

2018-19 ECHO SURVEY: ADULTS

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Management
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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 the 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 July 2019.

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, 64 adult versions were used in calculations. Trillium’s overall response rate to the survey was 11.7%. 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 provided by the CAHPS report.

NOTES REGARDING STATISTICAL TESTING

The percentages presented represent the number of “achievements” over the total number of responses for each composite/question. The CAHPS defines which response are achievements for each relevant question. For example, for the questions asking how often service were proved in a timely manner responses of “Always” and “Usually” are considered achievements and responses of “Sometimes” or “Never” are not.

The CAHPS report defines “overall enrollee satisfaction” as the score for Question 28, which rates overall satisfaction with counseling or treatment received. Correlations between individual questions and composite domains are performed to determine which items and areas are related to overall satisfaction. For the purposes of this survey, the report defines “highly correlated” as a Pearson coefficient of $r \geq \pm.04$.

Statistical testing performed by DataStat, Inc. was validated by the Data Unit using R. Any discrepancies are noted in the narratives accompanying affected sections.

As noted in the CAHPS report, some questions received low numbers of responses. Statistical findings should be interpreted cautiously for questions with 30 or less responses.

DEFINITIONS OF STATISTICAL TERMS

Statistical Significance

A statistically significant finding indicates that there is a 5% or lower probability that the result would occur as it does due to random error/variance. For example, a significant correlation indicates that it is highly unlikely that two variables would co-vary to the extent they do by random chance. A statistically significant difference in a t test means that it is highly unlikely this difference occurred due to random variance in the data.

Correlations

Correlation coefficients represent the strength of the relationship between variables. A higher coefficient means a stronger relationship. A positive correlation coefficient means that if one variable is higher then there is an increased probability the other variable will be higher. A negative correlation coefficient indicates that as one variable increases the other decreases.

Binomial Test

Binomial test are used to determine if an observation differs from an expected distribution. The observed proportions of “successes” are compared to the expected probability of success. In this report binomial test are used to determine if Trillium’s achievement scores differ from North Carolina’s achievement scores. Trillium’s achievements are treated as successes and North Carolina’s achievement scores are used as the as the expected probability of success.

T-test

T-test determine whether the means of two groups are significantly different, taking into account variance. A significant t-test means that the distribution of the outcome variable in one group is significantly different than the distribution another group.

