2016-17 ECHO SURVEY: ADULTS

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INTRODUCTION

Purpose of the Survey

Experience of Care and Health Outcome (ECHO) Surveys are administered annually to assess consumer perceptions of care they received through the North Carolina LME-MCOs and assist in the development of quality improvement strategies. The survey was administered to a random sample of enrollees from each MCO who received at least one service through the MCO within the year prior to August 2017.

Instrument

NC DMA chose to use the ECHO survey produced by the Consumer Assessment of Healthcare Providers and Systems (CAHPS), version 3.0. This version has both an adult (18+) and a child format. Each format contains 50+ questions designed to “provide specific details and insights into the counseling and treatment members receive as well as the quality of health care services provided by their health plan.” The survey was conducted and analyzed by DataStat, Inc.

Analysis

Of the 571 surveys sent, 81 adult versions were used in calculations. Trillium’s overall response rate to the survey was 14.2%. Results from the child and adult surveys were analyzed separately. Domains, which have composite scores from multiple questions, were defined by the CAHPS report provided by NC DMA. Aggregate data for North Carolina was also provided by the CAHPS report. As this survey reflects Trillium’s first fiscal year, historical data for comparison is not available.
EXECUTIVE SUMMARY

Overall Satisfaction

Trillium received an Overall Satisfaction Rating (based on Question 28 of the survey) of 75.8%. Respondents were asked the following question:

"Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?"

All responses of 8 or greater were included in the calculation of the Overall Satisfaction Rating. Trillium’s score of 75.8% falls below the 85% Satisfaction benchmark set by the CAHPS report, but exceeds the 16-17 State average of 71.8%.

Service Category

Members receiving MH services accounted for 82% all participants, which was an 11% increase from last year.
Composite Score Summary

Composite domains consist of combined response scores from 2 - 6 individual questions. Further breakdown is available in the “Composite Scores” section of this report.

Care Coordination

The ECHO survey includes 10 questions related to enrollee satisfaction with Care Coordination. Sample size on these ten items ranged from 3 - 23 with an average of 19, so results should be interpreted with caution due to the low numbers of respondents.

Overall Satisfaction
COMPOSITE SCORES

The CAHPS report defines five domains of member experience: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment & Information from the Plan, Perceived Improvement, and Information About Treatment Options. Each domain is comprised of two to six questions from the survey.

Aggregate data for North Carolina was provided by the CAHPS report.

Getting Treatment Quickly

This domain assesses whether enrollees were able to access care in a timely manner. It contains Questions 3, 5, and 7. Percentages reflect responses of “Usually” and “Always.”

How Well Clinicians Communicate

This domain assesses whether an enrollee felt respected by/safe with their clinician and how well they felt their treatment was explained to them. It contains Questions 11-15, 18. Percentages reflect responses of “Usually” and “Always.”
Treatment & Information from the Plan

This domain assesses whether an enrollee was adversely impacted by delays in treatment while waiting for an authorization approval, and also how helpful they found customer service. It contains Questions 39 and 41. Percentages reflect a response of “Not a Problem.”

Perceived Improvement

This domain assesses enrollee perception of their improvement in daily functioning as compared to 1 year prior to taking the survey. It contains Questions 31-34. Percentages reflect responses of “Much Better” and “A Little Better.”

Information About Treatment Options

This domain assesses whether enrollees were informed of their different options for treatment, including self-help and consumer-run programs. It contains Questions 20 and 21. Percentages reflect a response of “Yes.”
APPENDIX A: SURVEY QUESTIONS

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or "stressed out"
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?
   ○ Yes  ➔ If Yes, go to question 2
   ○ No  ➔ If No, go to question 56 on page 7

   YOUR COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

   The next questions ask about your counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?
   ○ Yes
   ○ No  ➔ If No, go to question 4

3. In the last 12 months, how often did you get the professional counseling you needed on the phone?
   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

4. In the last 12 months, did you need counseling or treatment right away?
   ○ Yes
   ○ No  ➔ If No, go to question 6
5. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?

- Yes
- No ➔ If No, go to question 8

7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?

- None
- 1
- 2
- 3 or more

9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?

- None ➔ If None, go to question 29 on page 4
- 1 to 10
- 11 to 20
- 21 or more
10. In the last 12 months, how often were you seen within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?

- Never
- Sometimes
- Usually
- Always

12. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

13. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

- Never
- Sometimes
- Usually
- Always
15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?

