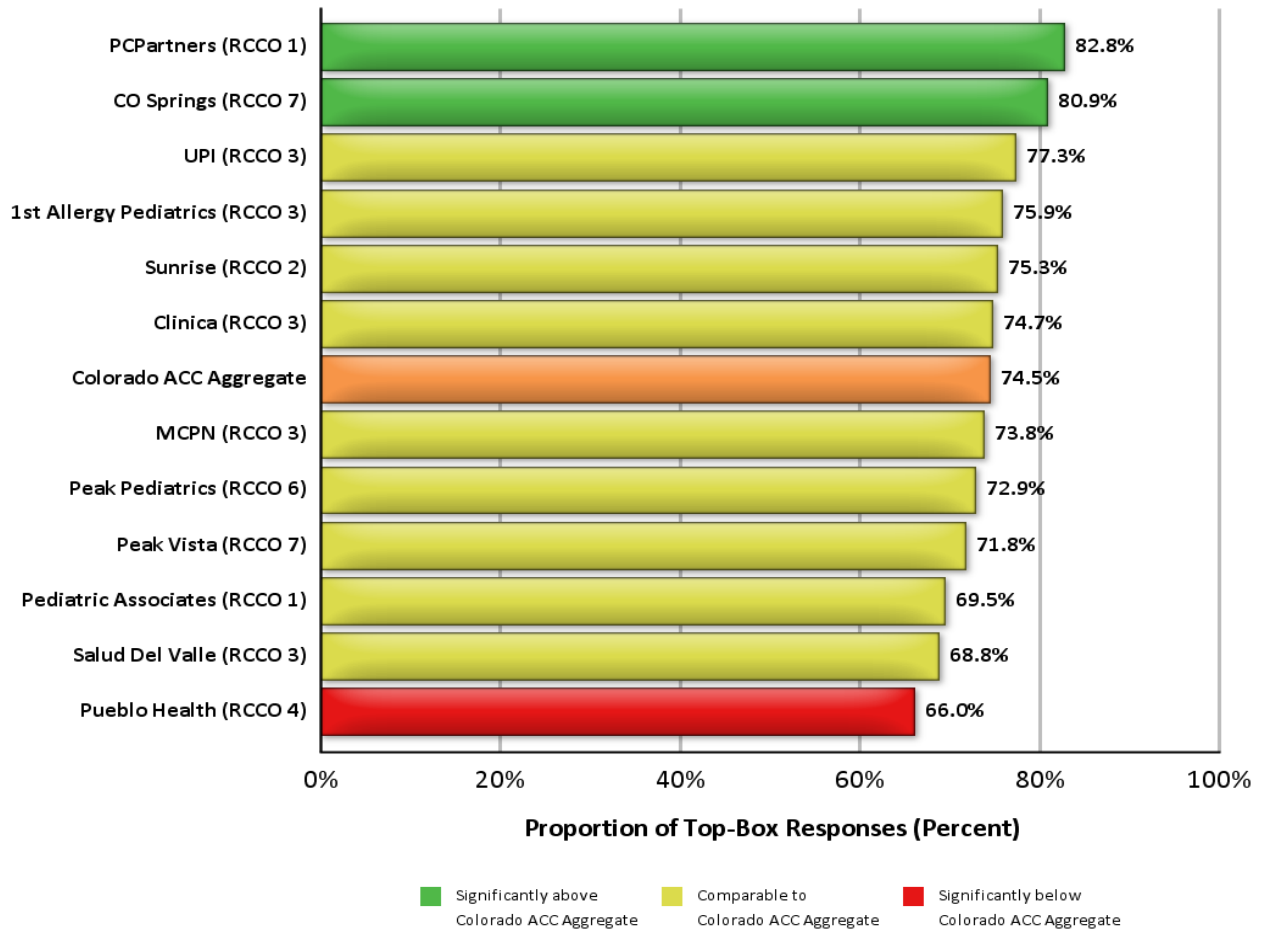


Note: + indicates fewer than 100 responses

Rating of All Health Care

Parents or caretakers of child clients were asked to rate their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 2-3 shows the Rating of All Health Care top-box rates.

Figure 2-3—Rating of All Health Care Top-Box Rates



Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

Parents or caretakers were asked three questions (Questions 13, 15, and 18 in the Child PCMH Survey) to assess how often it was easy to get timely appointments, care, and information for their child:

- **Question 13.** In the last 6 months, when you contacted this provider’s office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

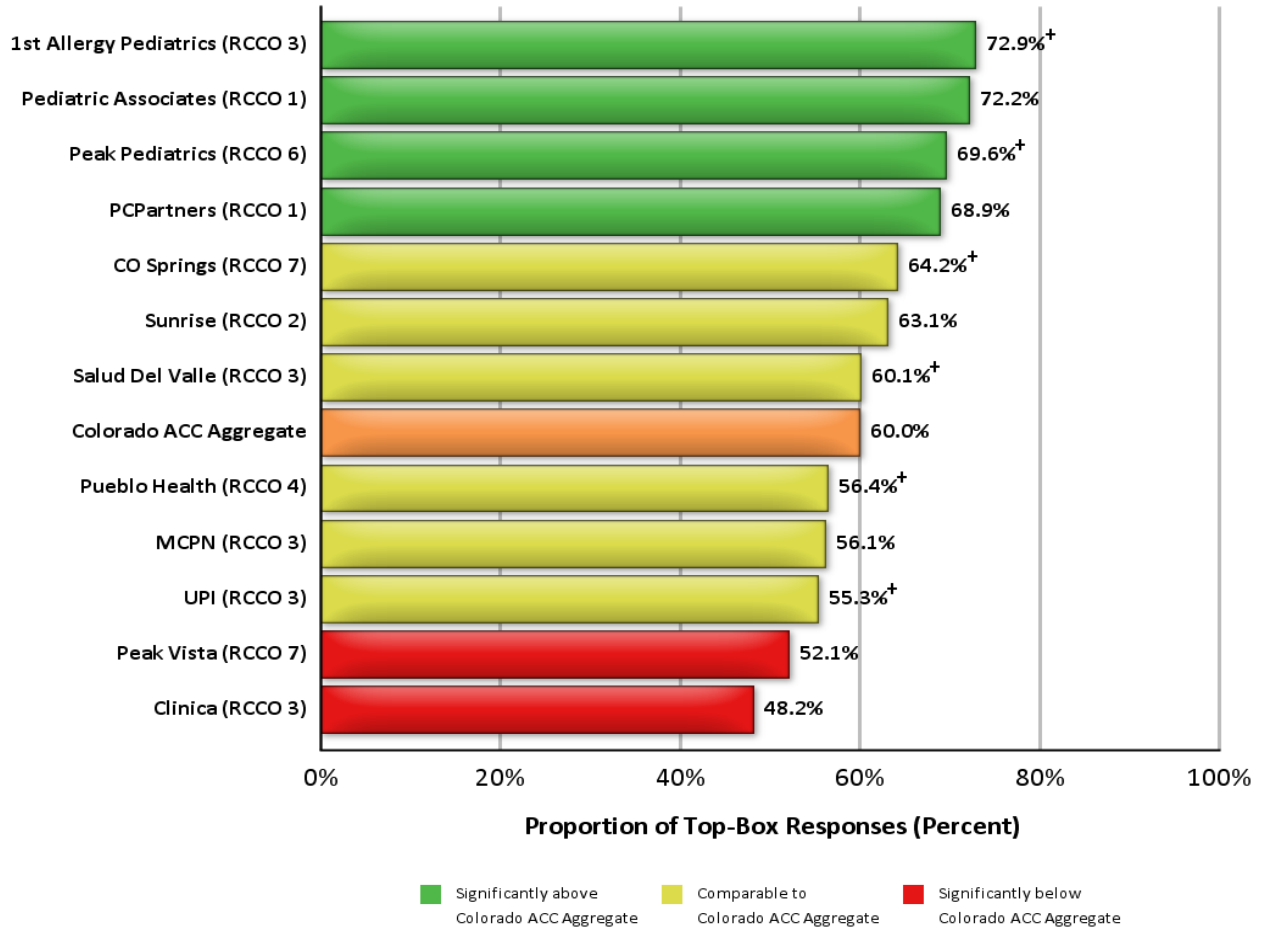
- **Question 15.** In the last 6 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 18.** In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Getting Timely Appointments, Care, and Information composite measure, which was defined as a response of “Always.”

Figure 2-4 shows the Getting Timely Appointments, Care, and Information top-box rates.

Figure 2-4—Getting Timely Appointments, Care, and Information Top-Box Rates



Note: + indicates fewer than 100 responses

Patient-Centered Communication: How Well Providers Communicate with Child

Parents or caretakers were asked two questions (Questions 8 and 9 in the Child PCMH Survey) to assess how often providers communicated well with their child:

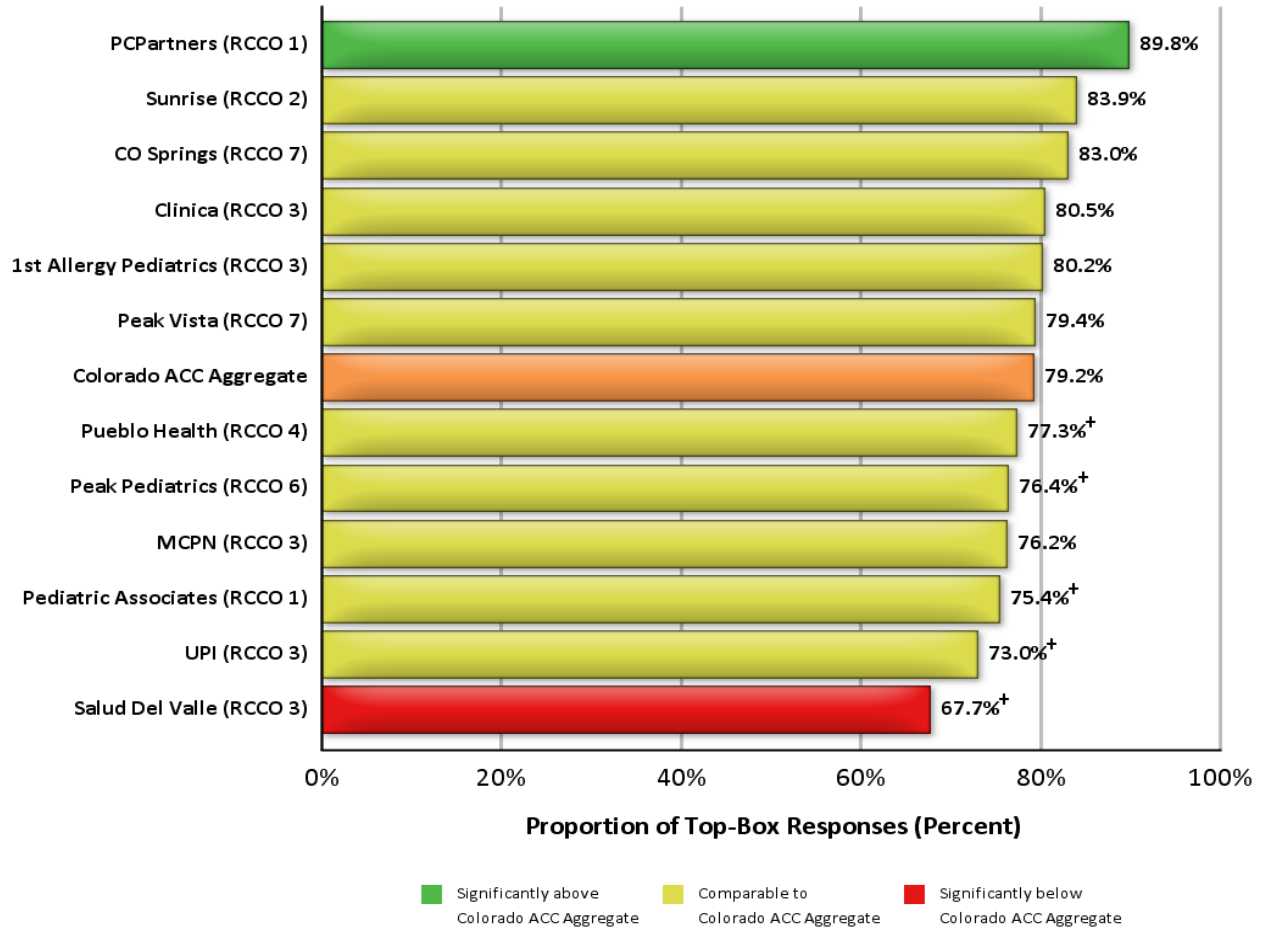
- **Question 8.** In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 9.** In the last 6 months, how often did this provider listen carefully to your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the How Well Providers Communicate with Child composite measure, which was defined as a response of “Always.”

Figure 2-5 shows the How Well Providers Communicate with Child top-box rates.

Figure 2-5—How Well Providers Communicate with Child Top-Box Rates



Patient-Centered Communication: How Well Providers Communicate with Parents or Caretakers

Parents or caretakers were asked four questions (Questions 19, 20, 22, and 23 in the Child PCMH Survey) to assess how often providers communicated well with them:

- **Question 19.** In the last 6 months, how often did this provider explain things about your child’s health in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 20.** In the last 6 months, how often did this provider listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

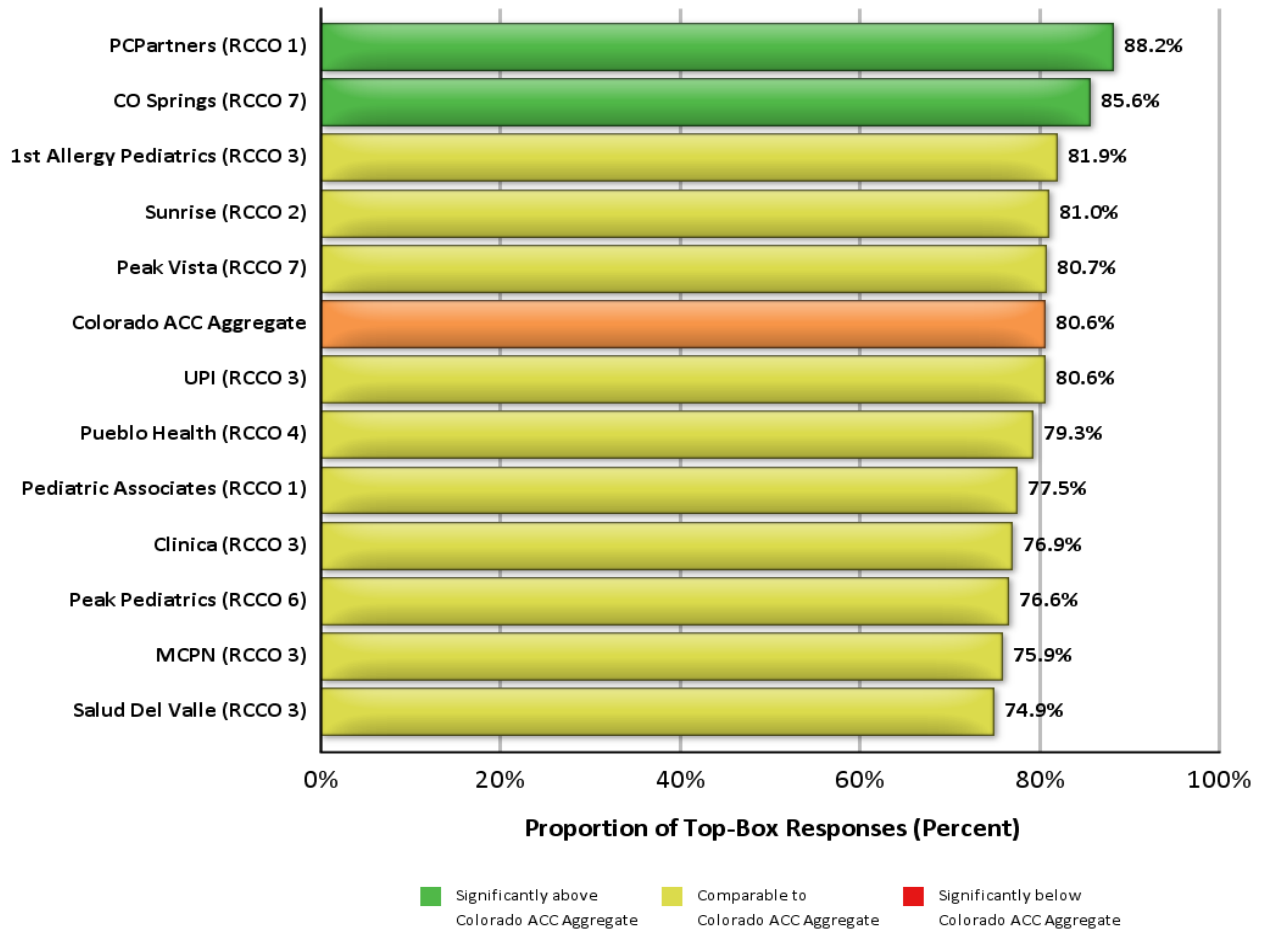
- **Question 22.** In the last 6 months, how often did this provider show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 23.** In the last 6 months, how often did this provider spend enough time with your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the How Well Providers Communicate with Parents or Caretakers composite measure, which was defined as a response of “Always.”

Figure 2-6 shows the How Well Providers Communicate with Parents or Caretakers top-box rates.

Figure 2-6—How Well Providers Communicate with Parents or Caretakers Top-Box Rates



Coordinating Medical Care: Providers' Use of Information to Coordinate Patient Care

Parents or caretakers were asked two questions (Questions 21 and 25 in the Child PCMH Survey) to assess how often providers used information to coordinate their child's care:

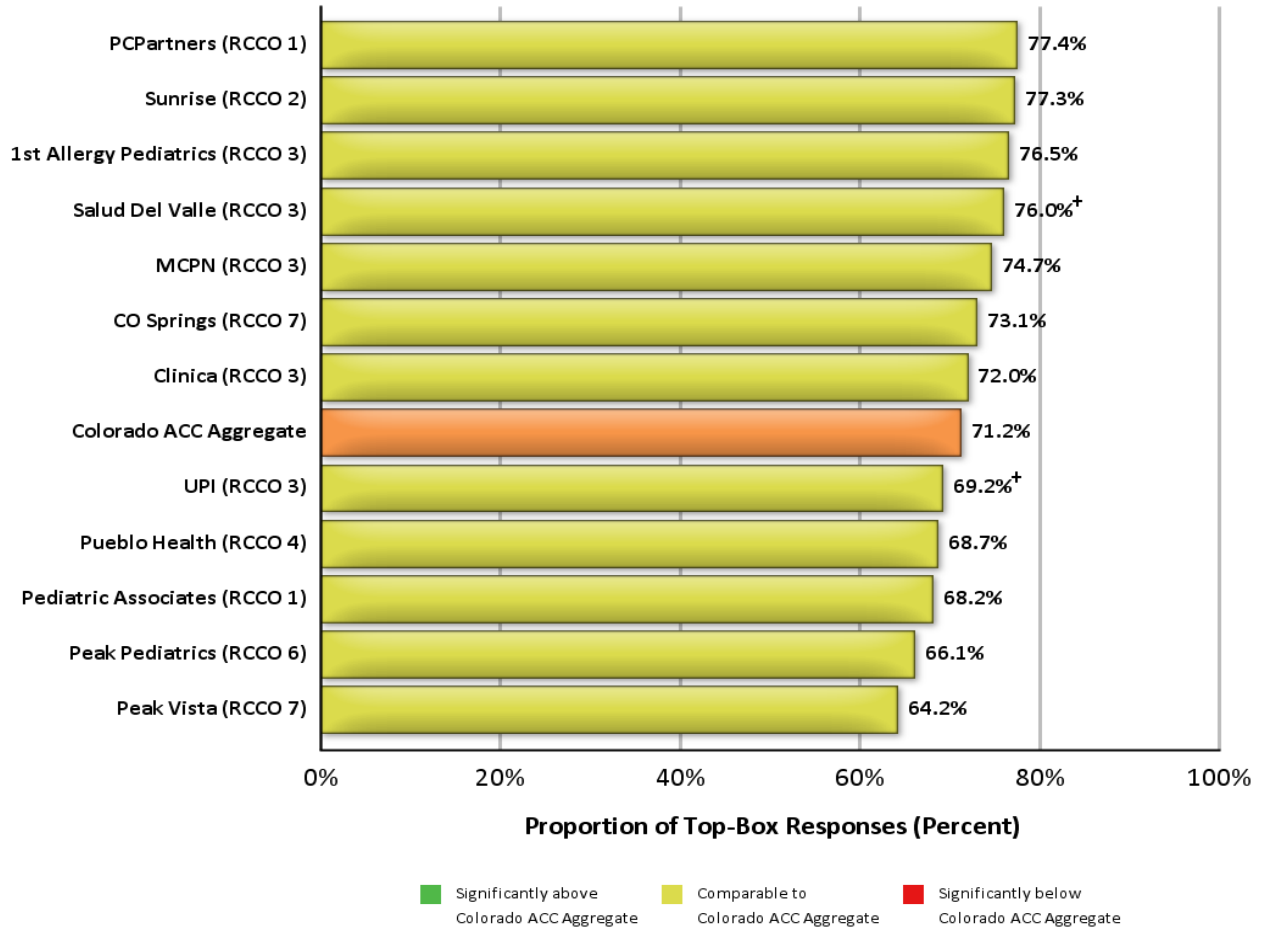
- **Question 21.** In the last 6 months, how often did this provider seem to know the important information about your child's medical history?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 25.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Providers' Use of Information to Coordinate Patient Care composite measure, which was defined as a response of "Always."

Figure 2-7 shows the Providers' Use of Information to Coordinate Patient Care top-box rates.