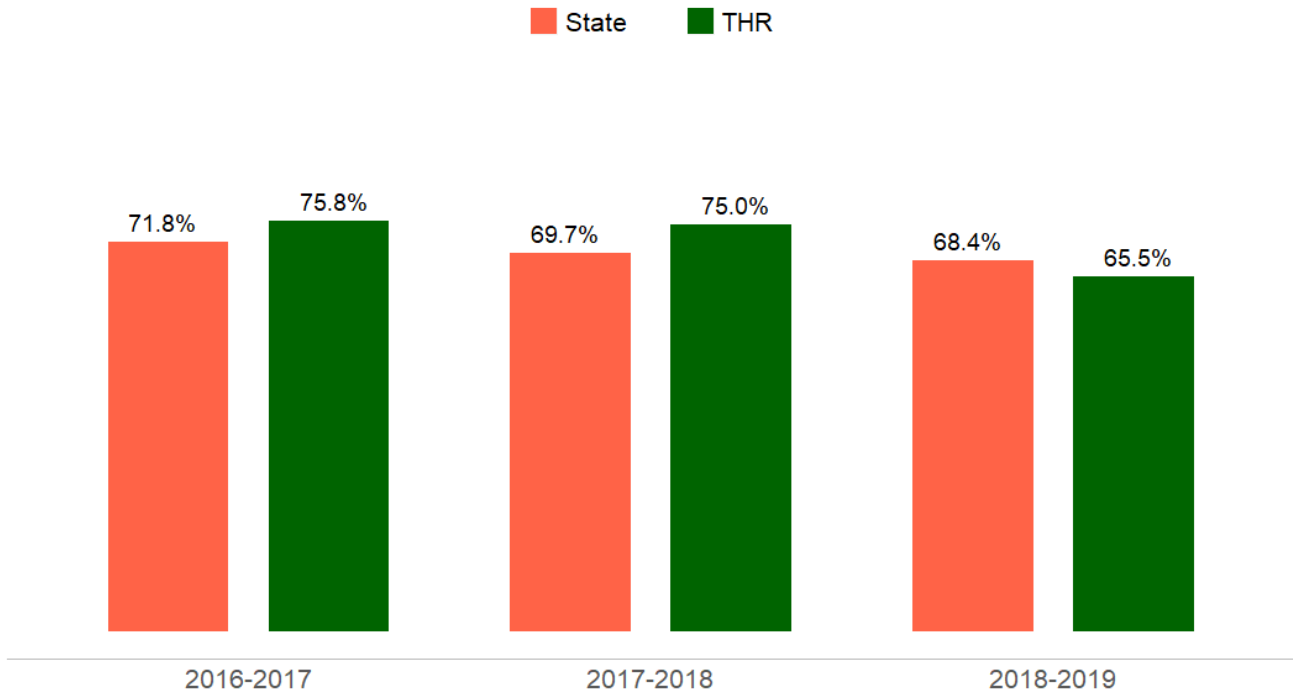
EXECUTIVE SUMMARY

DataStat, Inc. used t-test and binomial test to check for significant differences in achievement scores. The report did not specify the parameters for the test or when each test was used. The Trillium Data Unit used two-tailed binomial tests to assess differences in achievement scores. The Data Unit’s findings were consistent with the CAHPS report’s significance testing.

OVERALL SATISFACTION

Trillium received an Overall Satisfaction Rating (based on Question 28 of the survey) of 65.5%. 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?”



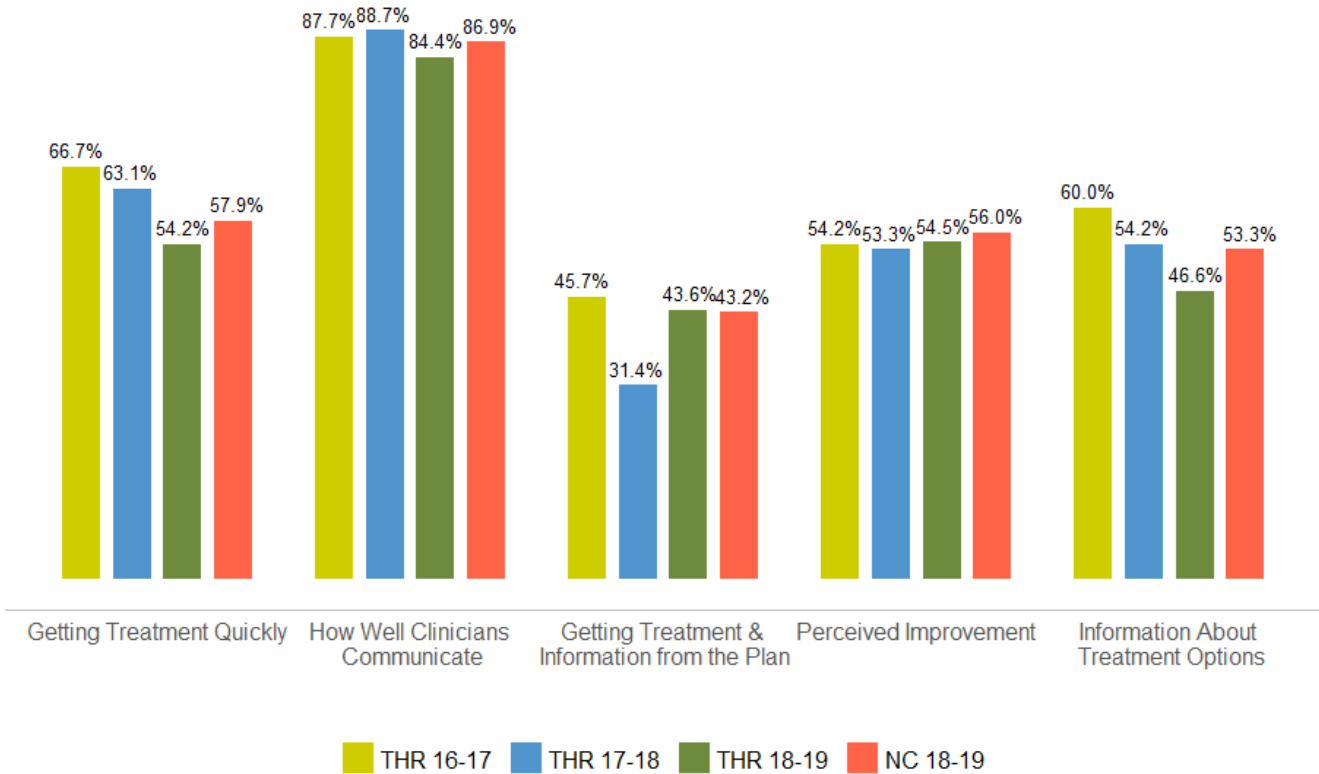
The Overall Satisfaction Rating was calculated by dividing the number of responses of 8 or more by the total number of responses. Trillium’s score of 65.5% fell below the 85% Satisfaction benchmark set by the CAHPS report and below the NC 18-19 State score of 68.4%. Trillium’s achievement score was not significantly different than the North Carolina’s achievement score ($p = 0.66$).