- Never
- Sometimes
- Usually
- Always

16. In the last 12 months, did you take any prescription medicines as part of your treatment?

- Yes
- No  ➔ If No, go to question 18

17. In the last 12 months, were you told what side effects of those medicines to watch for?

- Yes
- No

18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

- Never
- Sometimes
- Usually
- Always

19. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

- Yes
- No

20. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?

- Yes
- No

21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

- Yes
- No
22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?

- Yes
- No

23. In the last 12 months, were you given information about your rights as a patient?

- Yes
- No

24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

- Yes
- No

25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

- Yes
- No

26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

- Yes
- No If No, go to question 28

27. In the last 12 months, was the care you received responsive to those needs?

- Yes
- No
28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

- 0 Worst Counseling or Treatment Possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best Counseling or Treatment Possible

29. In the last 12 months, how much were you helped by the counseling or treatment you got?

- Not at all
- A little
- Somewhat
- A lot

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

- Excellent
- Very Good
- Good
- Fair
- Poor

31. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?

- Much better
- A little better
- About the same
- A little worse
- Much worse
32. **Compared to 12 months ago**, how would you rate your ability to deal with **social situations now**?

- Much better
- A little better
- About the same
- A little worse
- Much worse

33. **Compared to 12 months ago**, how would you rate your ability to **accomplish the things you want to do now**?

- Much better
- A little better
- About the same
- A little worse
- Much worse

34. **Compared to 12 months ago**, how would you rate your **problems or symptoms now**?

- Much better
- A little better
- About the same
- A little worse
- Much worse

The next questions ask about your experience with the **company or organization** that handles your benefits for counseling or treatment.

35. In the last 12 months, did you **use up all your benefits** for counseling or treatment?

- Yes
- No  ➔  **If No, go to question 38**

36. At the time benefits were used up, did you think you **still needed** counseling or treatment?

- Yes
- No  ➔  **If No, go to question 38**
37. Were you told about other ways to get counseling, treatment, or medicine?

- Yes
- No

38. In the last 12 months, did you need approval for any counseling or treatment?

- Yes
- No  ➔ If No, go to question 40

39. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

- A big problem
- A small problem
- Not a problem

40. In the last 12 months, did you call customer service to get information or help about counseling or treatment?

- Yes
- No  ➔ If No, go to question 42

41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?

- A big problem
- A small problem
- Not a problem

REASONS FOR COUNSELING OR TREATMENT

42. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- Yes
- No
43. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

- Yes
- No

44. Have you received Care Coordination for any services in the past 12 months?

- Yes
- No  ➔ If No, go to question 56

45. Please identify the service categories that you received Care Coordination for in the past 12 months. (Please mark all that apply)

- Intellectual and Developmental Disabilities
- Mental Health
- Substance Use
- Other

46. It is easy to get in touch with my Care Coordinator when I need them.

- Never
- Sometimes
- Usually
- Always

47. My Care Coordinator responds to my calls in a timely manner.

- Never
- Sometimes
- Usually
- Always

48. If I have questions, my Care Coordinator helps me find the answers.

- Never
- Sometimes
- Usually
- Always
49. My Care Coordinator has helped me find services and people to support me in managing my care.

- Never
- Sometimes
- Usually
- Always

50. My Care Coordinator asks how best to support me.

- Never
- Sometimes
- Usually
- Always

51. I was given a draft of my Person Centered Plan to review before being asked to sign it.

- Never
- Sometimes
- Usually
- Always
- I do not have a Person Centered Plan

52. I was satisfied with my Person Centered Plan prepared by the Care Coordinator.

- Never
- Sometimes
- Usually  
  If Usually, go to question 54
- Always  
  If Always, go to question 54
- I do not have a Person Centered Plan  
  Go to question 54

53. If you were not satisfied with your plan, did you and/or the provider suggest revisions that were added to your plan?

- Never
- Sometimes
- Usually
- Always
54. If your request for service was denied, did your Care Coordinator talk to you about the appeal process and about additional information that might be helpful to submit for an appeal?

- Never
- Sometimes
- Usually
- Always
- Request for service was not denied

55. Are you satisfied with your Care Coordinator?

- Never
- Sometimes
- Usually
- Always

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

- Excellent
- Very Good
- Good
- Fair
- Poor

57. What is your age now?

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

58. Are you male or female?

- Male
- Female
59. 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

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

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

61. 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

62. Did someone help you complete this survey?

- Yes ➔ If Yes, go to question 63
- No ➔ Thank you. Please return the completed survey in the postage-paid-envelope.

63. How did that person help you? Check all that apply.

- 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.