Figure 2-7—Providers' Use of Information to Coordinate Patient Care Top-Box Rates



Note: + indicates fewer than 100 responses

Medical Home: Comprehensiveness—Child Development

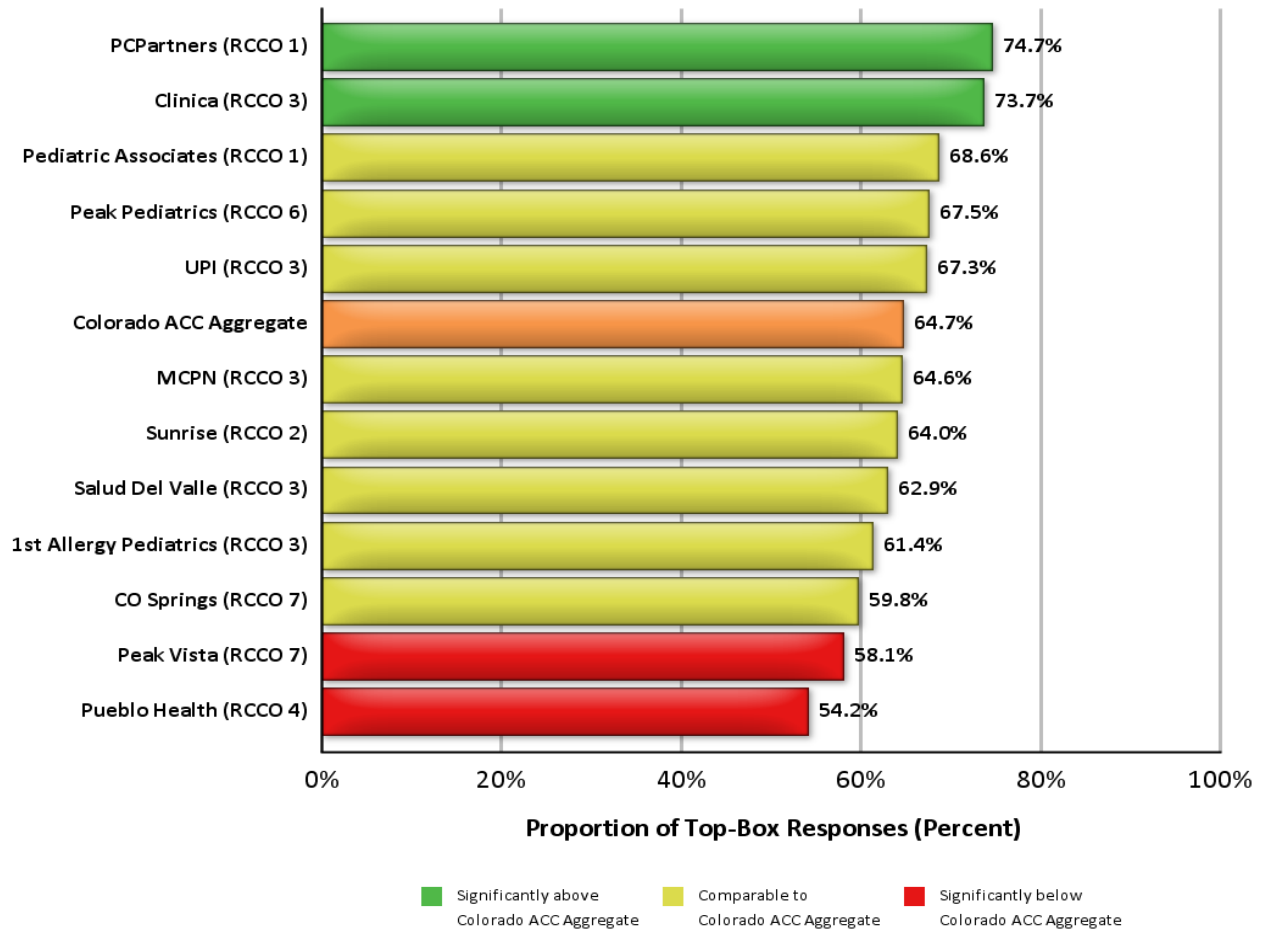
Parents or caretakers were asked five questions (Questions 29, 30, 31, 35, and 35a in the Child PCMH Survey) to assess how comprehensively providers discussed child clients' physical or emotional development with them:

- **Question 29.** In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?
 - Yes
 - No
- **Question 30.** In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?
 - Yes
 - No
- **Question 31.** In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?
 - Yes
 - No
- **Question 35.** In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?
 - Yes
 - No
- **Question 35a.** In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Comprehensiveness: Child Development composite measure, which was defined as a response of "Yes."

Figure 2-8 shows the Comprehensiveness: Child Development top-box rates.

Figure 2-8—Comprehensiveness: Child Development Top-Box Rates



Medical Home: Comprehensiveness—Child Prevention

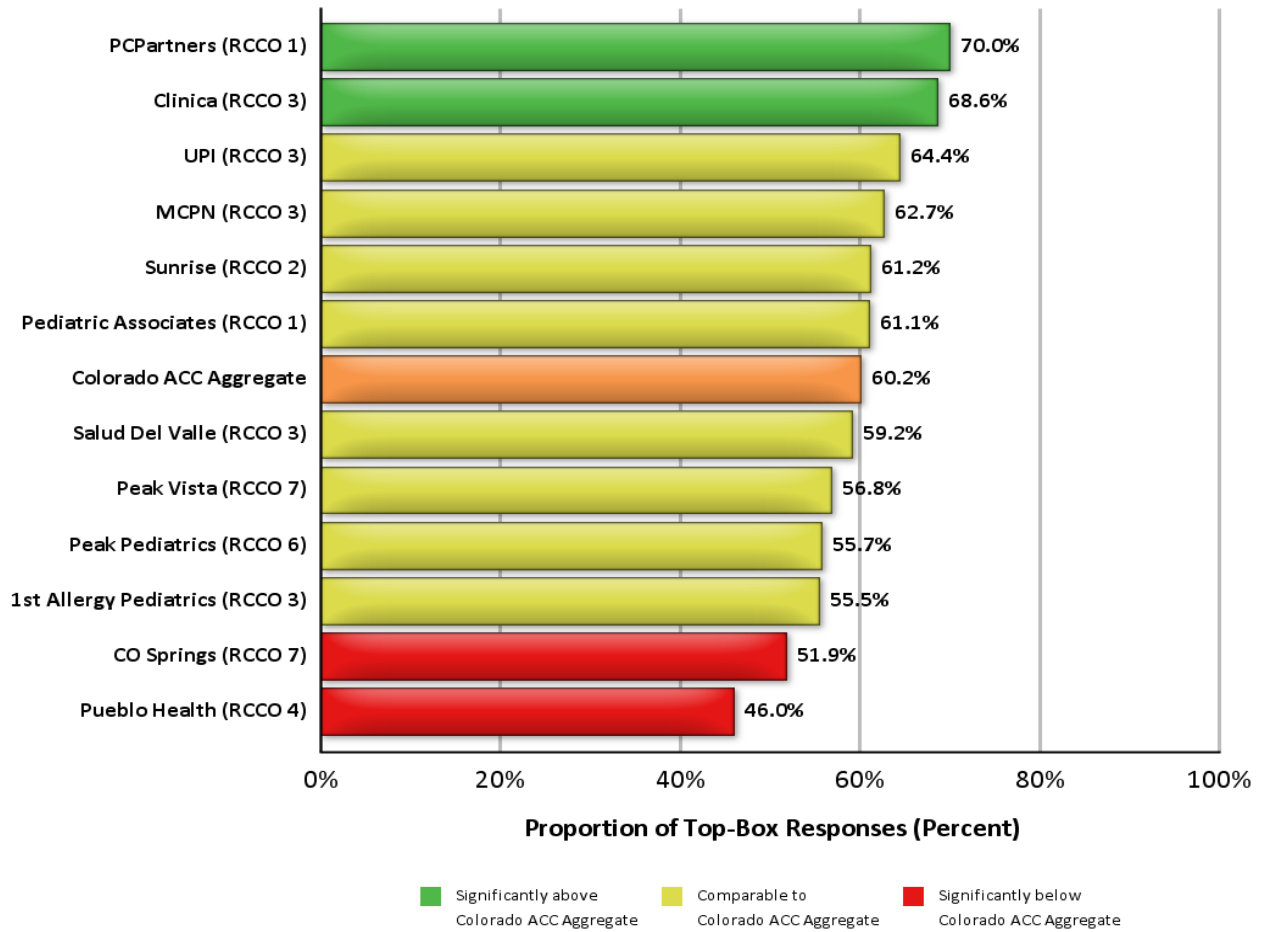
Parents or caretakers were asked four questions (Questions 32, 33, 34, and 35b in the Child PCMH Survey) to assess how comprehensively providers discussed a child clients' healthy practices with them:

- **Question 32.** In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?
 - Yes
 - No
- **Question 33.** In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?
 - Yes
 - No
- **Question 34.** In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?
 - Yes
 - No
- **Question 35b.** In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Comprehensiveness: Child Prevention composite measure, which was defined as a response of "Yes."

Figure 2-9 shows the Comprehensiveness: Child Prevention top-box rates.

Figure 2-9—Comprehensiveness: Child Prevention Top-Box Rates



Provider Customer Service: Helpful, Courteous, and Respectful Office Staff

Parents or caretakers were asked two questions (Questions 36 and 37 in the Child PCMH Survey) regarding how often clerks or receptionists at their child’s provider’s office were helpful and treated them with courtesy and respect:

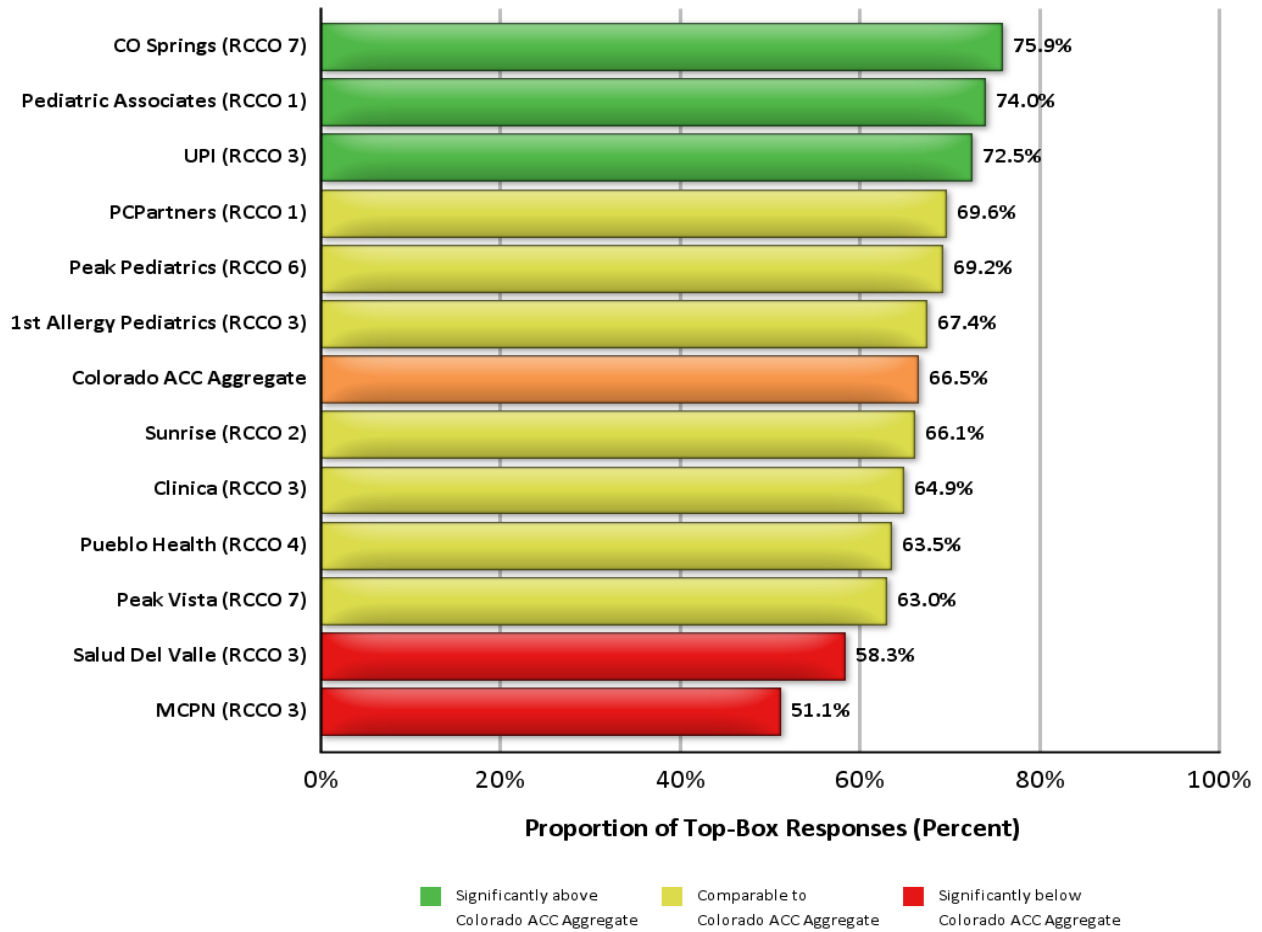
- **Question 36.** In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 37.** In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Helpful, Courteous, and Respectful Office Staff composite measure, which was defined as a response of “Always.”

Figure 2-10 shows the Helpful, Courteous, and Respectful Office Staff top-box rates.

Figure 2-10—Helpful, Courteous, and Respectful Office Staff Top-Box Rates



Individual Item Measures

Received Information on Evening, Weekend, or Holiday Care for Child

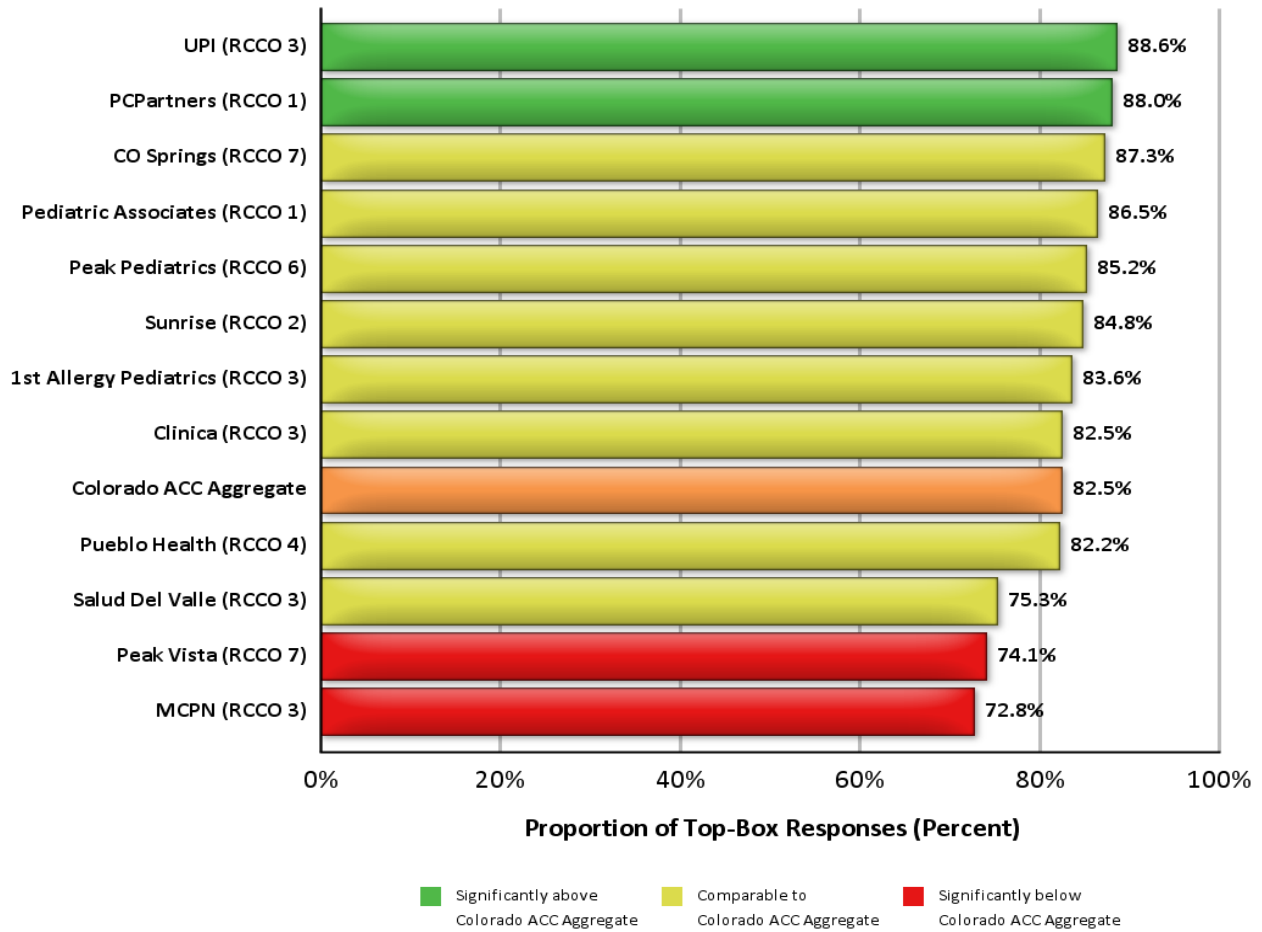
Parents or caretakers were asked one question (Question 16 in the Child PCMH Survey) to assess whether they had received information on evening, weekend, or holiday care for their child:

- **Question 16.** Did this provider’s office give you information about what to do if your child needed care during evenings, weekends, or holidays?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Received Information on Evening, Weekend, or Holiday Care for Child individual item measure which was defined as a response of “Yes.”

Figure 2-11 shows the Received Information on Evening, Weekend, or Holiday Care for Child top-box rates.

Figure 2-11—Received Information on Evening, Weekend, or Holiday Care for Child Top-Box Rates



Child Received Care from Provider Office During Evenings, Weekends, or Holidays

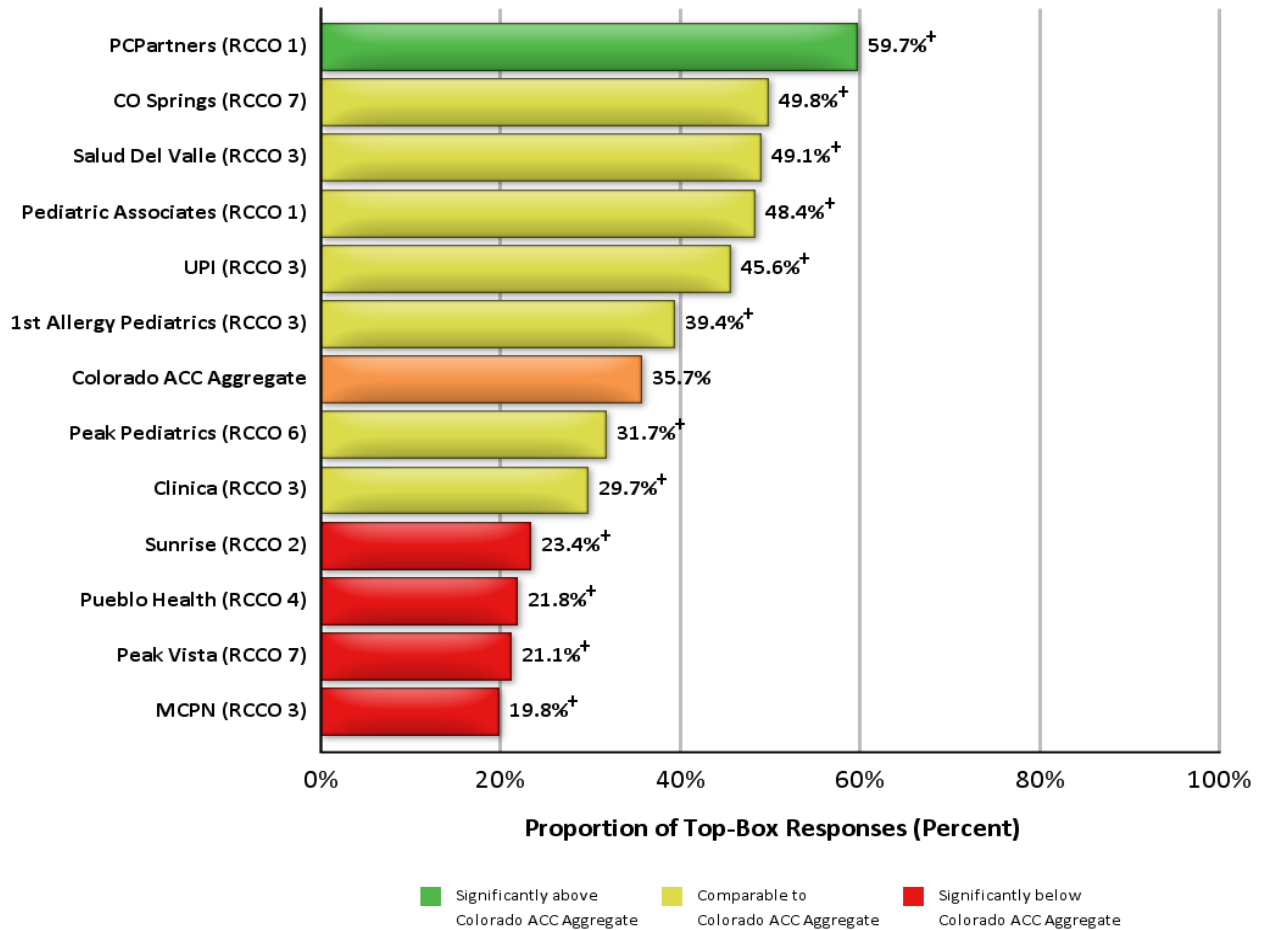
Parents or caretakers were asked one question (Question 16b in the Child PCMH Survey) to assess how often they were able to receive needed care for their child during evenings, weekends, or holidays:

- **Question 16b.** In the last 6 months, how often were you able to get the care your child needed from this provider’s office during evenings, weekends, or holidays?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Child Received Care from Provider Office During Evenings, Weekends, or Holidays individual item measure which was defined as a response of “Always.”

Figure 2-12 shows the Child Received Care from Provider Office During Evenings, Weekends, or Holidays top-box rates.