Trillium’s 2019 Overall Satisfaction Rating was lower than Trillium’s 2018 Overall Satisfaction Rating. The difference was not significant ($p = 0.12$).

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.

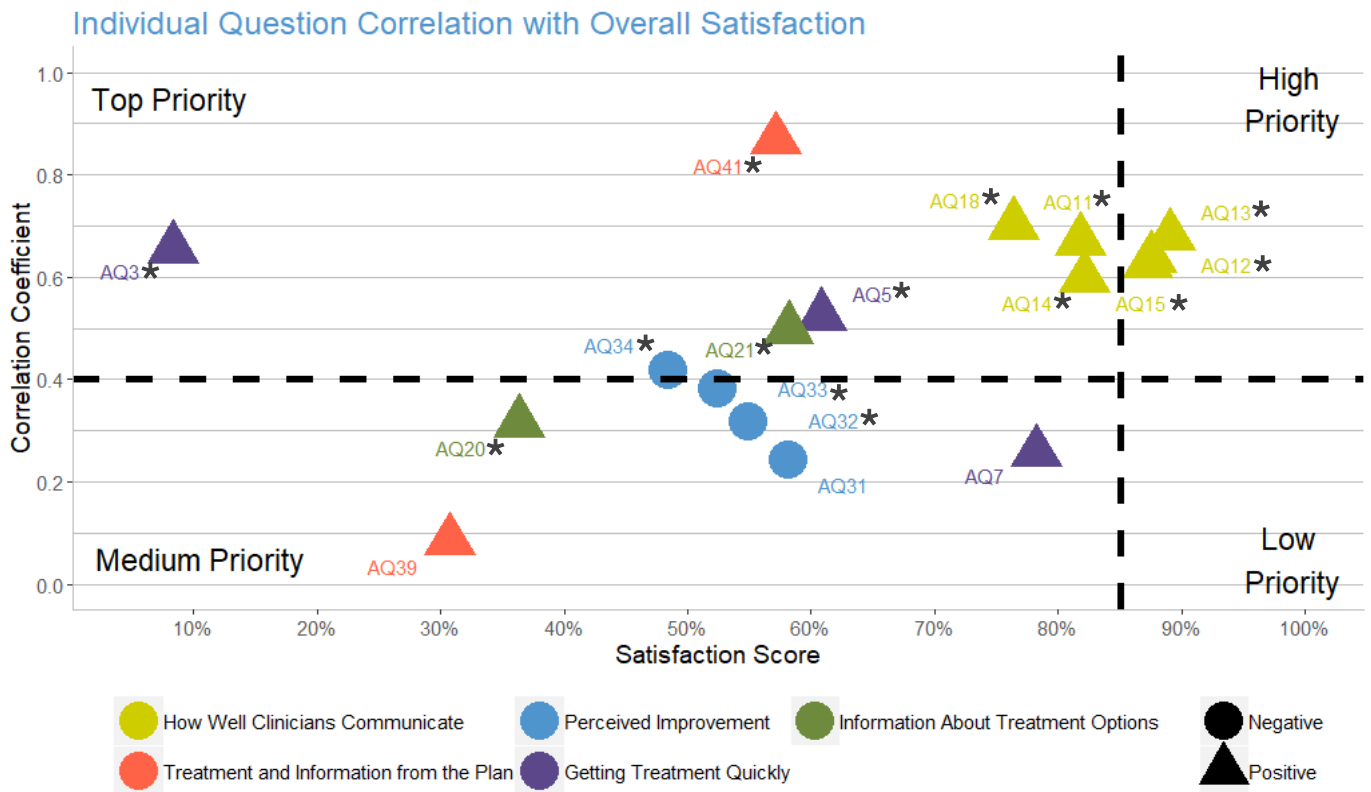
There were no statistically significant differences in Trillium’s 2019 achievement scores and North Carolina’s achievement score or between Trillium’s 2019 and 2018 achievement scores (all p ’s > 0.05).