Figure 2-12—Child Received Care from Provider Office During Evenings, Weekends, or Holidays Top-Box Rates



Note: + indicates fewer than 100 responses

Reminders about Child's Care from Provider Office

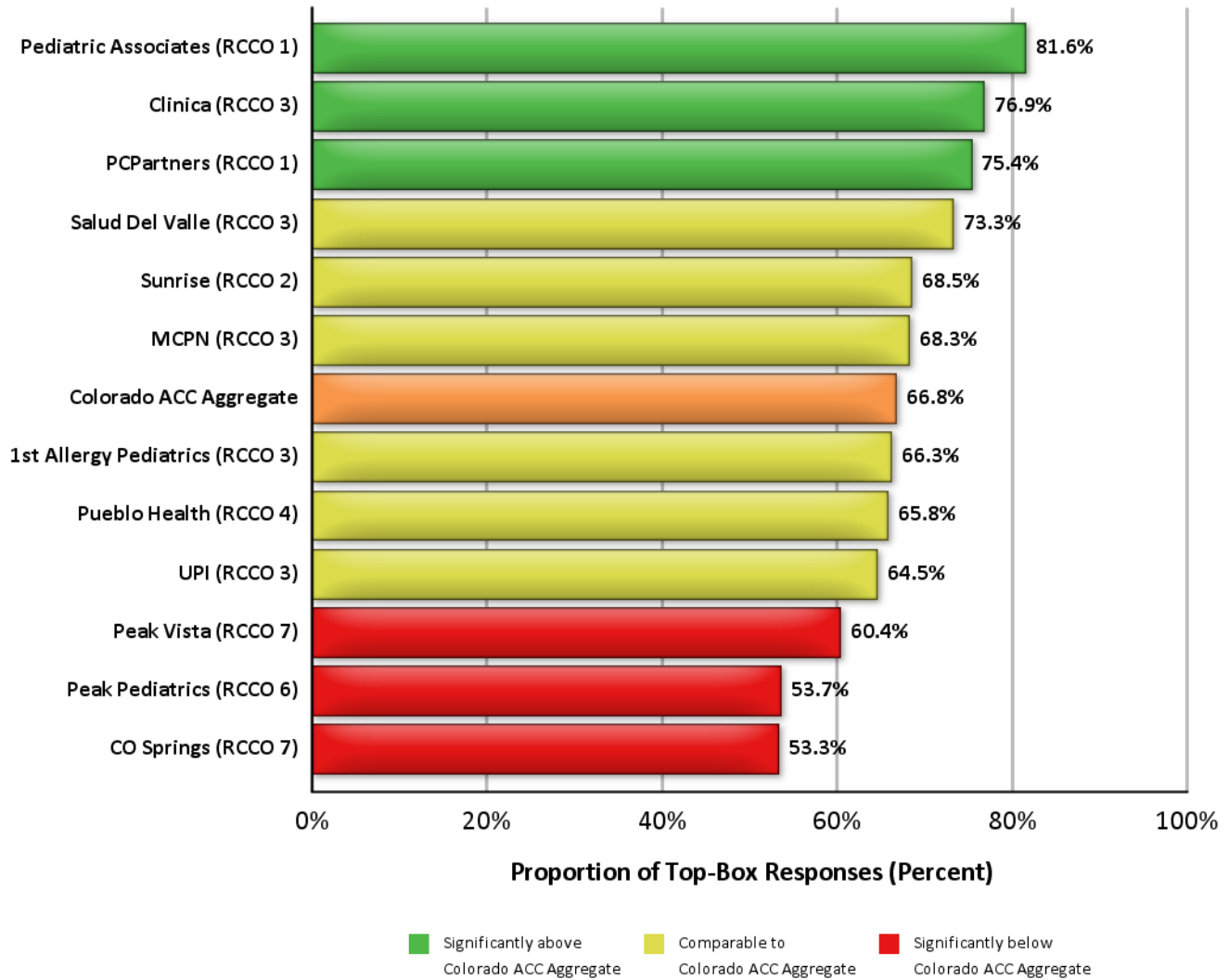
Parents or caretakers were asked one question (Question 18a in the Child PCMH Survey) to assess whether they had received reminders about their child's care from their provider's office between visits:

- **Question 18a.** Some offices remind patients between visits about tests, treatment, or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Reminders about Child's Care from Provider Office individual item measure which was defined as a response of "Yes."

Figure 2-13 shows the Reminders about Child’s Care from Provider Office top-box rates.

Figure 2-13—Reminders about Child’s Care from Provider Office Top-Box Rates



Saw Provider Within 15 Minutes of Appointment

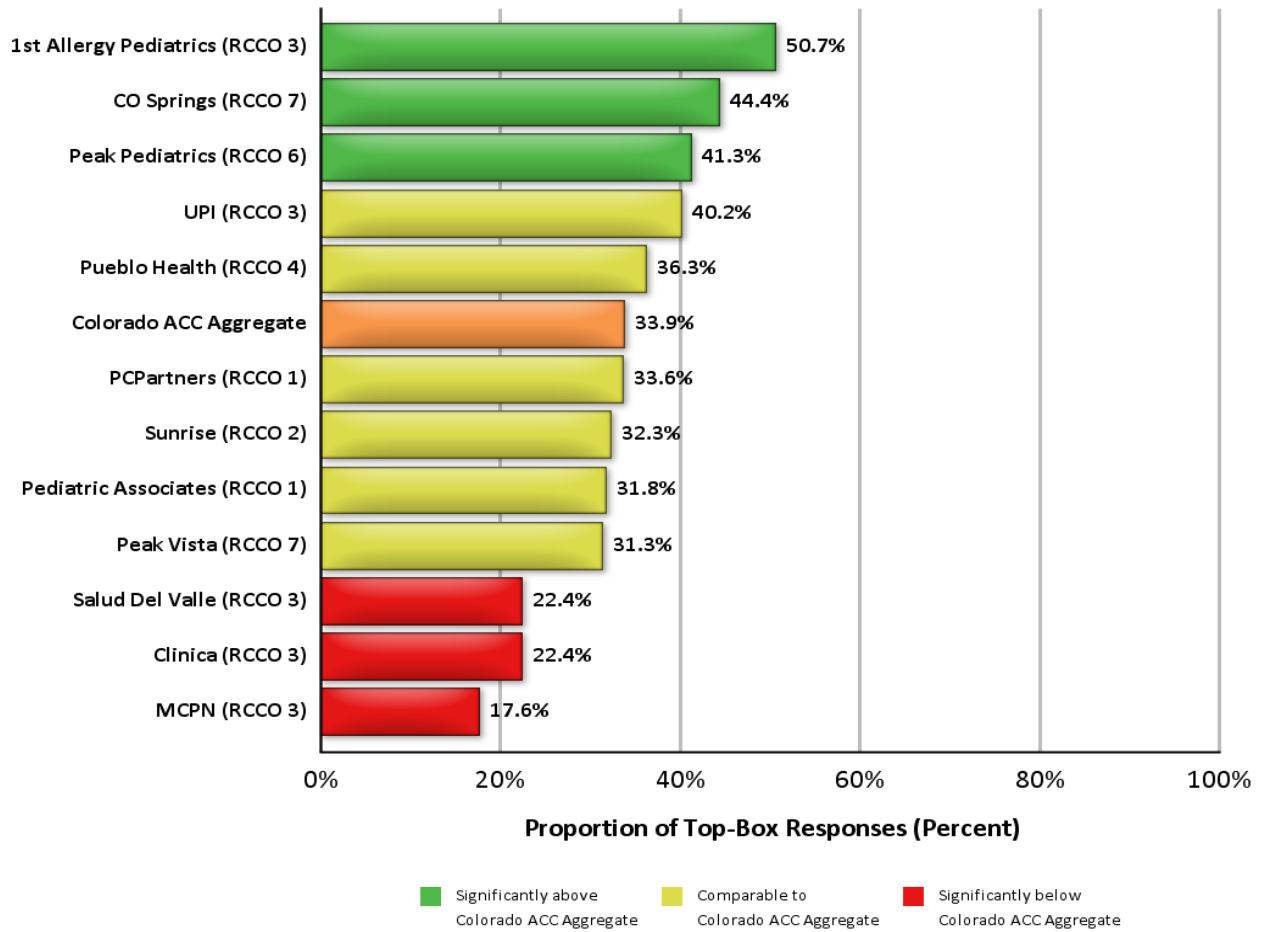
Parents or caretakers were asked one question (Question 18b in the Child PCMH Survey) to assess how often their child saw their provider within 15 minutes of the appointment time:

- **Question 18b.** Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Saw Provider Within 15 Minutes of Appointment individual item measure which was defined as a response of “Always.”

Figure 2-14 shows the Saw Provider Within 15 Minutes of Appointment top-box rates.

Figure 2-14—Saw Provider Within 15 Minutes of Appointment Top-Box Rates



Summary of Practice Comparison Results

Global Ratings

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the global ratings.

Statistically Significantly Higher

- CO Springs (RCCO 7) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Rating of Provider and Rating of All Health Care.
- PCPartners (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Rating of Provider and Rating of All Health Care.
- Sunrise (RCCO 2) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Rating of Provider.

Statistically Significantly Lower

- Pueblo Health (RCCO 4) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Rating of All Health Care.

Composite Measures

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the composite measures.

Statistically Significantly Higher

- 1st Allergy Pediatrics (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Getting Timely Appointments, Care, and Information.
- Clinica (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Comprehensiveness: Child Development and Comprehensiveness: Child Prevention.
- CO Springs (RCCO 7) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: How Well Providers Communicate with Parents or Caretakers and Helpful, Courteous, and Respectful Office Staff.
- PCPartners (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: How Well Providers Communicate with Child; Getting Timely Appointments, Care, and Information; How Well Providers Communicate with Parents or Caretakers; Comprehensiveness: Child Development; and Comprehensiveness: Child Prevention.
- Peak Pediatrics (RCCO 6) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Getting Timely Appointments, Care, and Information.

- Pediatric Associates (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information and Helpful, Courteous, and Respectful Office Staff.
- UPI (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Helpful, Courteous, and Respectful Office Staff and Received Information on Evening, Weekend, or Holiday Care for Child.

Statistically Significantly Lower

- Clinica (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Getting Timely Appointments, Care, and Information.
- CO Springs (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Comprehensiveness: Child Prevention.
- MCPN (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Helpful, Courteous, and Respectful Office Staff.
- Peak Vista (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information and Comprehensiveness: Child Development.
- Pueblo Health (RCCO 4) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Comprehensiveness: Child Development and Comprehensiveness: Child Prevention.
- Salud Del Valle (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: How Well Providers Communicate with Child and Helpful, Courteous, and Respectful Office Staff.

Individual Item Measures

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the individual item measures.

Statistically Significantly Higher

- 1st Allergy Pediatrics (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- Clinica (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Reminders about Child's Care from Provider Office.
- CO Springs (RCCO 7) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- PCPartners (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Received Information on Evening, Weekend, or Holiday Care for Child; Child Received Care from Provider Office During Evenings, Weekends, or Holidays; and Reminders about Child's Care from Provider Office.

- Peak Pediatrics (RCCO 6) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- Pediatric Associates (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Reminders about Child's Care from Provider Office.
- UPI (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Received Information on Evening, Weekend, or Holiday Care for Child.

Statistically Significantly Lower

- Clinica (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- CO Springs (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Reminders about Child's Care from Provider Office.
- MCPN (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Received Information on Evening, Weekend, or Holiday Care for Child; Child Received Care from Provider Office During Evenings, Weekends, or Holidays; and Saw Provider Within 15 Minutes of Appointment.
- Peak Pediatrics (RCCO 6) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Reminders about Child's Care from Provider Office.
- Peak Vista (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Received Information on Evening, Weekend, or Holiday Care for Child; Child Received Care from Provider Office During Evenings, Weekends, or Holidays; and Reminders about Child's Care from Provider Office.
- Pueblo Health (RCCO 4) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Child Received Care from Provider Office During Evenings, Weekends, or Holidays.
- Salud Del Valle (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- Sunrise (RCCO 2) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Child Received Care from Provider Office During Evenings, Weekends, or Holidays.

Additional Item Measures

HSAG evaluated six standalone item measures in the PCMH Survey. Table 2-2 through Table 2-7 show the results for each additional item measure. The number and percentage of responses for each item are presented at the statewide level (i.e., Colorado ACC Aggregate). In the tables below, where appropriate, responses for each measure were classified into three categories: Dissatisfied (0 to 6), Neutral (7 to 8), and Satisfied (9 to 10), and the percentage of respondents that fell into each response category was calculated.

Number of Days Waited for Appointment When Child Needed Care Right Away

One question (Question 13a in the Child PCMH Survey) asked how many days the parents or caretakers had to wait for an appointment when their child needed care right away. Table 2-2 displays the responses for the Rating of Provider global rating stratified by the Number of Days Waited for Appointment When Child Needed Care Right Away additional item measure for the Colorado ACC Aggregate.

Table 2-2—Rating of Provider Stratified by Number of Days Waited for Appointment When Child Needed Care Right Away

Rating of Provider (Q26)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Number of Days Waited for Appointment When Child Needed Care Right Away (Q13a)	Same Day	21	3.6%	79	13.4%	490	83.1%
	1 Day	15	6.9%	43	19.9%	158	73.1%
	2 to 3 Days	11	7.3%	37	24.7%	102	68.0%
	4 to 7 Days	8	12.5%	14	21.9%	42	65.6%
	More Than 7 Days	8	15.7%	17	33.3%	26	51.0%

Please note: Percentages may not total 100.0% due to rounding.

Reminders about Child’s Care from Provider Office

One question (Question 18a in the Child PCMH Survey) asked whether the parents or caretakers received reminders about their child’s care from their provider’s office between visits. Table 2-3 displays the responses for the Rating of Provider global rating stratified by the Reminders about Child’s Care from Provider Office additional item measure for the Colorado ACC Aggregate.

Table 2-3—Rating of Provider Stratified by Reminders about Child’s Care from Provider Office

Rating of Provider (Q26)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Reminders about Child's Care from Provider Office (Q18a)	Yes	56	3.7%	262	17.2%	1,202	79.1%
	No	64	8.9%	183	25.5%	472	65.6%

Please note: Percentages may not total 100.0% due to rounding.

Saw Provider Within 15 Minutes of Appointment

One question (Question 18b in the Child PCMH Survey) asked parents or caretakers how often their child saw their provider within 15 minutes of the appointment time. Table 2-4 displays the responses for the Rating of Provider global rating stratified by the Saw Provider Within 15 Minutes of Appointment additional item measure for the Colorado ACC Aggregate.

Table 2-4—Rating of Provider Stratified by Saw Provider Within 15 Minutes of Appointment

Rating of Provider (Q26)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Saw Provider Within 15 Minutes of Appointment (Q18b)	Never	30	12.4%	60	24.8%	152	62.8%
	Sometimes	47	8.5%	149	26.8%	360	64.7%
	Usually	28	4.0%	151	21.5%	524	74.5%
	Always	15	2.0%	85	11.5%	640	86.5%

Please note: Percentages may not total 100.0% due to rounding.

Reason Not Able to Get Care for Child When You or A Doctor Believed Necessary

Parents or caretakers were asked one question (Question 28b in Child PCMH Survey) about the main reason their child could not get necessary medical care, tests, or treatments. Table 2-5 displays the responses for the Reason Not Able to Get Care for Child When You or A Doctor Believed Necessary additional item measure for the Colorado ACC Aggregate based off of 93 responses. HSAG did not stratify the results of a global rating by this additional item measure.

Table 2-5—Reason Not Able to Get Care for Child When You or A Doctor Believed Necessary²⁻²

Responses	N	%
Medicaid wouldn't approve, cover, or pay for care	15	16.1%
Provider refused to accept Medicaid	4	4.3%
Could not get an appointment/provider not taking new patients	14	15.1%
No qualified specialist in my area	8	8.6%
Couldn't get transportation to provider's office	6	6.5%
Couldn't take time off work or get child care/Hours of operation of provider	4	4.3%
Didn't know where to go to get care	3	3.2%
The wait took too long	2	2.2%
Don't like going to the doctor	0	0.0%
Other	37	39.8%
Total	93	100.0%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

²⁻² Respondents had the option to mark “Other” as a response to this survey question. The “Other” category is not defined or specified in the survey questionnaire.

Condition that Interferes with Child’s Day-to-Day Activities

Parents or caretakers were asked one question (Question 38a in the Child PCMH Survey) if their child had a physical or medical condition that interfered with their day-to-day activities. Table 2-6 displays the responses for the Rating of All Health Care global rating stratified by the Condition that Interferes with Child’s Day-to-Day Activities additional item measure for the Colorado ACC Aggregate.

Table 2-6—Rating of All Health Care by Condition that Interferes with Child’s Day-to-Day Activities

Rating of All Health Care (Q35c)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Condition that Interferes with Child’s Day-to-Day Activities (Q38a)	Yes	20	9.3%	45	20.8%	151	69.9%
	No	97	4.8%	398	19.9%	1,506	75.3%

Please note: Percentages may not total 100.0% due to rounding.

Length of Time Going to Child’s Provider

One question (Question 3 in the Child PCMH Survey) asked how long the child had been going to the provider. Table 2-7 displays the responses for the Rating of Provider global rating stratified by Length of Time Going to Child’s Provider additional item measure for the Colorado ACC Aggregate.

Table 2-7—Rating of Provider Stratified by Length of Time Going to Child’s Provider

Rating of Provider (Q26)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Length of Time Going to Child’s Provider (Q3)	Less Than 6 Months	27	10.5%	56	21.8%	174	67.7%
	At Least 6 Months but Less Than 1 Year	15	6.5%	49	21.2%	167	72.3%
	At Least 1 Year but Less Than 3 Years	22	3.3%	149	22.2%	501	74.6%
	At Least 3 Years but Less Than 5 Years	25	6.4%	79	20.3%	286	73.3%
	5 Years or More	28	4.2%	106	15.8%	539	80.1%

Please note: Percentages may not total 100.0% due to rounding.

Child's Overall Health Status

HSAG evaluated two questions at the statewide level (Questions 38 and 39 in Child PCMH Survey) that asked parents or caretakers to assess their child's overall health:

- **Question 38.** In general, how would you rate your child's overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

- **Question 39.** In general, how would you rate your child's overall mental or emotional health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

Table 2-8 displays the responses for the Rating of Provider global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 2-8—Rating of Provider Stratified by Child’s Overall Health Status

Rating of Provider (Q26)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q38)	Excellent / Very Good	74	4.6%	294	18.3%	1,242	77.1%
	Good	30	6.3%	105	22.2%	338	71.5%
	Fair / Poor	14	9.7%	33	22.9%	97	67.4%
Mental Health Status (Q39)	Excellent / Very Good	68	4.3%	288	18.1%	1,237	77.7%
	Good	27	5.9%	101	22.1%	330	72.1%
	Fair / Poor	22	12.9%	41	24.0%	108	63.2%
Total		121	5.3%	450	19.8%	1,703	74.9%

Please note: Percentages may not total 100.0% due to rounding.

Table 2-9 displays the responses for the Rating of Specialist Seen Most Often global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 2-9—Rating of Specialist Seen Most Often Stratified by Child’s Overall Health Status

Rating of Specialist Seen Most Often (Q27a)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q38)	Excellent / Very Good	12	4.3%	51	18.3%	216	77.4%
	Good	11	8.8%	25	20.0%	89	71.2%
	Fair / Poor	6	9.4%	12	18.8%	46	71.9%
Mental Health Status (Q39)	Excellent / Very Good	10	3.4%	45	15.3%	239	81.3%
	Good	10	9.3%	25	23.4%	72	67.3%
	Fair / Poor	9	13.4%	18	26.9%	40	59.7%
Total		30	6.3%	88	18.5%	357	75.2%

Please note: Percentages may not total 100.0% due to rounding.

Table 2-10 displays the responses for the Rating of All Health Care global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 2-10—Rating of All Health Care Stratified by Child’s Overall Health Status

Rating of All Health Care (Q35c)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q38)	Excellent / Very Good	57	3.5%	278	17.3%	1,272	79.2%
	Good	37	7.8%	129	27.3%	307	64.9%
	Fair / Poor	23	15.5%	41	27.7%	84	56.8%
Mental Health Status (Q39)	Excellent / Very Good	57	3.6%	275	17.3%	1,261	79.2%
	Good	34	7.4%	121	26.4%	304	66.2%
	Fair / Poor	25	14.5%	49	28.3%	99	57.2%
	Total	121	5.4%	454	20.2%	1,668	74.4%

Please note: Percentages may not total 100.0% due to rounding.

Key Drivers of Low Satisfaction

HSAG performed an analysis of key drivers for three global ratings: Rating of Provider, Rating of All Health Care, and Rating of Health Plan. The analysis provides information on: (1) how well the Colorado ACC Program is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of low satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the key drivers of low satisfaction analysis, please refer to the Reader’s Guide section. Table 3-1 depicts those items identified for each of the three global ratings as being key drivers of low satisfaction for the Colorado ACC Program for the adult population.

Table 3-1—Adult ACC Program Key Drivers of Low Satisfaction

Rating of Health Plan
Respondents reported that information in written materials or on the Internet about how Medicaid/Health First Colorado works did not provide them with the information they needed.
Respondents reported that they were not able to get the care they needed from their provider’s office during evenings, weekends, or holidays.
Respondents reported that when they contacted their provider’s office during regular office hours, they did not receive an answer to their medical question within the same day.
Rating of All Health Care
Respondents reported that they had not spoken with anyone from their provider’s office about prescription medicines they were taking.
Respondents reported that when they contacted their provider’s office during regular office hours, they did not receive an answer to their medical question within the same day.
Respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed.
Rating of Provider
Respondents reported that when their provider ordered a blood test, x-ray, or other test, no one from their provider’s office followed up to give them the results.

Key drivers were identified for all three global ratings for the Adult ACC Aggregate. The key drivers identified for the Rating of Health Plan global rating are related to Health First Colorado customer service and access to care. The key drivers identified for the Rating of All Health Care global rating are related to coordinating medical care with members, provider customer service, and access to care. The key driver identified for the Rating of Provider global rating is related to coordinating medical care with members.



Practice Comparisons

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item.³⁻¹

The Colorado ACC Program results were weighted based on the adult eligible population for each practice. HSAG compared the case-mix adjusted ACC practice results to the Colorado ACC Program average to determine if the ACC practice results were statistically significantly different than the Colorado ACC Program average. ACC practice rates with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

In some instances, the top-box rates presented for two practices were similar, but one was statistically significantly different from the Colorado ACC Program average and the other was not. In these instances, it was the difference in the number of respondents between the two practices that explains the different statistical results. It is more likely that a significant result will be found in a practice with a larger number of respondents.

Each ACC practice was tied to a RCCO based on the number of Medicaid members within the ACC practice that were attributed to that RCCO. The RCCO assignment for each ACC practice is displayed in the figures below.

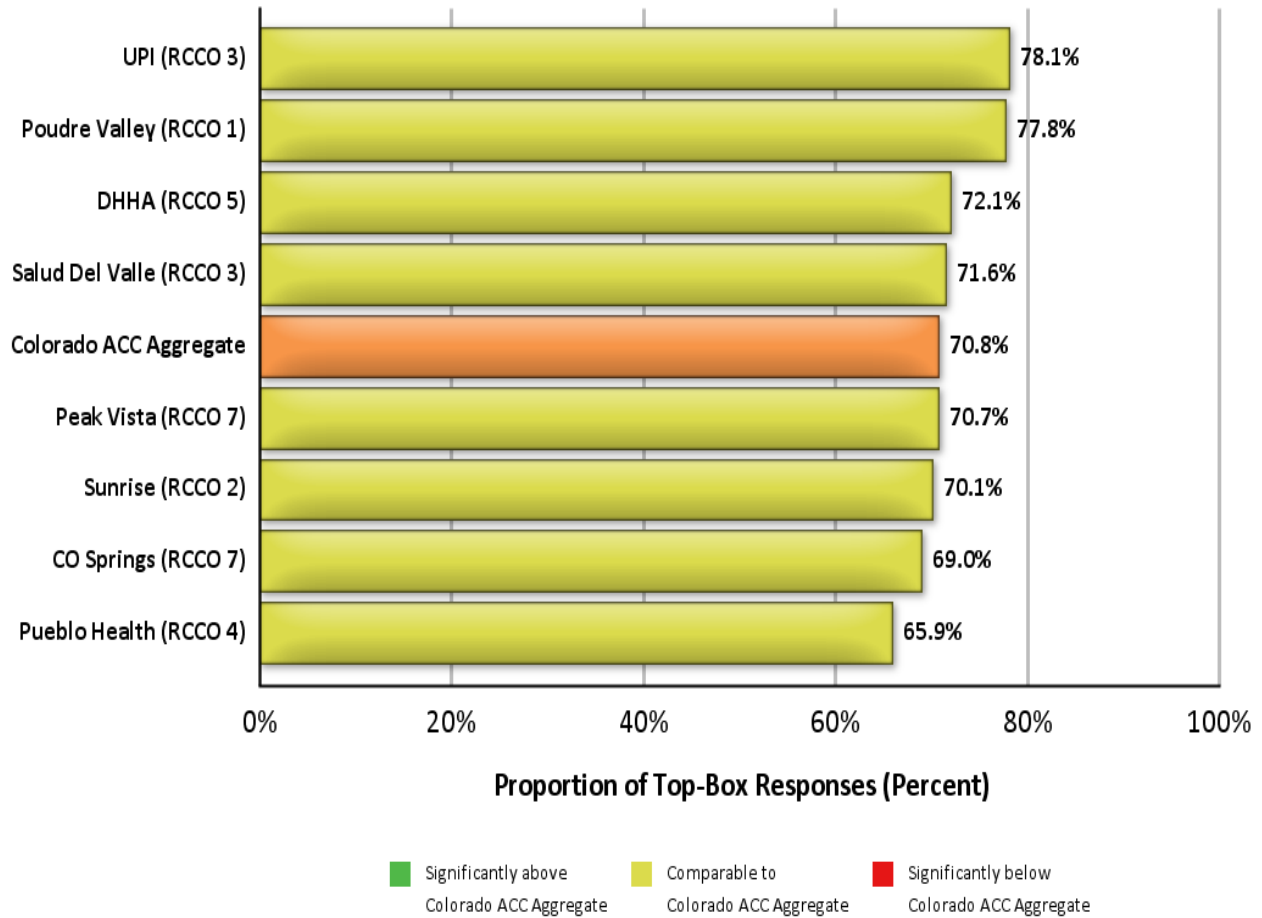
³⁻¹ HSAG followed *HEDIS® Volume 3: Technical Specifications for Survey Measures* for defining top-box responses.

Global Ratings

Rating of Provider

Patients were asked to rate their provider on a scale of 0 to 10, with 0 being the “worst provider possible” and 10 being the “best provider possible.” Figure 3-1 shows the Rating of Provider top-box rates.

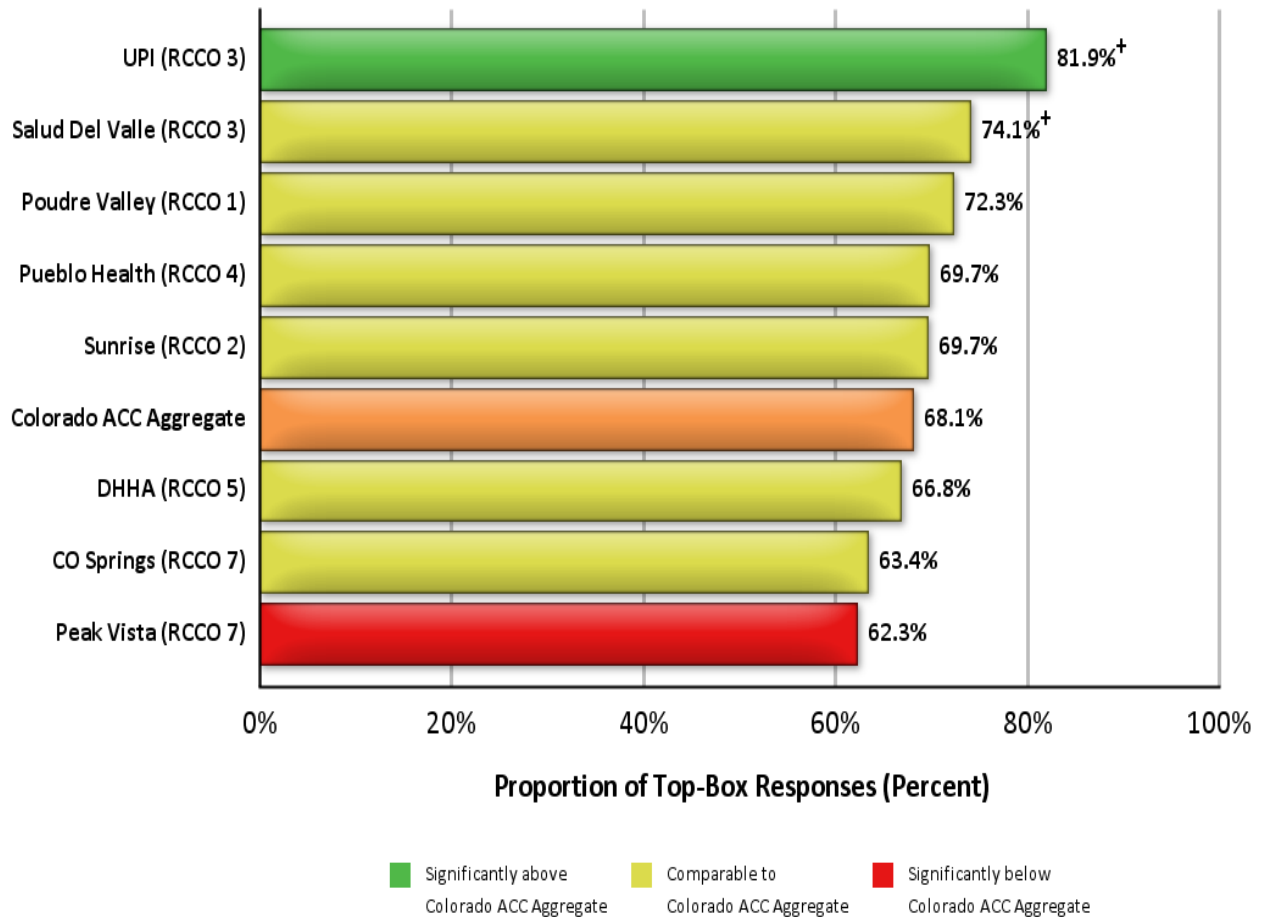
Figure 3-1—Rating of Provider Top-Box Rates



Rating of Specialist Seen Most Often

Patients were asked to rate the specialist they saw most often in the last 6 months on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Figure 3-2 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-2—Rating of Specialist Seen Most Often Top-Box Rates

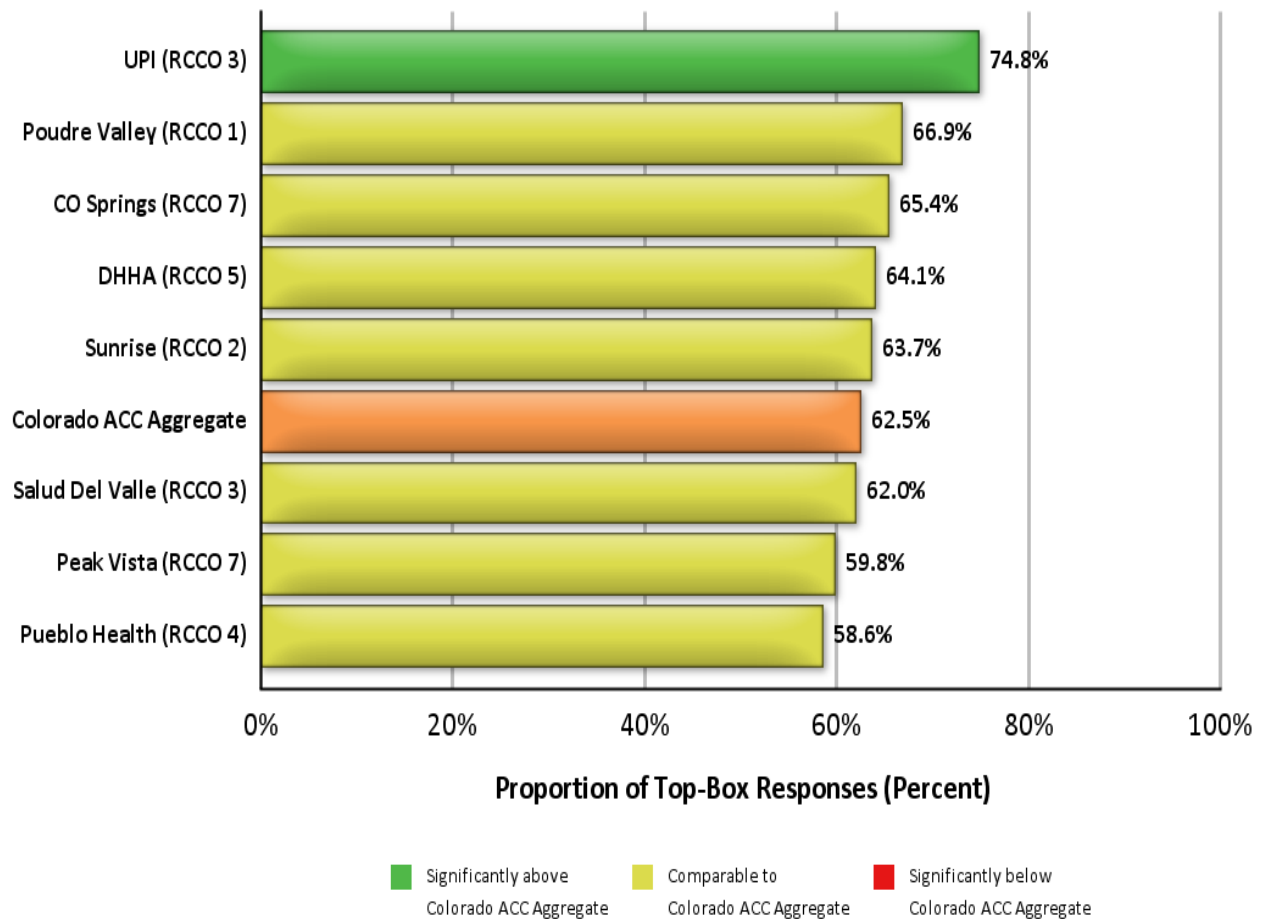


Note: + indicates fewer than 100 responses

Rating of All Health Care

Patients were asked to rate their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Figure 3-3 shows the Rating of All Health Care top-box rates.

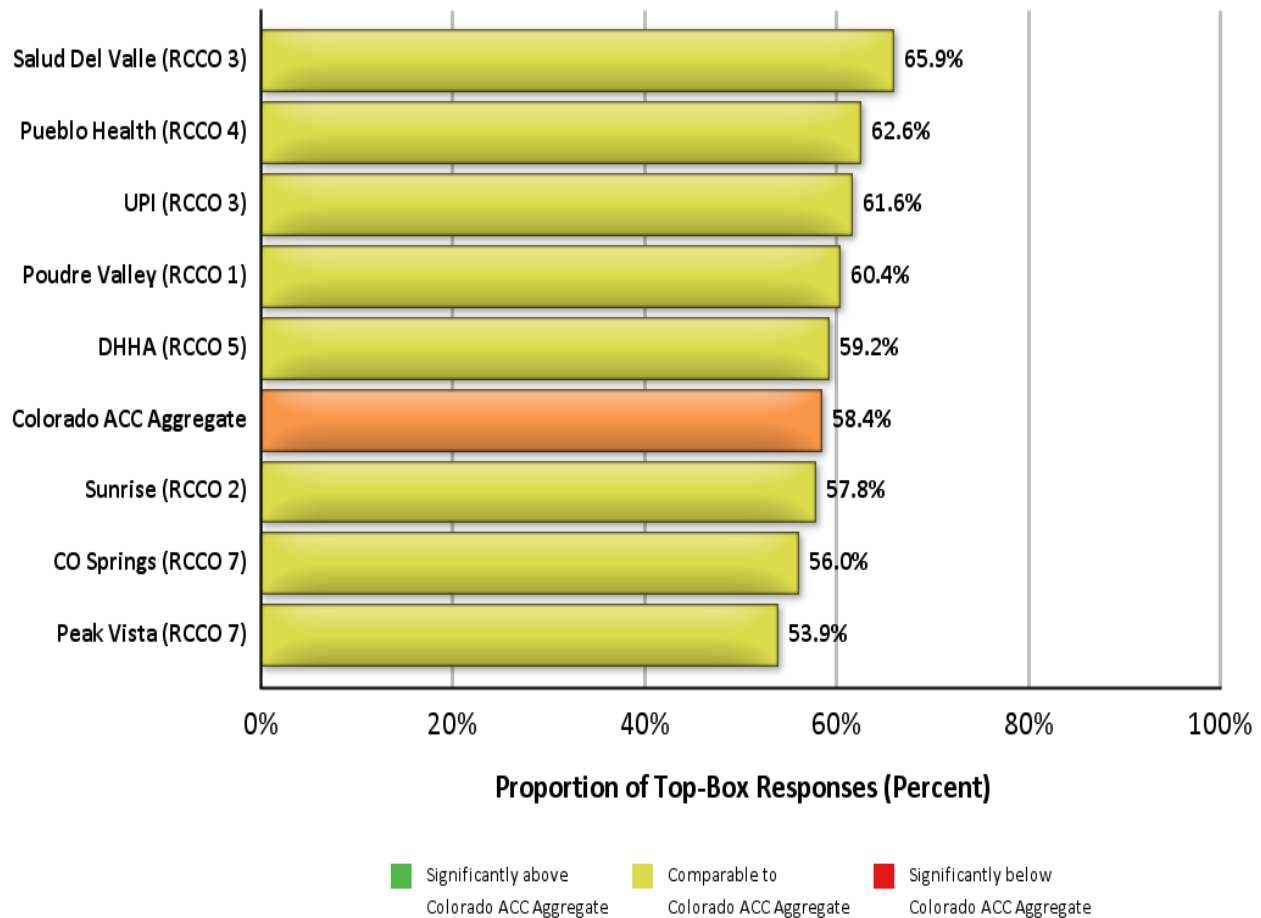
Figure 3-3—Rating of All Health Care Top-Box Rates



Rating of Health Plan

Patients were asked to rate their health plan (i.e., Medicaid/Health First Colorado) on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Figure 3-4 shows the Rating of Health Plan top-box rates.³⁻²

Figure 3-4—Rating of Health Plan Top-Box Rates



³⁻² The Rating of Health Plan global rating included respondents who were categorized as “Incomplete but Eligible” (i.e., those that did not answer at least 50 percent of the key items and one reportable item). There was a total of 479 incomplete responses for the Colorado ACC Aggregate.

Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

Three questions (Questions 6, 8, and 11 in the Adult PCMH Survey) were asked to assess how often it was easy to get timely appointments, care, and information:

- **Question 6.** In the last 6 months, when you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

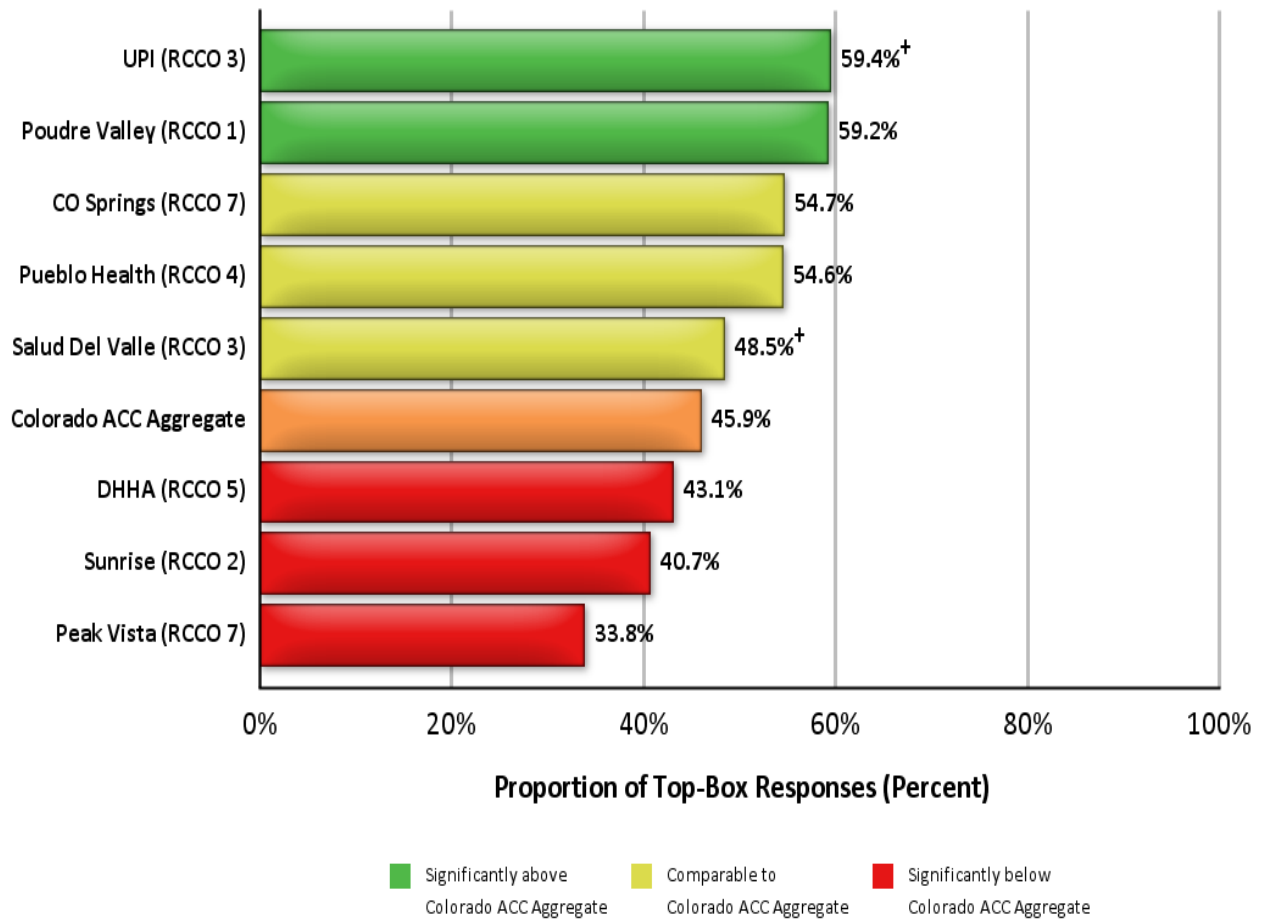
- **Question 8.** In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 11.** In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Getting Timely Appointments, Care, and Information composite measure, which was defined as a response of “Always.”

Figure 3-5 shows the Getting Timely Appointments, Care, and Information top-box rates.

Figure 3-5—Getting Timely Appointments, Care, and Information Top-Box Rates



Note: + indicates fewer than 100 responses

Patient-Centered Communication: How Well Providers Communicate with Patients

Four questions (Questions 12, 13, 15, and 16 in the Adult PCMH Survey) were asked to assess how often providers communicated well:

- **Question 12.** In the last 6 months, how often did this provider explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 13.** In the last 6 months, how often did this provider listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

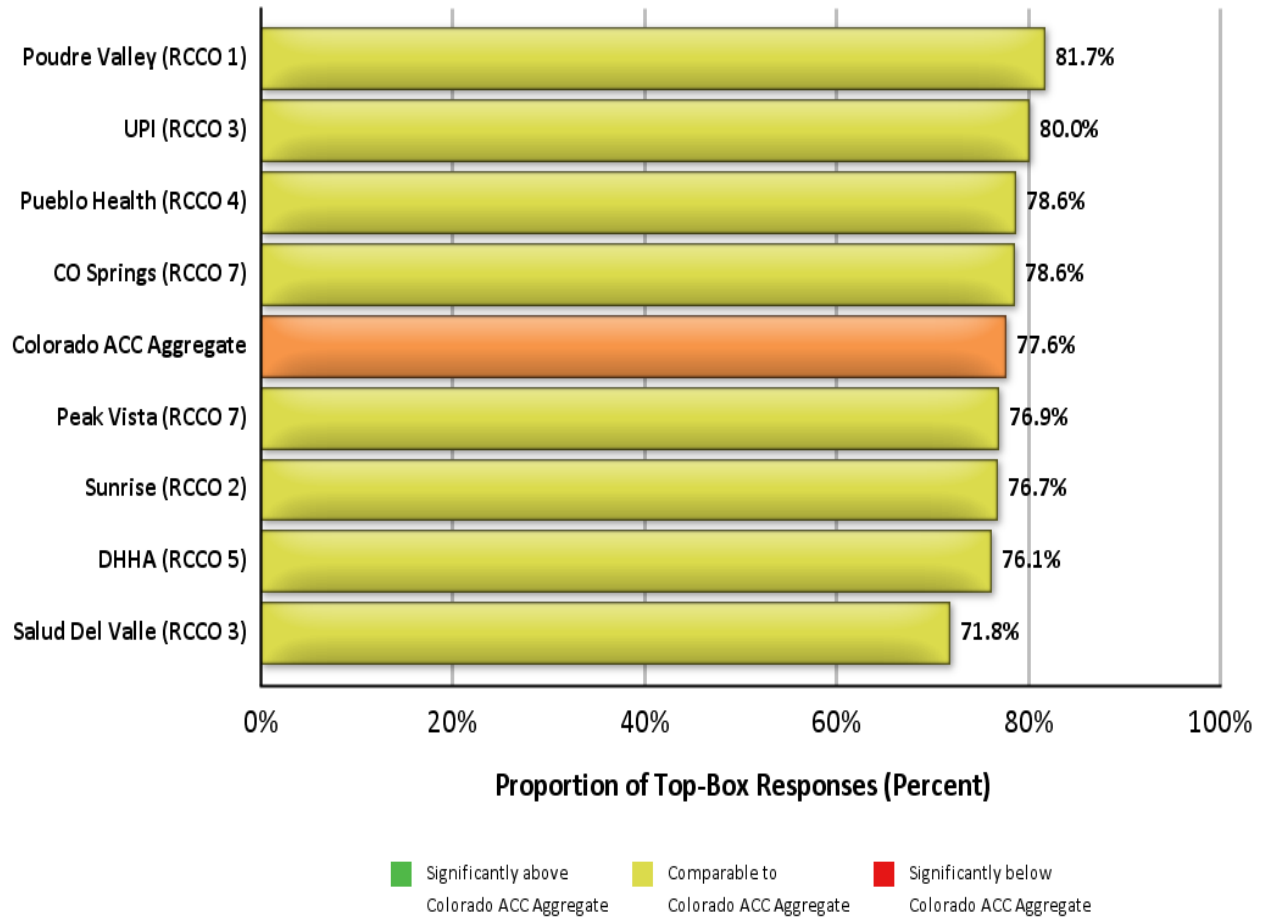
- **Question 15.** In the last 6 months, how often did this provider show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 16.** In the last 6 months, how often did this provider spend enough time with you?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the How Well Providers Communicate with Patients composite measure, which was defined as a response of “Always.”

Figure 3-6 shows the How Well Providers Communicate with Patients top-box rates.

Figure 3-6—How Well Providers Communicate with Patients Top-Box Rates



Coordinating Medical Care: Providers' Use of Information to Coordinate Patient Care

Three questions (Questions 14, 18, and 26 in the Adult PCMH Survey) were asked to assess how often providers used information to coordinate patient care:

- **Question 14.** In the last 6 months, how often did this provider seem to know the important information about your medical history?
 - Never
 - Sometimes
 - Usually
 - Always

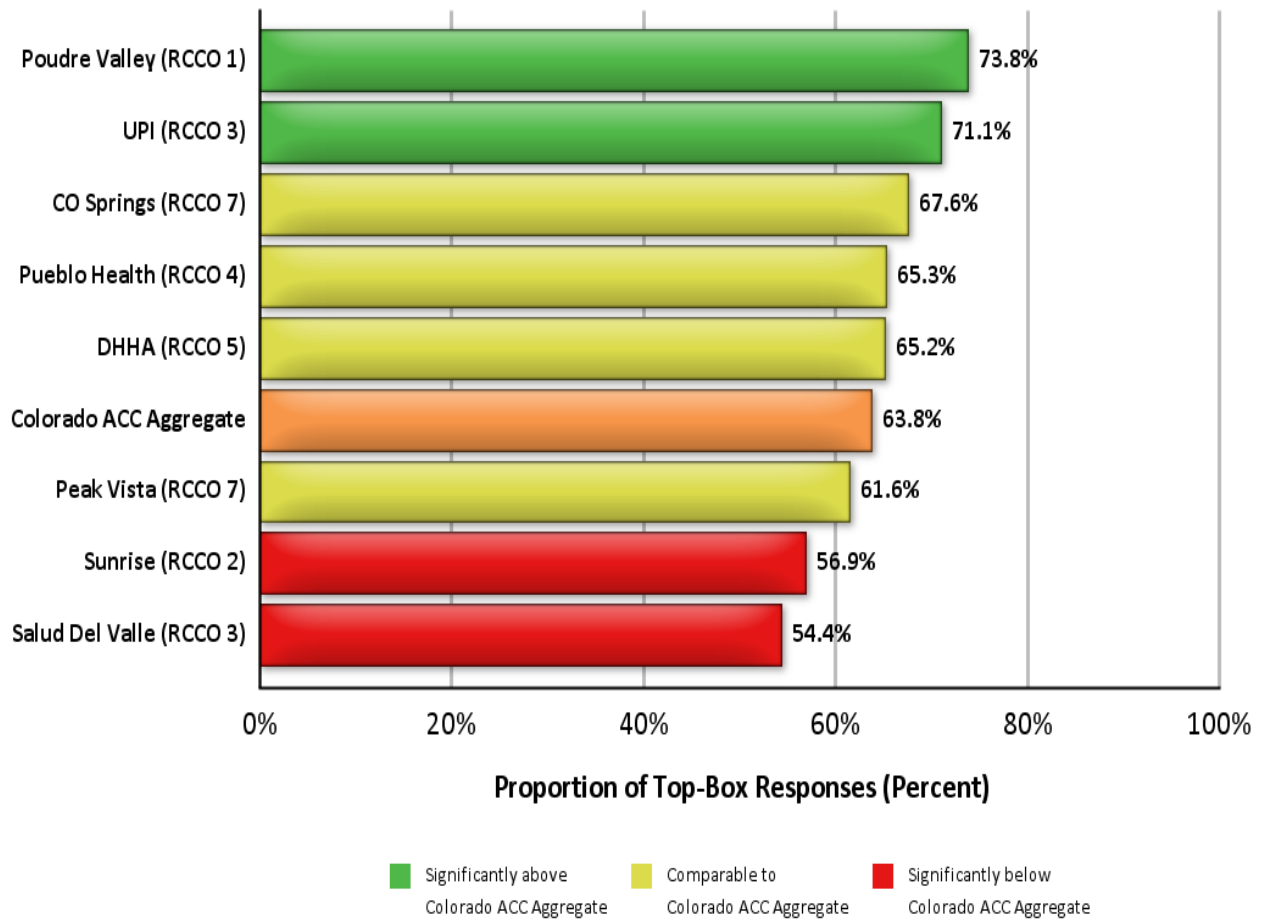
- **Question 18.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 26.** In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Providers' Use of Information to Coordinate Patient Care composite measure, which was defined as a response of "Always."

Figure 3-7 shows the Providers' Use of Information to Coordinate Patient Care top-box rates.

Figure 3-7—Providers' Use of Information to Coordinate Patient Care Top-Box Rates



Member Empowerment: Talking with You About Taking Care of Your Own Health

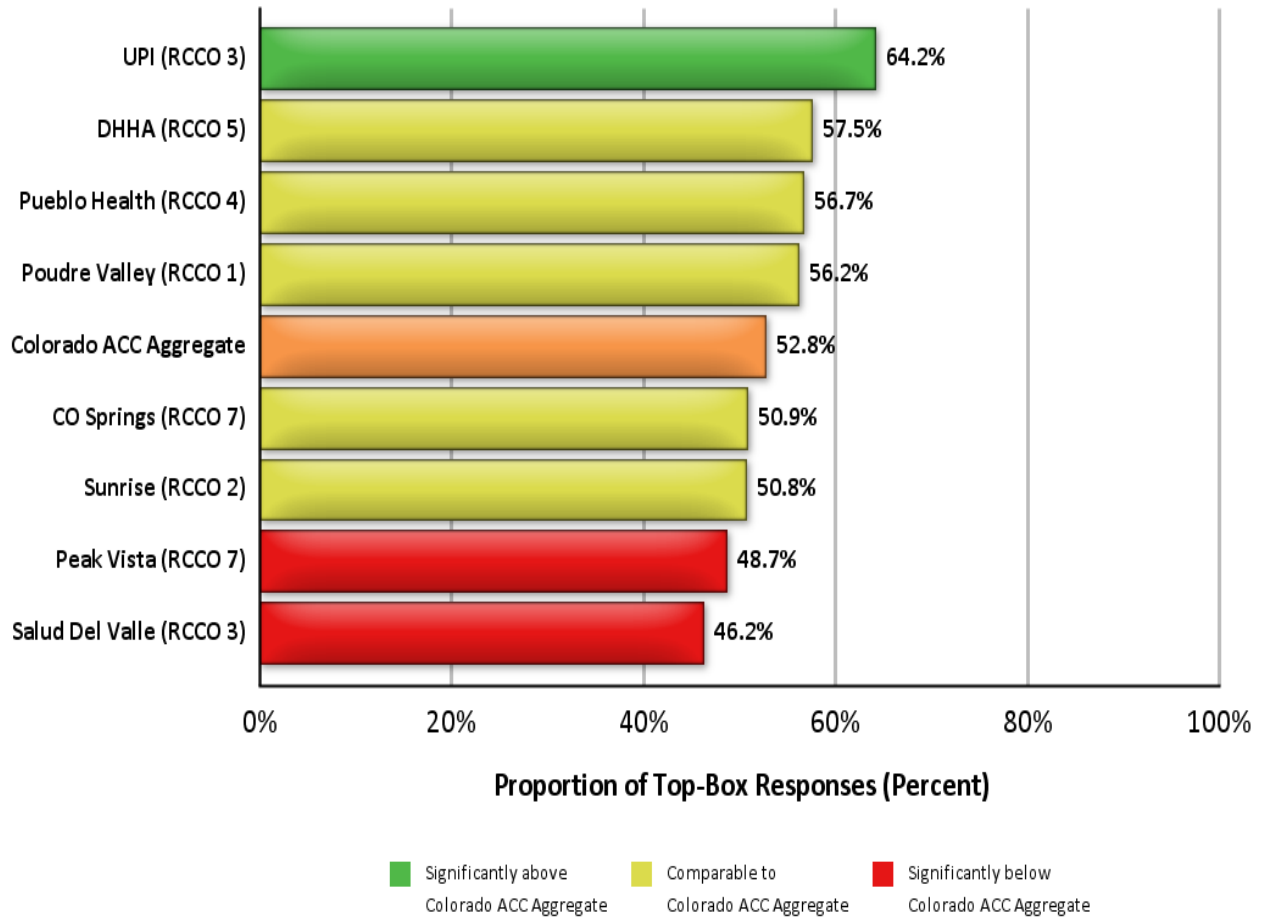
Two questions (Questions 22 and 23 in the Adult PCMH Survey) were asked regarding whether someone from the patient's provider's office spoke with him or her about taking care of his or her own health:

- **Question 22.** In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?
 - Yes
 - No
- **Question 23.** In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Talking with You About Taking Care of Your Own Health composite measure, which was defined as a response of "Yes."

Figure 3-8 shows the Talking with You About Taking Care of Your Own Health top-box rates.

Figure 3-8—Talking with You About Taking Care of Your Own Health Top-Box Rates



Medical Home: Comprehensiveness

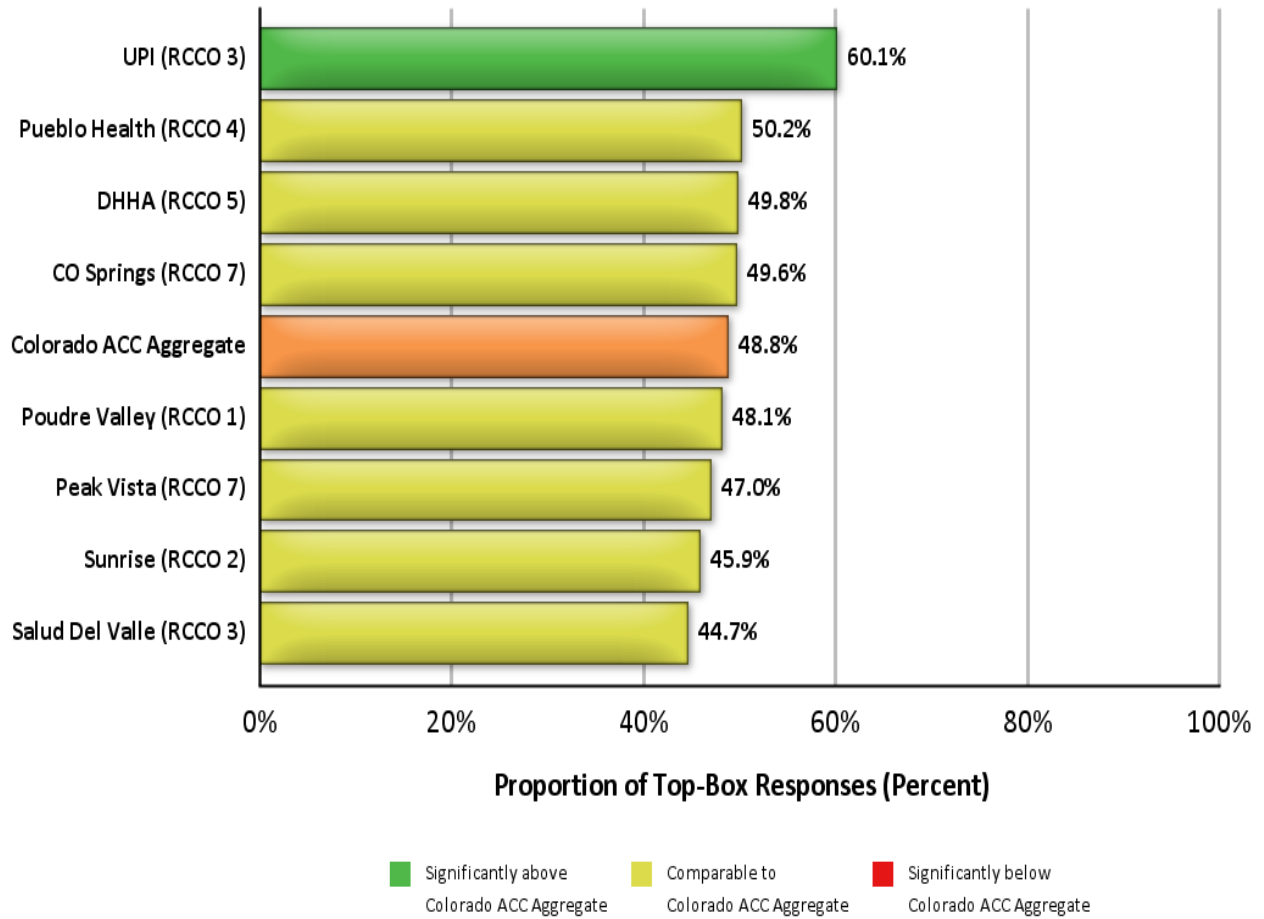
Three questions (Questions 24, 24a, and 24b in the Adult PCMH Survey) were asked regarding whether someone from the patient’s provider’s office spoke with him or her about stressors in his or her life; periods when he or she felt depressed; or personal, mental, or emotional problems:

- **Question 24.** In the last 6 months, did you and someone from this provider’s office talk about things in your life that worry you or cause you stress?
 - Yes
 - No
- **Question 24a.** In the last 6 months, did anyone in this provider’s office ask you if there was a period of time when you felt sad, empty, or depressed?
 - Yes
 - No
- **Question 24b.** In the last 6 months, did you and anyone in this provider’s office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Comprehensiveness composite measure, which was defined as a response of “Yes.”

Figure 3-9 shows the Comprehensiveness top-box rates.

Figure 3-9—Comprehensiveness Top-Box Rates



Provider Customer Service: Helpful, Courteous, and Respectful Office Staff

Two questions (Questions 27 and 28 in the Adult PCMH Survey) were asked regarding how often clerks or receptionists at the provider's office were helpful and treated patients with courtesy and respect:

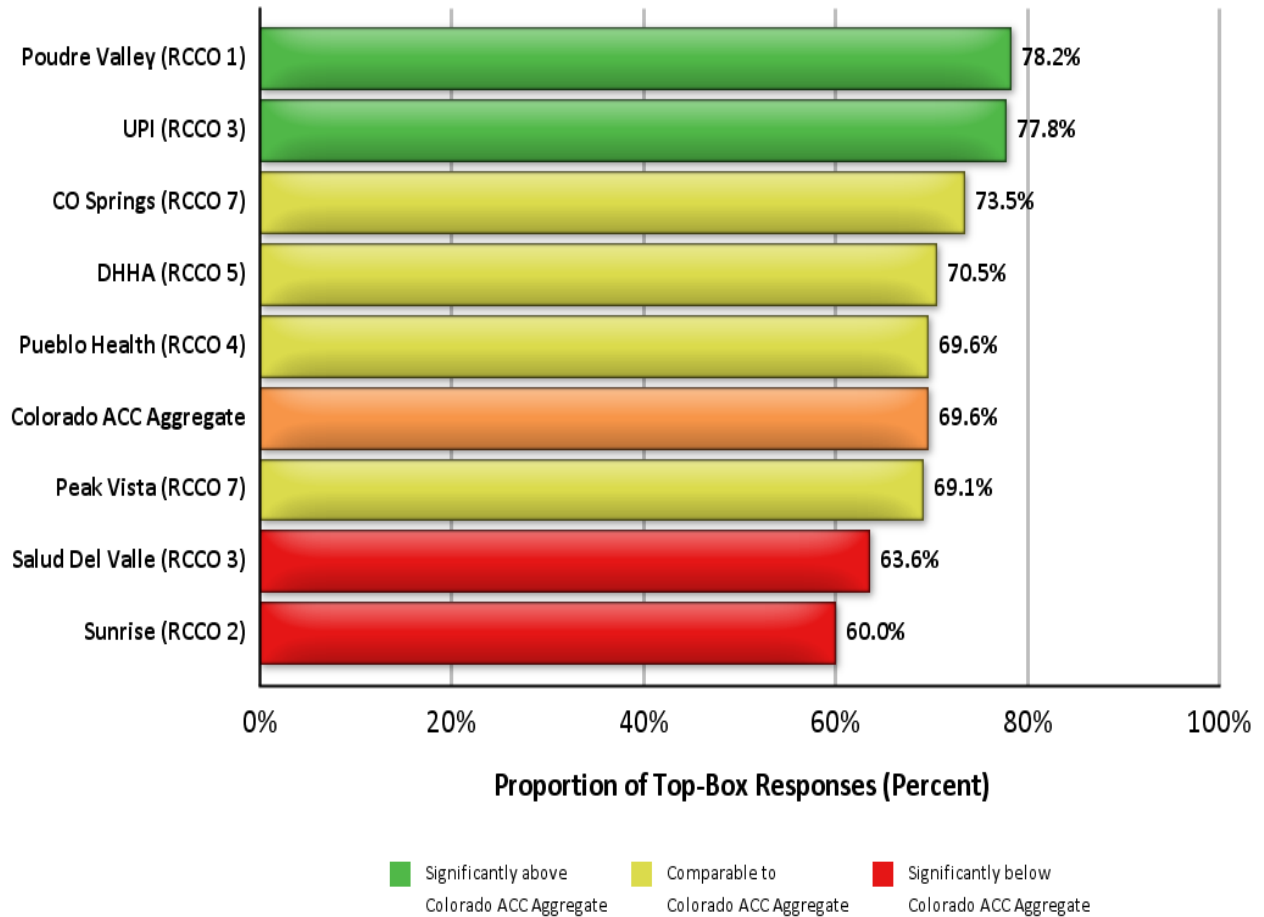
- **Question 27.** In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 28.** In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Helpful, Courteous, and Respectful Office Staff composite measure, which was defined as a response of "Always."

Figure 3-10 shows the Helpful, Courteous, and Respectful Office Staff top-box rates.

Figure 3-10—Helpful, Courteous, and Respectful Office Staff Top-Box Rates



Health First Colorado Customer Service³⁻³

Two questions (28d and 28e in the Adult PCMH Survey) were asked to assess how often patients were satisfied with customer service:³⁻⁴

- **Question 28d.** In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- **Question 28e.** In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

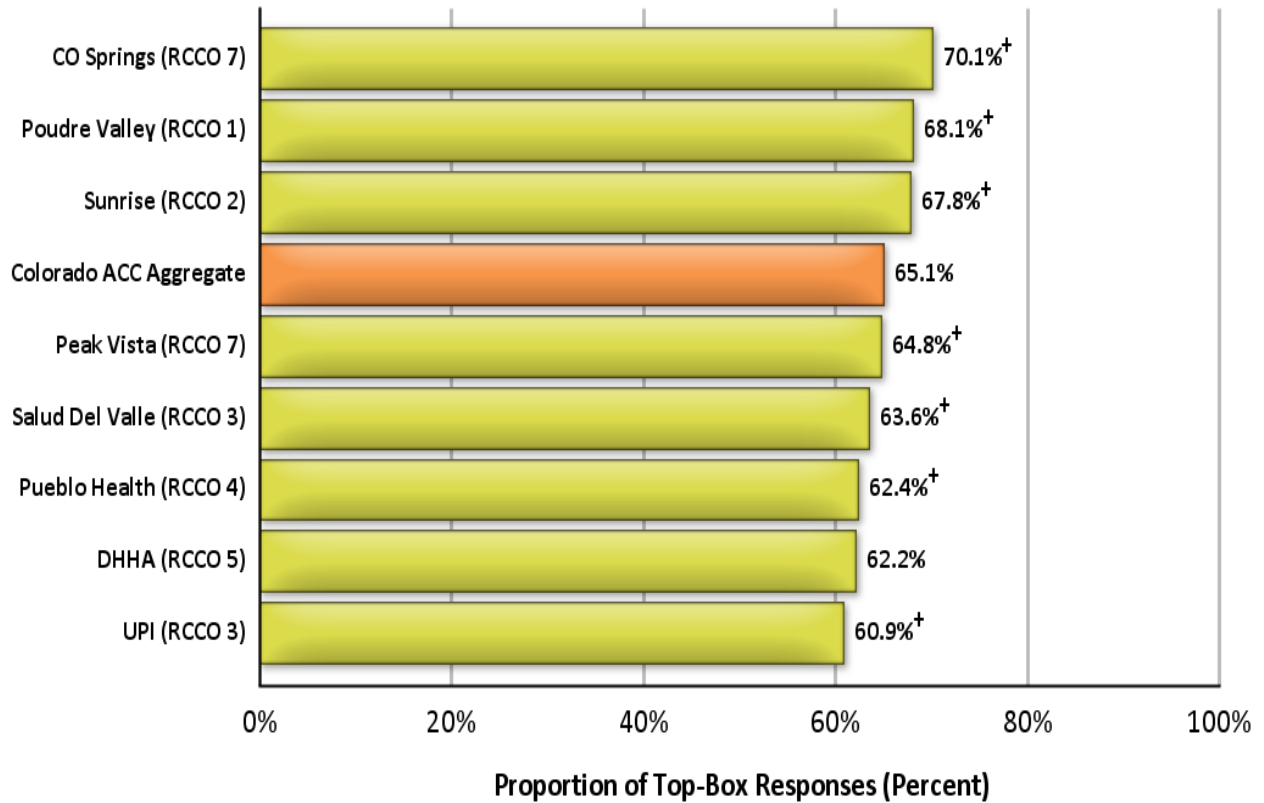
For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of “Always.”

³⁻³ As of June 27, 2016, Health First Colorado became the new name for Medicaid in Colorado. The Health First Colorado name and logo directly replaced the name “Colorado Medicaid.”

³⁻⁴ The Customer Service composite measure included respondents who were categorized as “Incomplete but Eligible” (i.e., those that did not answer at least 50 percent of the key items and one reportable item). There were a total of 479 incomplete responses for the Colorado ACC Aggregate.

Figure 3-11 shows the Customer Service top-box rates.

Figure 3-11—Customer Service Top-Box Rates



Note: + indicates fewer than 100 responses

Individual Item Measures

Received Care from Provider Office During Evenings, Weekends, or Holidays

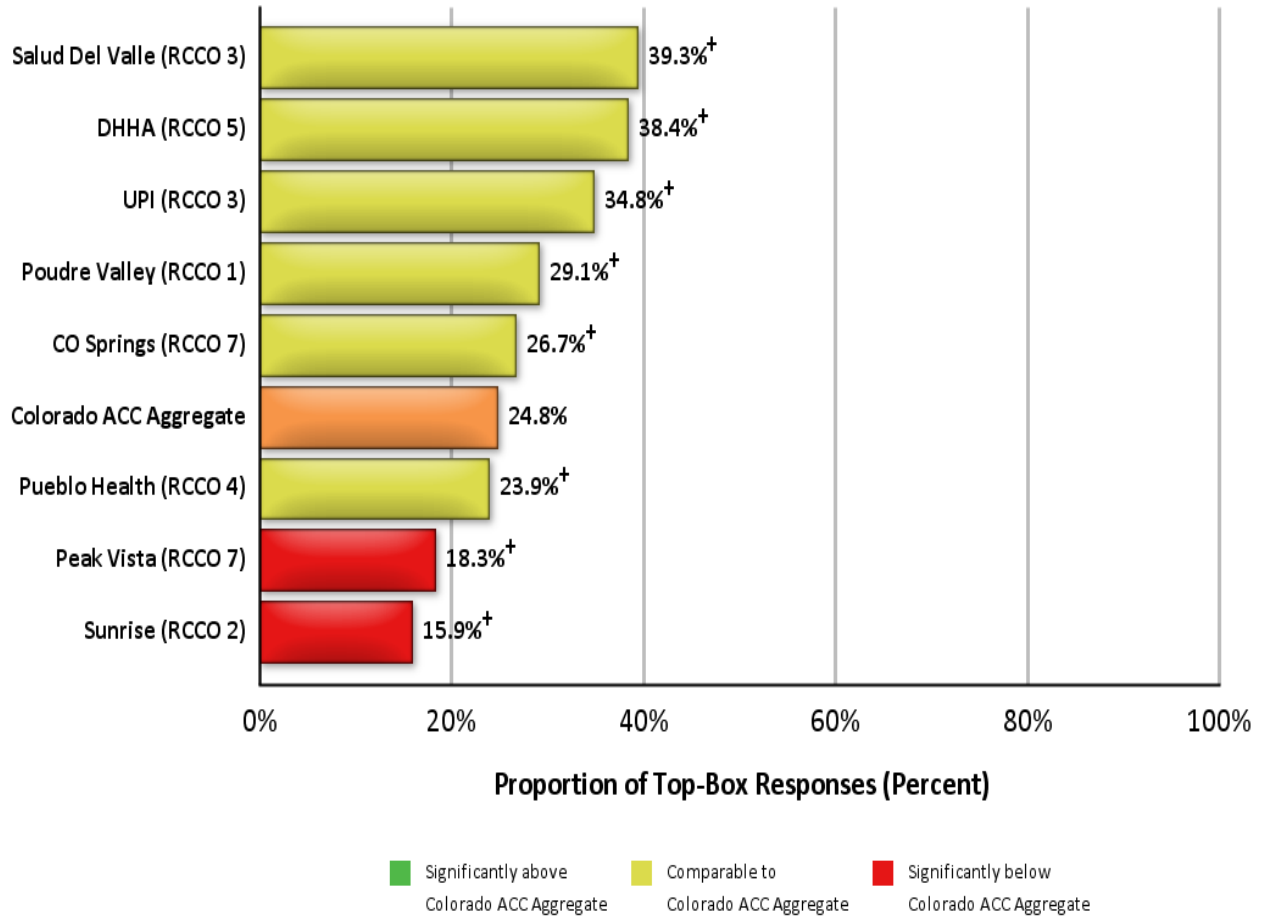
One question (Question 9b in the Adult PCMH Survey) was asked to assess how often patients were able to receive needed care during evenings, weekends, or holidays:

- **Question 9b.** In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Received Care from Provider Office During Evenings, Weekends, or Holidays individual item measure which was defined as a response of "Always."

Figure 3-12 shows the Received Care from Provider Office During Evenings, Weekends, or Holidays top-box rates.

Figure 3-12—Received Care from Provider Office During Evenings, Weekends, or Holidays Top-Box Rates



Note: + indicates fewer than 100 responses

Reminders about Care from Provider Office

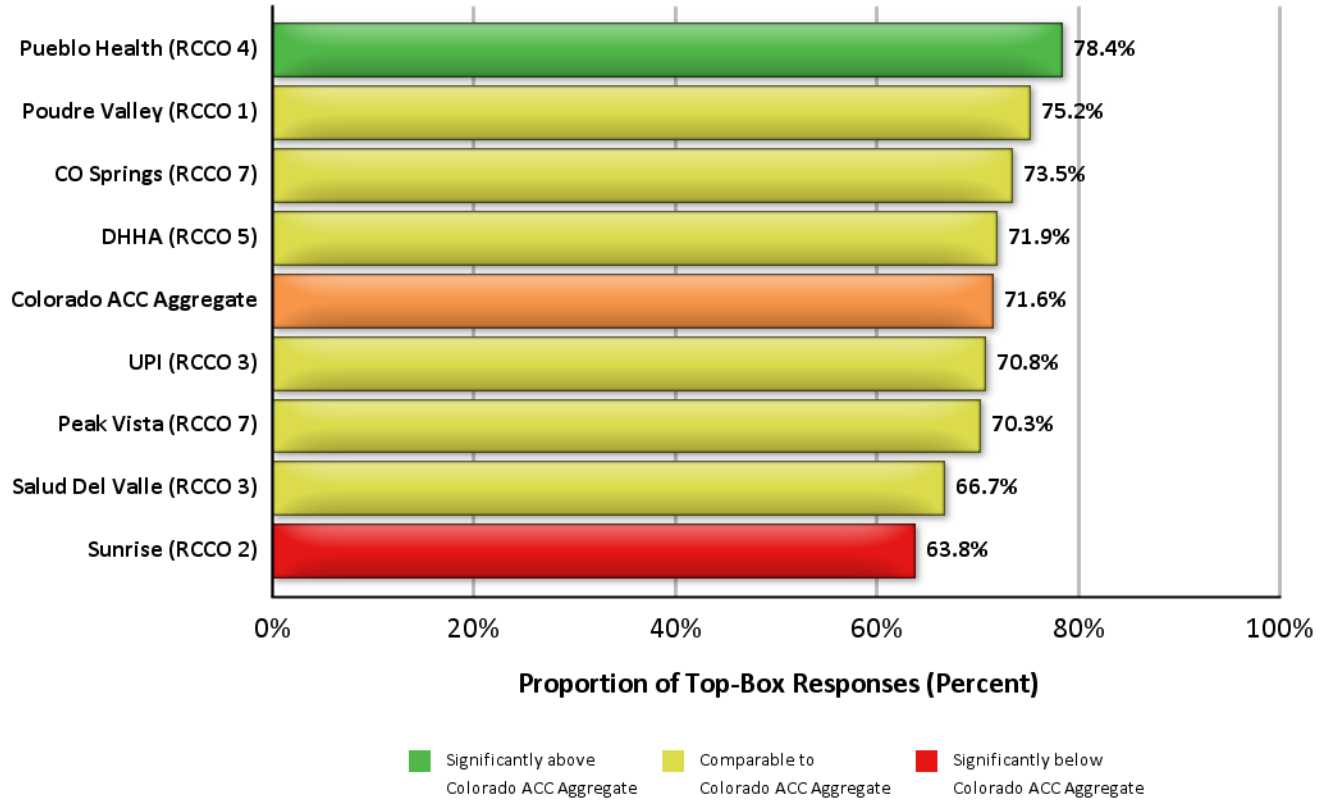
One question (Question 11a in the Adult PCMH Survey) was asked to assess whether patients had received reminders about their care from their provider's office between visits:

- **Question 18a.** Some offices remind patients between visits about tests, treatment, or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?
 - Yes
 - No

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Reminders about Care from Provider Office individual item measure which was defined as a response of "Yes."

Figure 3-13 shows the Reminders about Care from Provider Office top-box rates.

Figure 3-13—Reminders about Care from Provider Office Top-Box Rates



Saw Provider Within 15 Minutes of Appointment

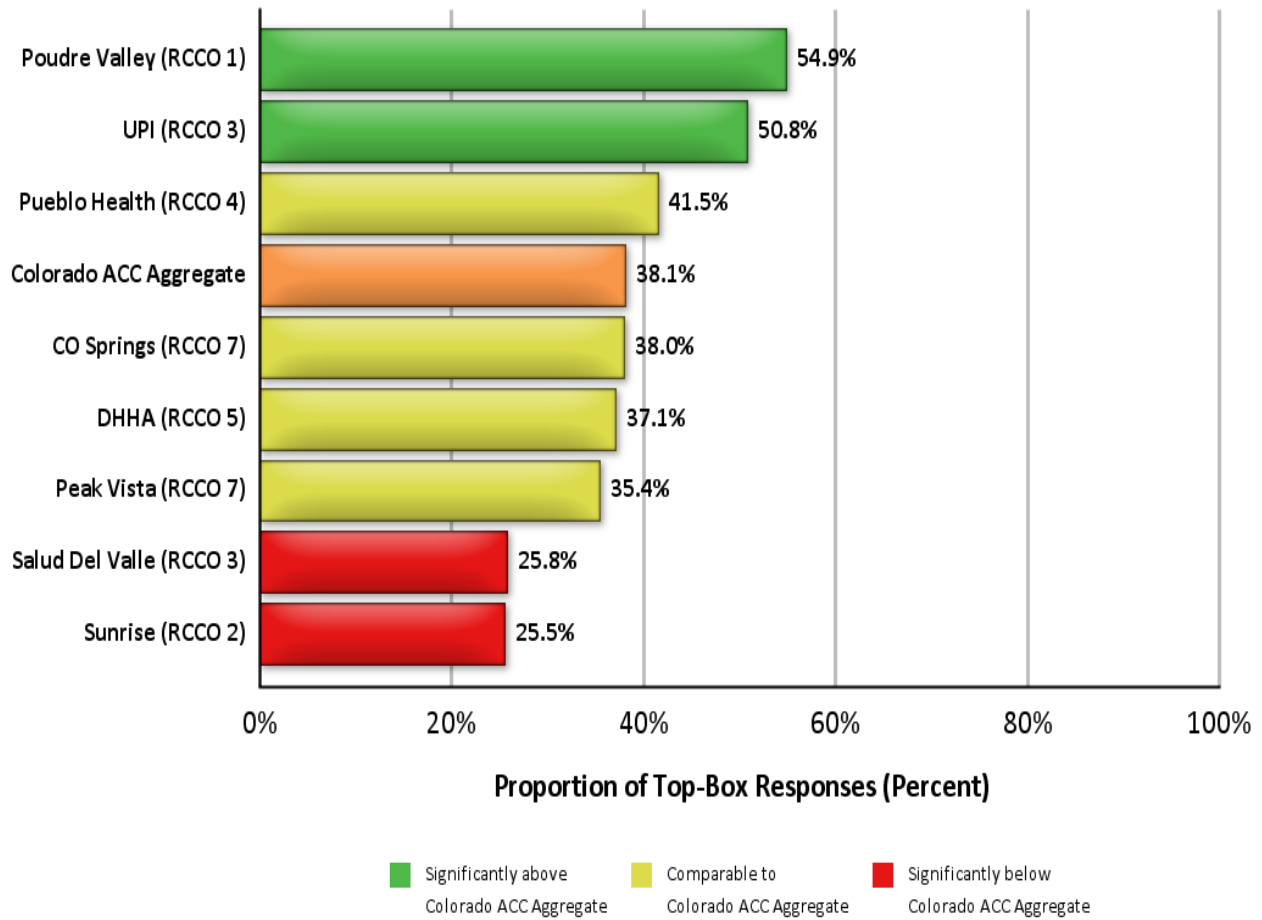
One question (Question 11b in the Adult PCMH Survey) was asked to assess how often patients saw their provider within 15 minutes of their appointment time:

- **Question 11b.** Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Saw Provider Within 15 Minutes of Appointment individual item measure which was defined as a response of “Always.”

Figure 3-14 shows the Saw Provider Within 15 Minutes of Appointment top-box rates.

Figure 3-14—Saw Provider Within 15 Minutes of Appointment Top-Box Rates



Received Health Care and Mental Health Care at Same Place³⁻⁵

One question (Question 30a in the Adult PCMH Survey) was asked to assess whether patients received health care and mental health care at the same place:

- **Question 30a.** Can you get both your health care and mental health care at the same place?
 - Yes
 - No
 - I do not use mental health care
 - Don't Know

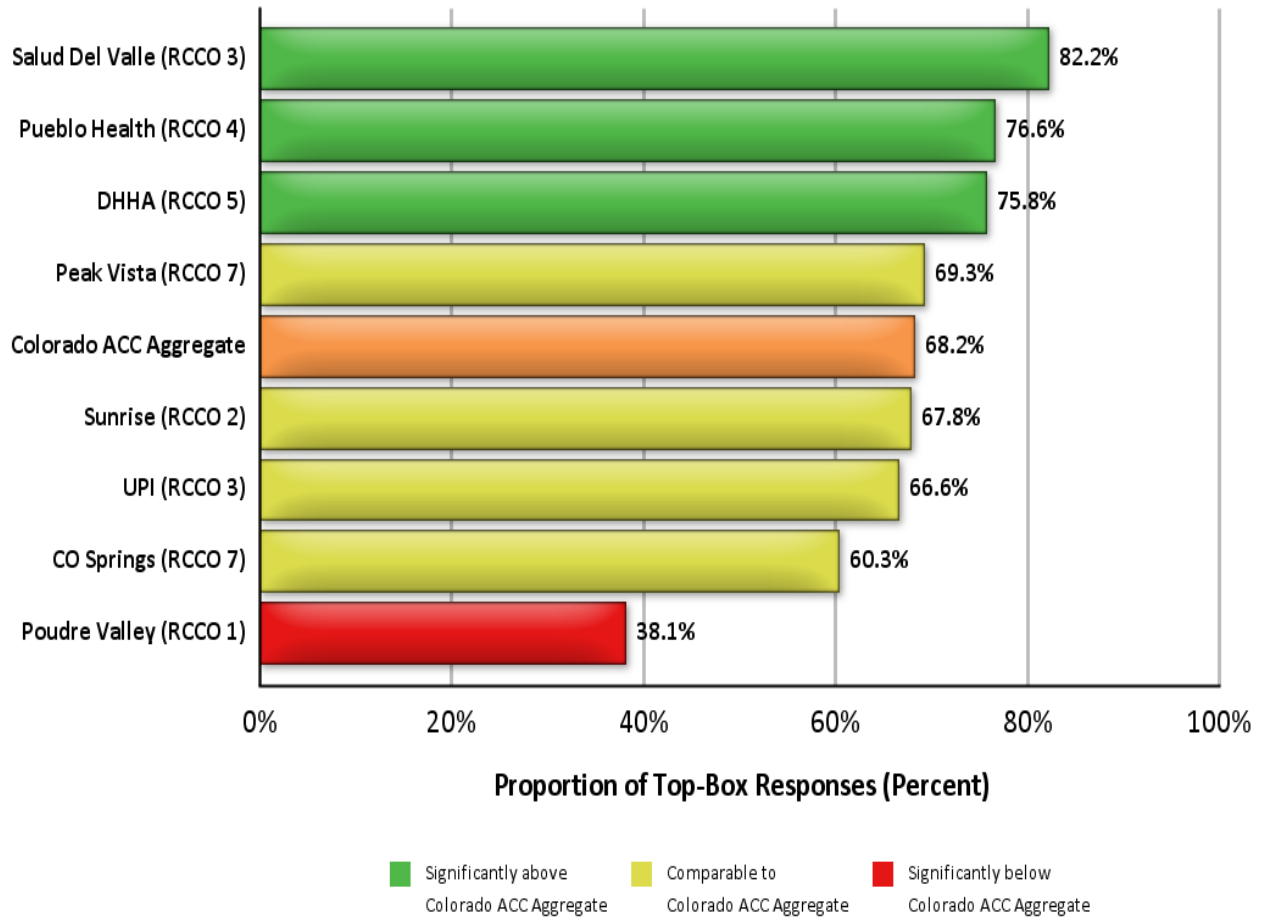
For purposes of the Practice Comparisons analysis, HSAG calculated top-box rates for the Received Health Care and Mental Health Care at Same Place individual item measure which was defined as a response of “Yes.”³⁻⁶

³⁻⁵ The Received Health Care and Mental Health Care at Same Place individual item included respondents who were categorized as “Incomplete but Eligible” (i.e., those that did not answer at least 50 percent of the key items and one reportable item). There was a total of 479 incomplete responses for the Colorado ACC Aggregate.

³⁻⁶ Respondents that answered “I do no use mental health care” and “Don't Know” were removed from the top-box rate calculation.

Figure 3-15 shows the Received Health Care and Mental Health Care at Same Place top-box rates.

Figure 3-15—Received Health Care and Mental Health Care at Same Place Top-Box Rates



Summary of Practice Comparison Results

Global Ratings

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the global ratings.

Statistically Significantly Higher

- UPI (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Rating of Specialist Seen Most Often and Rating of All Health Care.

Statistically Significantly Lower

- Peak Vista (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Rating of Specialist Seen Most Often.

Composite Measures

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the composite measures.

Statistically Significantly Higher

- Poudre Valley (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information; Providers' Use of Information to Coordinate Patient Care; and Helpful, Courteous; and Respectful Office Staff.
- UPI (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information; Providers' Use of Information to Coordinate Patient Care; Talking with You About Taking Care of Your Own Health; Helpful, Courteous, and Respectful Office Staff; and Comprehensiveness.

Statistically Significantly Lower

- DHHA (RCCO 5) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Getting Timely Appointments, Care, and Information.
- Peak Vista (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information and Talking with You About Taking Care of Your Own Health.
- Salud Del Valle (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Providers' Use of Information to Coordinate Patient Care; Talking with You About Taking Care of Your Own Health; and Helpful, Courteous, and Respectful Office Staff.

- Sunrise (RCCO 2) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Getting Timely Appointments, Care, and Information; Providers' Use of Information to Coordinate Patient Care; and Helpful, Courteous, and Respectful Office Staff.

Individual Item Measures

The following provides a summary of the Practice Comparisons results that scored statistically significantly different than the Colorado ACC Aggregate average for the individual item measures.

Statistically Significantly Higher

- DHHA (RCCO 5) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Received Health Care and Mental Health Care at Same Place.
- Poudre Valley (RCCO 1) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- Pueblo Health (RCCO 4) scored statistically significantly higher than the Colorado ACC Aggregate for the following measures: Received Health Care and Mental Health Care at Same Place and Reminders about Care from Provider Office.
- Salud Del Valle (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Received Health Care and Mental Health Care at Same Place.
- UPI (RCCO 3) scored statistically significantly higher than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.

Statistically Significantly Lower

- Peak Vista (RCCO 7) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Received Care from Provider Office During Evenings, Weekends, or Holidays.
- Poudre Valley (RCCO 1) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Received Health Care and Mental Health Care at Same Place.
- Salud Del Valle (RCCO 3) scored statistically significantly lower than the Colorado ACC Aggregate for the following measure: Saw Provider Within 15 Minutes of Appointment.
- Sunrise (RCCO 2) scored statistically significantly lower than the Colorado ACC Aggregate for the following measures: Received Care from Provider Office During Evenings, Weekends, or Holidays; Saw Provider Within 15 Minutes of Appointment; and Reminders about Care from Provider Office.

Additional Item Measures

HSAG evaluated six standalone item measures in the PCMH Survey. Table 3-2 through Table 3-7 show the results for each additional item measure. The number and percentage of responses for each item are presented at the statewide level (i.e., Colorado ACC Aggregate). In the tables below, where appropriate, responses for each measure were classified into three categories: Dissatisfied (0 to 6), Neutral (7 to 8), and Satisfied (9 to 10), and the percentage of respondents that fell into each response category was calculated.

Number of Days Waited for Appointment When Needed Care Right Away

One question (Question 6a in the Adult PCMH Survey) asked how many days the patient had to wait for an appointment when they needed care right away. Table 3-2 displays the responses for the Rating of Provider global rating stratified by the Number of Days Waited for Appointment When Needed Care Right Away additional item measure for the Colorado ACC Aggregate.

Table 3-2—Rating of Provider Stratified by Number of Days Waited for Appointment When Needed Care Right Away

Rating of Provider (Q19)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Number of Days Waited for Appointment When Needed Care Right Away (Q6a)	Same Day	7	3.4%	21	10.1%	179	86.5%
	1 Day	8	5.1%	23	14.6%	126	80.3%
	2 to 3 Days	21	8.8%	48	20.1%	170	71.1%
	4 to 7 Days	21	19.1%	22	20.0%	67	60.9%
	More Than 7 Days	33	24.1%	31	22.6%	73	53.3%

Please note: Percentages may not total 100.0% due to rounding.

Reminders about Care from Provider Office

One question (Question 11a in the Adult PCMH Survey) asked whether the patients received reminders about their care from their provider’s office between visits. Table 3-3 displays the responses for the Rating of Provider global rating stratified by the Reminders about Care from Provider Office additional item measure for the Colorado ACC Aggregate.

Table 3-3—Rating of Provider Stratified by Reminders about Care from Provider Office

Rating of Provider (Q19)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Reminders about Care from Provider Office (Q11a)	Yes	65	5.2%	212	17.0%	967	77.7%
	No	90	17.8%	125	24.7%	292	57.6%

Please note: Percentages may not total 100.0% due to rounding.

Saw Provider Within 15 Minutes of Appointment

One question (Question 11b in the Adult PCMH Survey) asked patients how often they saw their provider within 15 minutes of the appointment time. Table 3-4 displays the responses for the Rating of Provider global rating stratified by the Saw Provider Within 15 Minutes of Appointment additional item measure for the Colorado ACC Aggregate.

Table 3-4—Rating of Provider Stratified by Saw Provider Within 15 Minutes of Appointment

Rating of Provider (Q19)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Saw Provider Within 15 Minutes of Appointment (Q11b)	Never	62	34.3%	44	24.3%	75	41.4%
	Sometimes	49	15.8%	77	24.8%	184	59.4%
	Usually	29	5.1%	125	21.9%	418	73.1%
	Always	17	2.5%	87	12.7%	580	84.8%

Please note: Percentages may not total 100.0% due to rounding.

Reason Not Able to Get Care You or A Doctor Believed Necessary

One question (Question 21b in the Adult PCMH Survey) asked about the main reason the patient could not get necessary medical care, tests, or treatments. Table 3-5 displays the responses for the Reason Not Able to Get Care You or A Doctor Believed Necessary additional item measure for the Colorado ACC Aggregate based off 192 responses. HSAG did not stratify the results of a global rating by this additional item measure.

Table 3-5—Reason Not Able to Get Care You or A Doctor Believed Necessary³⁻⁷

Responses	N	%
Medicaid wouldn't approve, cover, or pay for care	48	25.0%
Provider refused to accept Medicaid	11	5.7%
Could not get an appointment/provider not taking new patients	17	8.9%
No qualified specialist in my area	9	4.7%
Couldn't get transportation to provider's office	10	5.2%
Couldn't take time off work or get child care/Hours of operation of provider	5	2.6%
Didn't know where to go to get care	8	4.2%
The wait took too long	13	6.8%
Don't like going to the doctor	5	2.6%
Other	66	34.4%
Total	192	100.0%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

³⁻⁷ Respondents had the option to mark “Other” as a response to this survey question. The “Other” category is not defined or specified in the survey questionnaire.

Condition that Interferes with Day-to-Day Activities

One question (Question 29a in the Adult PCMH Survey) asked if patients had a physical or medical condition that interfered with their day-to-day activities. Table 3-6 displays the responses for the Rating of All Health Care global rating stratified by the Condition that Interferes with Day-to-Day Activities additional item measure for the Colorado ACC Aggregate.

Table 3-6—Rating of All Health Care Stratified by Condition that Interferes with Day-to-Day Activities

Rating of All Health Care (Q26a)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Condition that Interferes with Day-to-Day Activities (Q29a)	Yes	145	14.5%	215	21.5%	642	64.1%
	No	72	9.8%	193	26.3%	468	63.8%

Please note: Percentages may not total 100.0% due to rounding.

Length of Time Going to Provider

One question (Question 3 in the Adult PCMH Survey) asked how long the patient had been going to the provider. Table 3-7 displays the responses for the Rating of Provider global rating stratified by the Length of Time Going to Provider additional item measure for the Colorado ACC Aggregate.

Table 3-7—Rating of Provider Stratified by Length of Time Going to Provider

Rating of Provider (Q19)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Length of Time Going to Provider (Q3)	Less Than 6 Months	41	16.0%	68	26.6%	147	57.4%
	At Least 6 Months but Less Than 1 Year	13	6.0%	54	25.1%	148	68.8%
	At Least 1 Year but Less Than 3 Years	47	9.2%	93	18.2%	371	72.6%
	At Least 3 Years but Less Than 5 Years	28	8.8%	55	17.2%	237	74.1%
	5 Years or More	31	6.9%	65	14.5%	351	78.5%

Please note: Percentages may not total 100.0% due to rounding.

Adult Overall Health Status

HSAG evaluated two questions at the statewide level (Questions 29 and 30 in the Adult PCMH Survey) that were asked to assess the patient's overall health:

- **Question 29.** In general, how would you rate your overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

- **Question 30.** In general, how would you rate your overall mental or emotional health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

Table 3-8 displays the responses for the Rating of Provider global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 3-8—Rating of Provider Stratified by Overall Health Status

Rating of Provider (Q19)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q29)	Excellent / Very Good	24	5.6%	67	15.7%	335	78.6%
	Good	46	7.5%	149	24.1%	422	68.4%
	Fair / Poor	86	12.3%	119	17.0%	493	70.6%
Mental Health Status (Q30)	Excellent / Very Good	40	6.7%	100	16.6%	461	76.7%
	Good	54	8.7%	128	20.5%	441	70.8%
	Fair / Poor	60	11.7%	107	20.9%	346	67.4%
Total		161	9.1%	340	19.2%	1,273	71.8%

Please note: Percentages may not total 100.0% due to rounding.

Table 3-9 displays the responses for the Rating of Specialist Seen Most Often global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 3-9—Rating of Specialist Seen Most Often Stratified by Overall Health Status

Rating of Specialist Seen Most Often (Q20a)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q29)	Excellent / Very Good	15	8.0%	26	13.8%	147	78.2%
	Good	36	11.8%	67	22.0%	201	66.1%
	Fair / Poor	56	12.2%	91	19.8%	312	68.0%
Mental Health Status (Q30)	Excellent / Very Good	20	6.6%	55	18.2%	228	75.2%
	Good	52	15.4%	61	18.1%	224	66.5%
	Fair / Poor	34	10.9%	68	21.8%	210	67.3%
Total		107	11.1%	188	19.5%	669	69.4%

Please note: Percentages may not total 100.0% due to rounding.

Table 3-10 displays the responses for the Rating of All Health Care global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 3-10—Rating of All Health Care Stratified by Overall Health Status

Rating of All Health Care (Q26a)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q29)	Excellent / Very Good	28	6.6%	82	19.2%	317	74.2%
	Good	65	10.5%	170	27.6%	382	61.9%
	Fair / Poor	122	17.5%	158	22.6%	419	59.9%
Mental Health Status (Q30)	Excellent / Very Good	49	8.2%	119	19.8%	433	72.0%
	Good	70	11.3%	168	27.0%	384	61.7%
	Fair / Poor	96	18.6%	121	23.4%	300	58.0%
Total		220	12.5%	413	23.4%	1,133	64.2%

Please note: Percentages may not total 100.0% due to rounding.

Table 3-11 displays the responses for the Rating of Health Plan global rating stratified by the Physical Health Status and Mental Health Status measures for the Colorado ACC Aggregate.

Table 3-11—Rating of Health Plan Stratified by Overall Health Status

Rating of Health Plan (Q28f)							
		Dissatisfied (0-6)		Neutral (7-8)		Satisfied (9-10)	
Question	Response	N	%	N	%	N	%
Physical Health Status (Q29)	Excellent / Very Good	44	8.8%	117	23.4%	338	67.7%
	Good	114	15.3%	206	27.6%	427	57.2%
	Fair / Poor	135	16.2%	229	27.5%	468	56.3%
Mental Health Status (Q30)	Excellent / Very Good	75	10.8%	168	24.2%	451	65.0%
	Good	117	15.6%	209	27.9%	424	56.5%
	Fair / Poor	97	15.4%	175	27.9%	356	56.7%
Total		295	14.1%	560	26.7%	1,244	59.3%

Please note: Percentages may not total 100.0% due to rounding.

4. Health Plan CAHPS Child and Adult Medicaid Results

The results presented in this section are not from the Child and Adult PCMH Survey, but from the CAHPS 5.0 Child and Adult Medicaid Health Plan Surveys.

The State of Colorado requires annual administration of client satisfaction surveys to child and adult Medicaid clients enrolled in Denver Health Medicaid Choice (DHMC), Rocky Mountain Health Plans Medicaid Prime (RMHP Prime), and Access Kaiser Permanente (Access KP). The survey instrument selected for administration to child and adult Medicaid clients was the CAHPS 5.0 Child and Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.^{4-1,4-2} The goal of the CAHPS Health Plan Surveys is to provide performance feedback that is actionable and will aid in improving overall client satisfaction.

Each health plan used a certified vendor to conduct the CAHPS surveys on behalf of the health plan and submitted the data to HSAG for inclusion in the report. HSAG presents the 2016 and 2017 child and adult Medicaid CAHPS top-box rates for DHMC and RMHP Prime, and 2017 adult Medicaid CAHPS top-box rates for Access KP in the tables on the following pages.⁴⁻³

⁴⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴⁻² HSAG only received Adult Medicaid CAHPS Survey data for Access KP.

⁴⁻³ Access KP's population is smaller than the rest of the Medicaid health plans' populations (i.e., fewer than 10 percent). RMHP Prime's child population is smaller compared to their adult population.

Results

Child Global Ratings and Composite Measures

Denver Health Medicaid Choice

Table 4-1 shows the 2016 and 2017 results for DHMC’s child population’s global ratings and composite measures.

Table 4-1—Child Summary Rates and Global Proportions for DHMC

Measure	2016 Rate	2017 Rate
Global Ratings		
Rating of Health Plan	73.3%	68.1%
Rating of All Health Care	66.9%	70.2%
Rating of Personal Doctor	80.7%	79.2%
Rating of Specialist Seen Most Often	75.0% ⁺	66.7% ⁺
Composite Measures		
Getting Needed Care	80.6%	79.5%
Getting Care Quickly	85.8%	84.0%
How Well Doctors Communicate	93.6%	93.9%
Customer Service	88.2%	85.5% ⁺
Shared Decision Making	75.8% ⁺	74.3% ⁺
⁺ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid Prime

Table 4-2 shows the 2016 and 2017 results for RMHP Prime’s child population’s global ratings and composite measures.

Table 4-2—Child Summary Rates and Global Proportions for RMHP Prime

Measure	2016 Rate	2017 Rate
Global Ratings		
Rating of Health Plan	61.9% +	64.7% +
Rating of All Health Care	55.7% +	56.1% +
Rating of Personal Doctor	72.5% +	80.3% +
Rating of Specialist Seen Most Often	65.1% +	57.5% +
Composite Measures		
Getting Needed Care	84.9% +	88.5% +
Getting Care Quickly	90.8% +	95.5% +
How Well Doctors Communicate	93.7% +	97.0% +
Customer Service	87.4% +	84.1% +
Shared Decision Making	94.6% +	91.7% +
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Adult Global Ratings and Composite Measures

Denver Health Medicaid Choice

Table 4-3 shows the 2016 and 2017 results for DHMC’s adult population’s global ratings and composite measures.

Table 4-3—Adult Summary Rates and Global Proportions for DHMC

Measure	2016 Rate	2017 Rate
Global Ratings		
Rating of Health Plan	56.0%	57.4%
Rating of All Health Care	50.2%	61.7%
Rating of Personal Doctor	71.5%	71.8%
Rating of Specialist Seen Most Often	67.2%	69.0% +
Composite Measures		
Getting Needed Care	78.1%	76.1%
Getting Care Quickly	69.7%	76.1%
How Well Doctors Communicate	89.5%	92.6%
Customer Service	84.5%	86.6% +
Shared Decision Making	79.3%	82.6% +
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid Prime

Table 4-4 shows the 2016 and 2017 results for RMHP Prime’s adult population’s global ratings and composite measures.

Table 4-4—Adult Summary Rates and Global Proportions for RMHP Prime

Measure	2016 Rate	2017 Rate
Global Ratings		
Rating of Health Plan	55.0%	51.6%
Rating of All Health Care	48.8%	48.2%
Rating of Personal Doctor	67.8%	55.6%
Rating of Specialist Seen Most Often	66.7% +	61.4%
Composite Measures		
Getting Needed Care	84.9%	86.7%

Measure	2016 Rate	2017 Rate
Getting Care Quickly	81.9%	84.6%
How Well Doctors Communicate	94.4%	88.8%
Customer Service	82.2% +	88.2% +
Shared Decision Making	77.0% +	83.4%
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Access KP⁴⁻⁴

Table 4-5 shows the 2017 results for Access KP’s adult population’s global ratings and composite measures.

Table 4-5—Adult Summary Rates and Global Proportions for Access KP

Measure	2017 Rate
Global Ratings	
Rating of Health Plan	57.7%
Rating of All Health Care	52.1%
Rating of Personal Doctor	58.6%
Rating of Specialist Seen Most Often	68.9%
Composite Measures	
Getting Needed Care	82.3%
Getting Care Quickly	78.2%
How Well Doctors Communicate	89.3%
Customer Service	87.8%
Shared Decision Making	77.2%
+ indicates fewer than 100 responses. Caution should be exercised when evaluating these results.	

⁴⁻⁴ Access KP did not administered the CG-CAHPS survey to their clients. Access KP did not administer the CAHPS Health Plan Survey in 2016; therefore, only their 2017 Adult Medicaid results are presented.

5. Conclusions, Observations, and Recommendations

General Conclusions

HSAG observed that reminders from a provider's office between visits, correlated to ratings of the provider. Clients who received reminders from their provider's office rated the provider higher; therefore, practices should consider reminders about care an important factor in their practices. In addition, the less time that clients had to wait for an appointment, the higher clients rated their provider. Conversely, the longer that clients needed to wait for an appointment, the lower clients rated their provider.

The better clients perceived their physical and mental health (i.e., self-reported health status of Excellent or Very Good), the higher clients rated their provider, specialist, and health care. Clients who self-reported their health status as Poor tended to down-rate their provider, health care, and health plan. While this result may seem rational and predictable, practices should be aware that individuals with poor health who may need the most care and services are less satisfied with their providers and the health system.

General Observations and Recommendations

Since this is a baseline assessment using the PCMH Survey in Colorado, HSAG does not have comparative data to trend the results of the survey. In addition, the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ) have not released national benchmarking data for the PCMH Survey. Nevertheless, the results indicate there are actionable opportunities for improvement in select provider practices.

- HSAG recommends that the Department ensures that this report is distributed to each RCCO and each participating practice to encourage development of self-imposed ACC practice performance improvement projects. As appropriate, RCCOs should consider providing practice transformation support to practices for improving operational performance (e.g., appointment scheduling) as indicated.
- As there are no established thresholds for performance in the measures, the Department and/or RCCOs, as well as individual practices, should consider establishing thresholds of performance to drive reasonable expectations for ACC practice improvement. Due to variations in populations and resources among regions, HSAG recommends that the individual RCCOs or individual practices initially establish these thresholds. At a minimum, practices should consider establishing performance goals for indicators with notably lower rates than desired, with particular attention to the key drivers of patient satisfaction.
- HSAG recommends the continued administration of the modified version of the Child and Adult CG-CAHPS Survey 3.0 featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0

Survey in fiscal year (FY) 2017–2018. Additionally, in FY 2017–2018, the first trend evaluation of the child and adult data could be performed.

HSAG also conducts annual qualitative reviews of each RCCO. HSAG observes that some of the results of the PCMH survey appear to correlate with information obtained in HSAG’s on-site interviews of RCCO staff (e.g., staff descriptions of: provider practice innovations to extend or modify office hours or appointment availability; RCCO practice transformation program activities; and client engagement strategies). HSAG recommends that the findings in this report be considered in the context of the *Fiscal Year 2016-2017 Site Review Report* for each region and the *Fiscal Year 2016-2017 Accountable Care Collaborative Site Review Aggregate Report*.

HSAG observed lower ratings for the practices in discussing emotional, social, wellness, and developmental issues with adults and/or parents or caretakers of child clients. Approximately 49 percent of adult respondents reported that the provider did talk with them about stressors in their life; periods when they have felt depressed; or personal, mental, or emotional problems. Approximately 53 percent of adult respondents reported the provider talked with them about taking care of their own health. Also, approximately 60 to 65 percent of parents or caretakers reported the provider talked with them about their child’s developmental or wellness/prevention issues, respectively. HSAG acknowledges that there may be many factors that determine the need or appropriateness of discussing with a patient/parent or caretaker these type of issues, such as the frequency of appointments with the client or the type of appointment/circumstances of a provider visit. HSAG recommends that each practice assess and establish its own internal best practice expectations/benchmarks of practice performance in these areas, consider EHR reminder alerts, and develop monitoring mechanisms to evaluate these measures in an ongoing manner.

In addition, some practices demonstrated statistically significant higher ratings in some measures—a compliment to those practices—while other demonstrated statistically significant lower ratings. HSAG observes that opportunities may exist for sharing “best practices” among those practices with statistically significantly higher ratings and those with statistically significantly lower ratings of the same measures.

Program-Level Recommendations

This section presents general recommendations for the Colorado ACC practices for those areas where the Colorado ACC practices scored the lowest across both the child and adult populations. Measures identified in the key drivers analysis along with other low performing measures are highlighted in this section.

HSAG identified three key drivers (i.e., lower than average rates which are highly correlated with client satisfaction) that were the same across both the child and adult populations for the Rating of All Health Care and Rating of Provider global ratings. An additional key driver was reported as a problem score for both child and adult populations, although in different areas (Rating of Health Plan global rating for adults and Rating of All Health Care global rating for children). The key drivers identified included the

following, which can also be categorized into specific areas of improvement: communication, timeliness, and access:

- *Rating of All Health Care global rating:* Respondents reported that when they contacted their provider's office during regular office hours, they did not receive an answer to their medical question within the same day. This indicates an area of improvement in communication skills and timeliness for Colorado ACC practices.
- *Rating of All Health Care global rating:* Respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed. This indicates an area of improvement in timeliness for Colorado ACC practices.
- *Rating of Provider global rating:* Respondents reported that when their provider ordered a blood test, x-ray, or other test, no one from their provider's office followed up to give them the results. This indicates an areas of improvement in communication skills for Colorado ACC practices.
- *Rating of Health Plan (adult) and Rating of All Health Care (child) global ratings:* Respondents reported that they were not able to get the care they needed from their provider's office during evenings, weekends, or holidays. This indicates an area of improvement in access and timeliness for Colorado ACC practices.

HSAG recommends that the key drivers should be addressed by all participating ACC practices.

Access to Care

The findings show that respondents reported that they were not able to get the care they needed from their provider's office during evenings, weekends, or holidays. HSAG recommends that the ACC practices consider expanding the availability of evening and weekend hours by adopting alternative schedules. An example might include office hours from 7 a.m. until 3 p.m. on Mondays and Wednesdays, noon until 8 p.m. on Tuesdays and Thursdays, and 7 a.m. until noon on Fridays and Saturdays. HSAG also recommends that providers consider working with other practices in the area to collaborate on providing and covering extended hours of operation if the individual provider is solely unable to do so. ACC practices should also ensure their clients have information about the provider's recommended urgent care centers in the area, including hours of operation, as well as telephone numbers for nurse advice lines.

In addition, the findings show that respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed. HSAG recommends that ACC practices review scheduling procedures to analyze time frames associated with Medicaid clients obtaining appointments, determine the factors that may contribute to clients' perceptions that they need an appointment sooner than they received, and revise internal scheduling mechanisms and procedures accordingly. ACC practices might consider integrating a query of each client's perception of their provider's earnestness to provide care when they call for an appointment. HSAG recommends that ACC practices also consider contacting the practice transformation team at its RCCO. Practice transformation teams work closely with ACC practices throughout the State to identify opportunities for

improved operational efficiencies. Practice transformation teams may be able to assist ACC practices with designing processes to improve timely scheduling.

Timeliness of Care

Only approximately 38 percent of adult respondents and 34 percent of parents or caretakers of child clients reported that they saw the provider within 15 minutes of the appointment time. In addition, the findings show that respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed. Being able to gain timely access to a provider after the assigned appointment time may be an indication of overall scheduling system problems. ACC practices should further investigate reasons for delays in serving clients relative to their appointment time, and consider those factors in potential revisions of scheduling processes and procedures.

Communication

Respondents reported that when they contacted their provider's office during regular office hours, they did not receive an answer to their medical question within the same day. Also, respondents reported that when their provider ordered a blood test, x-ray, or other test, no one from their provider's office followed up to give them the results. Medical questions and test results should always require a follow-up response from the provider. HSAG recommends that ACC practices develop an internal communication plan or procedure to address mechanisms and responsibilities for timely staff follow-up with clients regarding results of tests and medical questions. Mechanisms for communication might include the client's preference of phone calls, mailings, or secure electronic communications. HSAG cautions that secure patient portals may not be readily accessible by some Medicaid clients, and should not be assumed a consistently reliable method of communicating with clients.

The findings show that respondents reported that they had not spoken with someone from their provider's office about prescription medicines they were taking as often as they would have liked. Whether a well-visit or treatment visit, providers should consider these contacts with a client as an opportunity to review the client's prescription medications. ACC practices might consider electronic health record reminders to review and discuss all prescriptions with the client, and to reconcile, as indicated, the client's prescriptions.

The findings show that respondents reported their child's provider did not seem well informed about care received from specialists. ACC practices should develop internal procedures for obtaining regular feedback from specialists regarding, not only consultations, but ongoing care by specialists. ACC practices should consider working with their respective RCCO to explore and implement effective procedures for communicating with specialists. In addition, ACC practices might work directly with their "preferred referral relationships" with specialists on procedures to regularly share client information.

Challenges and Potential Opportunities for Improvement

HSAG and the Department identified challenges and possible improvements to consider when continuing the pilot study using the CAHPS PCMH Surveys:

- The Department needs to know the number of providers that are contracted with a practice, so that appropriate sample sizes within each ACC practice can be determined.
- The Department needs to consider the time lag of the project from sample frame creation to survey administration to the submission of the final report.
- The ACC practices need to be involved and educated in the process for pulling their sample frame files.
- The Department needs to consider the possibility of surveying all-payer members in the ACC practices.
- The Department needs to consider the possibility of moving to an online, web-based survey administration (rather than the current mixed-mode methodology of survey administering via mail and phone follow-up) or a continuous member satisfaction survey.

This section provides a comprehensive overview of the PCMH Survey, including PCMH Survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the PCMH Survey results presented in this report.

Survey Administration

Survey Overview

The CG-CAHPS Surveys were first developed in 1999 through a collaboration between the CAHPS Consortium and the Pacific Business Group on Health, whose Consumer Assessment Survey known as the CAHPS Group Practices Survey (CG-CAHPS) established a model for surveys that would assess patients' experiences with medical groups and clinicians. In 2004, the Agency for Healthcare Research and Quality (AHRQ) issued a notice in the Federal Register inviting organizations to test a draft Clinician & Group Survey (CG-Survey). Several organizations participated in the testing of the CG-Survey from 2004 to 2006, and the AHRQ CAHPS team analyzed these survey data. These field test organizations were crucial partners in the evolution and development of the instrument, and provided critical data illuminating key aspects of survey design and administration. In 2007, AHRQ released the first CG-CAHPS Survey for adults and children. Since that time, the survey has been revised to meet the diverse needs of users. In 2009, the CAHPS team began the development of the PCMH Item Set to improve the usefulness of the CG-CAHPS Survey. The process of developing and testing the PCMH Item Set featured multiple steps including: literature reviews, technical expert panels, stakeholder inputs, focus groups, cognitive testing, field testing, and psychometric analyses. The PCMH Item Set was publicly released in 2011. In an effort to maximize the reliability of reporting measures, AHRQ issued a call for public comment on proposed changes to the CG-CAHPS Survey in 2015. These proposed changes received reflected input and lessons learned from users and stakeholders with a desire to minimize the burden of surveys on patients and providers. Based on the feedback received and subsequent analyses of multiple data sets, the CAHPS Consortium recommended incorporating the changes into Version 3.0 of the survey. The current CG-CAHPS Survey, Version 3.0, features a 6-month reference time-period rather than a 12-month reference period, modified composite measures, reduced length, and a modified PCMH Item Set.

The survey instrument selected for the Colorado child population was a modified version of the Child CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. The modified PCMH child survey includes three global measures, seven composite measures, three individual item measures, and four additional item measures. For the Colorado adult population, the survey instrument selected was a modified version of the Adult CG-CAHPS 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. The modified PCMH adult survey includes four global measures, seven composite measures, three individual item measures, and four additional item measures. The global measures (also referred to as a global rating) reflect overall

satisfaction with providers, specialists, health care, and health plan (adult survey only). The composite measures are sets of questions grouped together to address different aspects of care (e.g., “Getting Timely Appointments, Care and Information” or “How Well Providers Communicate with Patients”). The individual item measures are individual questions that look at a specific area of care (e.g., “Received Care During Evenings, Weekends, or Holidays” and “Saw Provider Within 15 Minutes of Appointment”). The additional item measures are additional questions the Department selected for inclusion in the PCMH survey or are part of the PCMH survey to evaluate clients access to care (e.g., “Number of Days Waited for Appointment When Needed Care Right Away” and “Reason Not Able to Get Care You or A Doctor Believed Necessary”).

Table 6-1 and Table 6-2 list the global rating, composite measures, individual item measures, and additional item measures included in the modified Child and Adult PCMH Surveys that were administered to Colorado ACC practice clients.

Table 6-1—Child PCMH Survey Measures

Global Rating	Composite Measures	Individual Item Measures	Additional Item Measures
Rating of Provider (Q26)	Getting Timely Appointments, Care, and Information (Q13, Q15, and Q18)	Received Information on Evening, Weekend, or Holiday Care for Child (Q16)	Length of Time Going to Child’s Provider (Q3)
Rating of Specialist Seen Most Often (Q27a)	How Well Providers Communicate with Child (Q8 and Q9)	Child Received Care During Evenings, Weekends, or Holidays (Q16b)	Number of Days Waited for Appointment When Child Needed Care Right Away (Q13a)
Rating of All Health Care (Q35c)	How Well Providers Communicate with Parents or Caretakers (Q19, Q20, Q22, and Q23)	Reminders about Child’s Care from Provider Office (Q18a)	Reminders about Child’s Care from Provider Office (Q18a)
	Providers’ Use of Information to Coordinate Patient Care (Q21 and Q25)	Saw Provider Within 15 Minutes of Appointment (Q18b)	Saw Provider Within 15 Minutes of Appointment (Q18b)
	Comprehensiveness: Child Development (Q29, Q30, Q31, Q35, and Q35a)		Reason Not Able to Get Care for Child When You or A Doctor Believed Necessary (Q28b)
	Comprehensiveness: Child Prevention (Q32, Q33, Q34, and Q35b)		Condition that Interferes with Child’s Day-to-Day Activities (Q38a)
	Helpful, Courteous, and Respectful Office Staff (Q36 and Q37)		

Table 6-2—Adult PCMH Survey Measures

Global Rating	Composite Measures	Individual Item Measures	Additional Item Measures
Rating of Provider (Q19)	Getting Timely Appointments, Care, and Information (Q6, Q8, and Q11)	Received Care During Evenings, Weekends, or Holidays (Q9b)	Length of Time Going to Provider (Q3)
Rating of Specialist Seen Most Often (Q20a)	How Well Providers Communicate with Patients (Q12, Q13, Q15, and Q16)	Reminder about Care from Provider Office (Q11a)	Number of Days Waited for Appointment When Needed Care Right Away (Q6a)
Rating of All Health Care (Q26a)	Providers' Use of Information to Coordinate Patient Care (Q14, Q18, and Q26)	Saw Provider Within 15 Minutes of Appointment (Q11b)	Reminder about Care from Provider Office (Q11a)
Rating of Health Plan (Q28f)	Talking with You About Taking Care of Your Own Health (Q22 and Q23)	Received Health Care and Mental Health Care at Same Place (Q30a)	Saw Provider Within 15 Minutes of Appointment (Q11b)
	Comprehensiveness (Q24, Q24a, and Q24b)		Reason Not Able to Get Care You or A Doctor Believed Necessary (Q21b)
	Helpful, Courteous, and Respectful Office Staff (Q27 and Q28)		Condition that Interferes with Day-to-Day Activities (Q29a)
	Customer Service (Q28d and Q28e)		

Sampling Procedures

Clients eligible for sampling included those who were identified as having received at least one visit with one of the ACC practices and who were continuously enrolled for at least five of the last six months (July through December) of 2016. The Department identified the practices and eligible practice clinicians to be included in the 2017 PCMH Survey administration. Eligible clinicians included physicians, nurse practitioners, and physician assistants who practice in the specialty of internal medicine, family medicine or pediatrics, and serve as the personal, primary care clinician for their patients.⁶⁻¹ Clinicians must have an active, unrestricted license as a doctor of medicine, doctor of osteopathy, nurse practitioner, or physician assistant.⁶⁻² All eligible clinicians practicing together at a practice site were included in identifying the CAHPS PCMH Survey eligible population.

Additionally, child clients eligible for sampling included those who were 17 years of age or younger as of December 31, 2016. Adult clients eligible for sampling included those who were 18 years of age or older as of December 31, 2016. The sample size selected for the child and adult populations was 1,200 clients per ACC practice. Salud Del Valle did not meet the minimum sample size criteria; therefore, the entire child population (805 child clients) was surveyed from Salud Del Valle's eligible population.

⁶⁻¹ Clinicians were not necessarily the client's regular clinician or primary care provider.

⁶⁻² Specialists, nurse practitioners, and physician assistants who do not have their own panel of patients or who do not practice in primary care are not typically eligible.

Survey Protocol

Table 6-3 shows the mixed mode (i.e., mail followed by telephone follow-up) timeline used in the administration of the Colorado Child and Adult PCMH Surveys.

Table 6-3—Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the child and adult client.	0 days
Send a postcard reminder to non-respondents 4-10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4-10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that a maximum of six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The first phase, or mail phase, consisted of a survey being mailed to all sampled clients. Clients who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Clients that were not identified as Spanish-speaking received an English version of the survey. The English and Spanish versions of the survey included a toll-free number that clients could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. The second phase, or telephone phase, consisted of CATI for sampled clients who had not mailed in a completed survey. A maximum of six CATI calls was made to each non-respondent.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each population was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for clients who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were selected so that no more than one client was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Specifications for the CAHPS Survey for PCMH as a guideline for conducting the Colorado PCMH Survey data analysis. A number of analyses were performed to comprehensively assess client satisfaction. This section provides an overview of each analysis.

Response Rates

The administration of the PCMH Surveys is comprehensive and is designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible clients of the sample. HSAG followed the CG-CAHPS completeness criteria where a client's survey was assigned a disposition code of "complete" if 50 percent of the CG-CAHPS defined key items were answered and one reportable item was answered. The following are the CG-CAHPS key items: questions confirming eligibility for the survey, the screeners for the questions included in the core composites measures, the primary (global) rating question, and demographic and other background items questions. The reportable items for the child PCMH Survey consist of questions 13, 15, 18, 19, 20, 21, 22, 23, 25, 26, 36, and 37. The reportable items for the adult PCMH Survey consist of questions 6, 8, 11, 12, 13, 14, 15, 16, 18, 19, 26, 27, and 28. Eligible clients include the entire random sample minus ineligible clients. Ineligible clients of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 6-4), or had a language barrier.⁶⁻³

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

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents and child clients. Given that the demographics of a response group can influence overall client satisfaction scores, it is important to evaluate all PCMH Survey results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the practice, then caution must be exercised when extrapolating the PCMH Survey results to the entire population. HSAG included respondents who were categorized as "Incomplete but Eligible" in the demographic analysis.

Practice Comparisons

ACC practice comparisons were performed to identify client satisfaction differences that were statistically different between the ACC practices. Given that differences in demographics can result in

⁶⁻³ Agency for Healthcare Research and Quality. CAHPS® Clinician & Group Survey Instructions. *Fielding the CAHPS® Clinician & Group Survey – Sampling Guidelines and Protocols*. June, 1, 2016.

differences in ratings between practices that are not due to differences in quality, the data were case-mix adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics of clients and respondents used in adjusting the results for comparability among practices. Results for the Colorado ACC practices were case-mix adjusted for client general health status, respondent education level, and respondent age.

Two types of hypothesis tests were applied to the practice comparative results. First, a global F test was calculated, which determined whether the difference between the ACC practices' scores was significant.

The score was:

$$\hat{\mu} = \left(\sum_p \hat{\mu}_p / \hat{V}_p \right) / \left(\sum_p 1 / \hat{V}_p \right)$$

The F statistic was determined using the formula below:

$$F = (1/(P - 1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The F statistic had an F distribution with $(P - 1, q)$ degrees of freedom, where q was equal to n/P (i.e., the average number of respondents in a practice). Due to these qualities, this F test produced p values that were slightly larger than they should have been; therefore, finding significant differences between practices was less likely. An alpha-level of 0.05 was used. If the F test demonstrated practice-level differences (i.e., $p < 0.05$), then a t test was performed for each practice.

The t test determined whether each practice's score was significantly different from the overall results of the other practices. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P - 1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

In this equation, \sum^* was the sum of all practices except practice p .

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P - 1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_{p'}$$

The t statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a t distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences between a practice p and the results of all other practices was less likely.

Case-Mix Adjustment

Given that variances in respondents' demographics can result in differences in rates between practices that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. The top-box rates were case-mix adjusted by client general health status, respondent education level, and respondent age. In addition, case-mix adjusted scores are calculated using the following formula:

$$\text{Adjusted top box rate} = \text{Raw rates} - \text{Net Adjustment}$$

Where net adjustment is calculated using the following equation:

$$\text{Net Adjustment} = (\text{Practice Adjuster's Mean} - \text{Program Adjuster's Mean}) \times \text{Coefficient}$$

The coefficient in the above equation was estimated using linear regression.

Key Drivers of Low Satisfaction

HSAG performed an analysis of key drivers of low satisfaction for the following measures: Rating of Provider, Rating of All Health Care, and Rating of Health Plan (adult only). The purpose of the key drivers of low satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how well the Colorado ACC Aggregate is performing on the survey item and 2) how important that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the client satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1. Table 6-4 shows the problem score assignment based on responses.

Table 6-4—Problem Score Assignment

Responses	Problem Score
Never	1
Sometimes	1
Usually	0
Always	0
Yes	0
No	1
Same day	0
1 day	0
2 to 3 days	1
4 to 7 days	1
More than 7 days	1

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

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

Limitations and Cautions

The findings presented in the 2017 Colorado ACC Client Satisfaction report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Case-Mix Adjustment

While data for the practices have been adjusted for differences in survey-reported general health status, age, and education, it was not possible to adjust for differences in respondent characteristics that were not measured. These characteristics could include income, employment, or any other characteristics that may not be under the practices' control.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their care and service and may vary by practice. Therefore, the potential for non-response bias should be considered when interpreting PCMH Survey results.

Causal Inferences

Although this report examines whether clients of the practices report differences in satisfaction with various aspects of their care and service experiences, these differences may not be completely attributable to the practice. These analyses identify whether clients in various types of practices give different ratings of satisfaction with their practice. The survey by itself does not necessarily reveal the exact cause of these differences.

Baseline Survey Results

In 2017, the modified Child and Adult PCMH Surveys were administered for the first time. Therefore, the 2017 Colorado PCMH Survey results for the participating practices presented in the report represent a baseline assessment of client satisfaction. Therefore, caution should be exercised when interpreting these results.

PCMH Survey Instrument

For purposes of the 2017 Colorado PCMH Survey administration, the standardized Child and Adult CG-CAHPS 3.0 Surveys were modified, such that additional items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey were added. Given the modifications to the CG-CAHPS Survey instruments, caution should be exercised when interpreting the 2017 Colorado PCMH Survey results presented in this report.

Lack of National Data for Comparisons

Currently, NCQA is collecting PCMH Survey data from practices; however, national benchmarking data for the PCMH Survey measures were not available for comparisons. While national data are not available for comparisons, the results from the PCMH Survey can still be used by the Department to identify areas of low performance.

Quality Improvement References

The following references offer additional guidance on possible approaches to survey-related QI activities.

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7. Survey Instruments

The survey instrument selected for Colorado child clients was a modified version of the Child CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. The survey instrument selected for Colorado adult clients was a modified version of the Adult CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. This section provides a copy of each survey instrument.



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

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

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

If you want to know more about this survey, please call 1-800-839-0564.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

Your Child's Provider

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

1. Our records show that your child got care from the provider named below in the last 6 months.

[CLINICIAN NAME]

Is that right?

- Yes
- No → *Go to Question 38*



The questions in this survey will refer to the provider named in Question 1 as "this provider". Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?

- Yes
- No

3. How long has your child been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

Your Child's Care From This Provider in the Last 6 Months

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 6 months, how many times did your child visit this provider for care?

- None → *Go to Question 38*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

- Yes → *Go to Question 7*
- No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

- Yes → *Go to Question 10*
- No → *Go to Question 10*

7. Is your child able to talk with providers about his or her health care?

- Yes
- No → *Go to Question 10*

8. In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, how often did this provider listen carefully to your child?

- Never
- Sometimes
- Usually
- Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

- Yes
- No → *Go to Question 12*

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- Yes
- No

12. In the last 6 months, did you contact this provider's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 14*

13. In the last 6 months, when you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

13a. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

14. In the last 6 months, did you make any appointments for a check-up or routine care for your child with this provider?

- Yes
- No → *Go to Question 16*

15. In the last 6 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

16. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- Yes
- No

16a. In the last 6 months, did your child need care during evenings, weekends, or holidays?

- Yes
- No → *Go to Question 17*

16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, did you contact this provider's office with a medical question about your child during regular office hours?

- Yes
- No → *Go to Question 18a*

18. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
- Sometimes
- Usually
- Always

18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?

- Yes
- No

18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

21. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

- Yes
- No → *Go to Question 26*

25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

26. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

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

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did your child see a specialist for a particular health problem?

- Yes
- No → **Go to Question 28a**

27a. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

28. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

- Never
- Sometimes
- Usually
- Always

28a. In the last 6 months, was your child ever not able to get medical care, tests, or treatments you or a (any) doctor believed necessary?

- Yes
- No → **Go to Question 29**

28b. What is the main reason your child was not able to get medical care, tests, or treatments you or a (any) doctor believed necessary? Choose one.

- Medicaid wouldn't approve, cover, or pay for care
- Provider refused to accept Medicaid
- Could not get an appointment/provider not taking new patients
- No qualified specialist in my area
- Couldn't get transportation to provider's office
- Couldn't take time off work or get child care / Hours of operation of provider
- Didn't know where to go to get care
- The wait took too long
- Don't like going to the doctor
- Other

Please answer these questions about the provider named in Question 1 of the survey.

29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?

- Yes
- No

30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?

- Yes
- No



31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?

- Yes
- No

32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?

- Yes
- No

33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- Yes
- No

34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- Yes
- No

35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?

- Yes
- No

35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?

- Yes
- No

35b. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- Yes
- No

35c. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

Clerks and Receptionists at This Provider's Office

36. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

37. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always



About Your Child and You

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

- Excellent
- Very Good
- Good
- Fair
- Poor

38a. Does your child have a physical or medical condition that seriously interferes with their ability to attend school or manage day-to-day activities?

- Yes
- No

39. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

39a. Has your child had either a flu shot or flu spray in the nose since July 1, 2016?

- Yes
- No
- Don't know

40. What is your child's age?

- Less than 1 year old

YEARS OLD (Write in.)

41. Is your child male or female?

- Male
- Female

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

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

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

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

44. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

45. Are you male or female?

- Male
- Female

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

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree



◆

47. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

48. Did someone help you complete this survey?

- Yes → ***Go to Question 49***
- No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

**49. How did that person help you?
Please mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you for taking the time to complete this survey. Your answers are greatly appreciated.

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

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



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

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

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

If you want to know more about this survey, please call 1-800-839-0564.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks



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

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

[CLINICIAN NAME]

Is that right?

- Yes
- No → *Go to Question 28a*



The questions in this survey will refer to the provider named in Question 1 as "this provider". Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No

3. How long have you been going to this provider?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 3 years
- At least 3 years but less than 5 years
- 5 years or more

**Your Care From This Provider
in the Last 6 months**

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

- None → *Go to Question 28a*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always

6a. In the last 6 months, how many days did you usually have to wait for an appointment when you needed care right away?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

- Yes
- No → *Go to Question 9*

8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

- Never
- Sometimes
- Usually
- Always



9. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?
- Yes
 - No
- 9a. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?
- Yes
 - No → *Go to Question 10*
- 9b. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?
- Never
 - Sometimes
 - Usually
 - Always
10. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?
- Yes
 - No → *Go to Question 11a*
11. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
- Never
 - Sometimes
 - Usually
 - Always
- 11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?
- Yes
 - No

- 11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?
- Never
 - Sometimes
 - Usually
 - Always
12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
13. In the last 6 months, how often did this provider listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
14. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- Never
 - Sometimes
 - Usually
 - Always
15. In the last 6 months, how often did this provider show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always

16. In the last 6 months, how often did this provider spend enough time with you?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes
- No → **Go to Question 19**

18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

19. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

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

20. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you see a specialist for a particular health problem?

- Yes
- No → **Go to Question 21a**

20a. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

21. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- Never
- Sometimes
- Usually
- Always

21a. In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a (any) doctor believed necessary?

- Yes
- No → **Go to Question 22**



21b. What is the main reason you were not able to get medical care, tests, or treatments you or a (any) doctor believed necessary? Choose one.

- Medicaid wouldn't approve, cover, or pay for care
- Provider refused to accept Medicaid
- Could not get an appointment/provider not taking new patients
- No qualified specialist in my area
- Couldn't get transportation to provider's office
- Couldn't take time off work or get child care / Hours of operation of provider
- Didn't know where to go to get care
- The wait took too long
- Don't like going to the doctor
- Other

Please answer these questions about the provider named in Question 1 of the survey.

22. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- Yes
- No

23. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- Yes
- No

24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- Yes
- No

24a. In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

24b. In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- Yes
- No

25. In the last 6 months, did you take any prescription medicine?

- Yes
- No → Go to Question 26a

26. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

26a. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |



**Clerks and Receptionists
at This Provider's Office**

27. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28a. In the last 6 months, did you look for any information in written materials or on the Internet about how Medicaid/Health First Colorado works?

- Yes
- No → *Go to Question 28c*

28b. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how Medicaid/Health First Colorado works?

- Never
- Sometimes
- Usually
- Always

28c. In the last 6 months, did you get information or help from Medicaid/Health First Colorado customer service?

- Yes
- No → *Go to Question 28f*

28d. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

28e. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

28f. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate Medicaid/Health First Colorado?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | | | Best | | |
| Health Plan | | | | | | | | Health Plan | | |
| Possible | | | | | | | | Possible | | |



About You

29. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

29a. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- Yes
- No

30. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

30a. Can you get both your health care and your mental health care at the same place?

- Yes
- No
- I do not use mental health care
- Don't Know

30b. Have you had either a flu shot or flu spray in the nose since July 1, 2016?

- Yes
- No
- Don't know

31. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

32. Are you male or female?

- Male
- Female

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

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

34. Are you of Hispanic or Latino origin or descent?

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

35. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other

36. Did someone help you complete this survey?

- Yes → **Go to Question 37**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**



◆ **37. How did that person help you? Please mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thank you for taking the time to complete this survey. Your answers are greatly appreciated.

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

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