PRIORITY MATRIX

The CAHPS report provides a “Priority Matrix” which assigns each domain to a Top, High, Medium, or Low priority category for intervention based on the satisfaction scores and how highly the particular domain correlates with overall enrollee satisfaction. The matrices below are adapted from the CAHPS report, with adjustments made based on the statistical findings below. Dotted lines indicate the $r = .04$ cutoff and the 85% satisfaction benchmark. Asterisks indicate a $p\text{-value} < 0.05$.

Of the 17 individual questions that comprise the domains 14 were significantly correlated with overall satisfaction. Ten of the 14 significant correlations met the CAHPS criteria for a strong relationship with overall satisfaction ($r \geq 0.4$). All questions from the How Well Clinicians Communicate composite were in the Top or High Priority category.



KEY AREAS OF INTEREST

The Trillium Data Unit used Pearson’s tests to correlate scores on individual questions with overall satisfaction (as defined by the CAHPS report). The report defines a “high” satisfaction score as 85% or greater. Question with less than 30 responses are highlighted.

1. Strengths

Question	Satisfaction Score	Correlation with Q28
Q13. Clinicians usually or always showed respect	89.1	0.68
Q12. Clinicians usually or always explained things	87.5	0.64
Q15. Usually or always felt safe with clinicians	87.3	0.63
Q11. Clinicians usually or always listened carefully	81.8	0.67
Q29. A lot or somewhat helped by treatment	80.6	0.66

2. Opportunities for Improvement

Question	Satisfaction Score	Correlation with Q28
Q3. Usually or always got help by telephone	8.3	0.66
Q27. Care responsive to cultural needs	40.0	0.99
Q41. Getting help from customer service was not a problem	57.1	0.87
Q18. Usually or always involved as much as you wanted in treatment	76.4	0.70
Q22. Given as much information as wanted to manage condition	79.6	0.66

A Note About Correlations: Correlations measure the strength of association between two variables, i.e., whether a change in one variable is related to a change in another variable. Survey responses are assigned a numerical value to facilitate these kinds of quantitative comparisons. The majority of questions on this survey are coded in an ascending order:

3. Q11	4. Q29
1 = Never	1 = Not at all
2 = Sometimes	2 = A little
3 = Usually	3 = Sometimes
4 = Always	4 = A lot

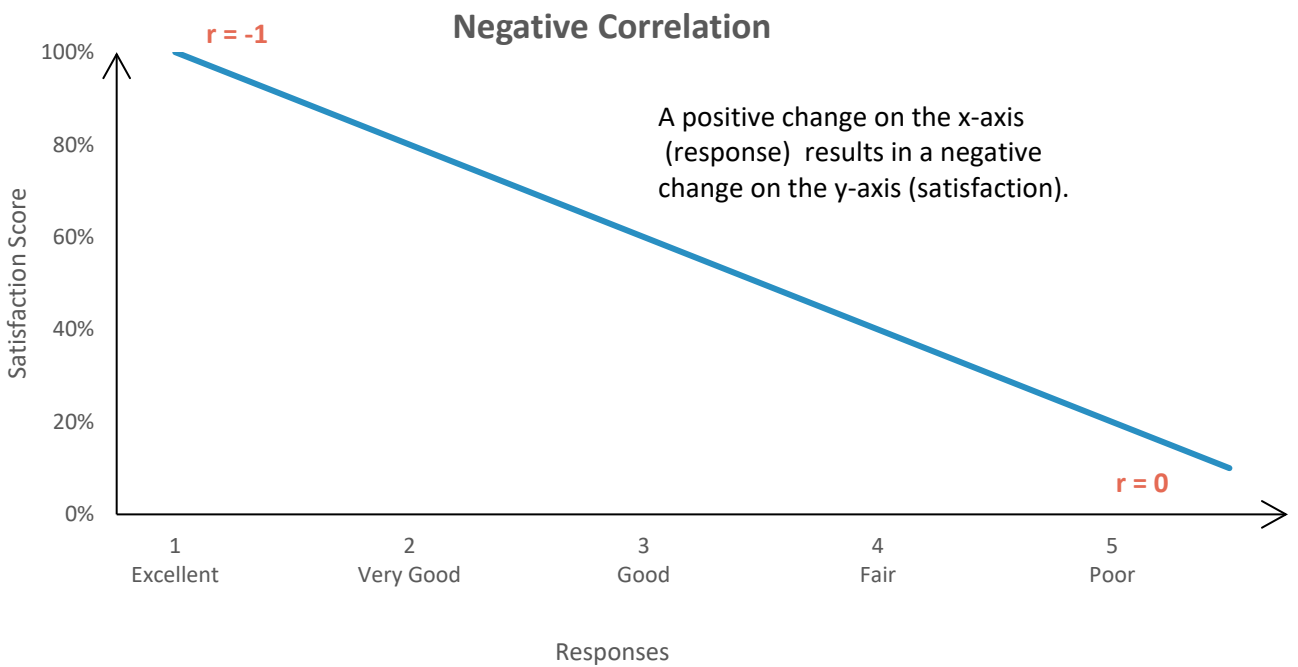
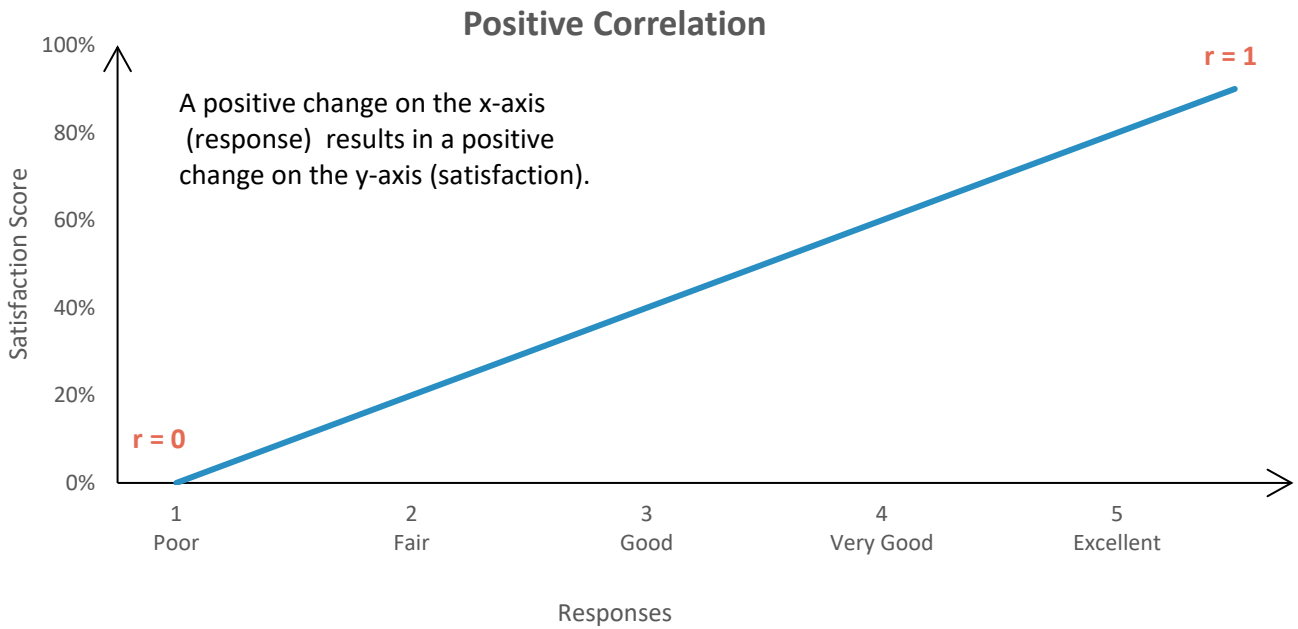
Question 28 follows the same format: on a scale of 0 – 10, 0 is the most negative response, and 10 is the most positive. Therefore, for most questions on this survey, an increase in the numerical value for an individual question will correspond to an increase in the numerical value on the response to Question 28.

The “Perceived Improvement” Domain, which includes the two highlighted questions above, is scored in the opposite manner:

5. Q32	6. Q33
1 = Much Better	1 = Much Better
2 = A little better	2 = A little better
3 = About the same	3 = About the same
4 = A little worse	4 = A little worse
5 = Much worse	5 = Much worse

For this domain, a lower numerical score on these questions indicates a higher level of satisfaction. Therefore, the questions on this domain have an inverse relationship with overall satisfaction – a negative change in the response results in an increase in the numerical value of the response on Question 28. This results in the negative correlation coefficients.

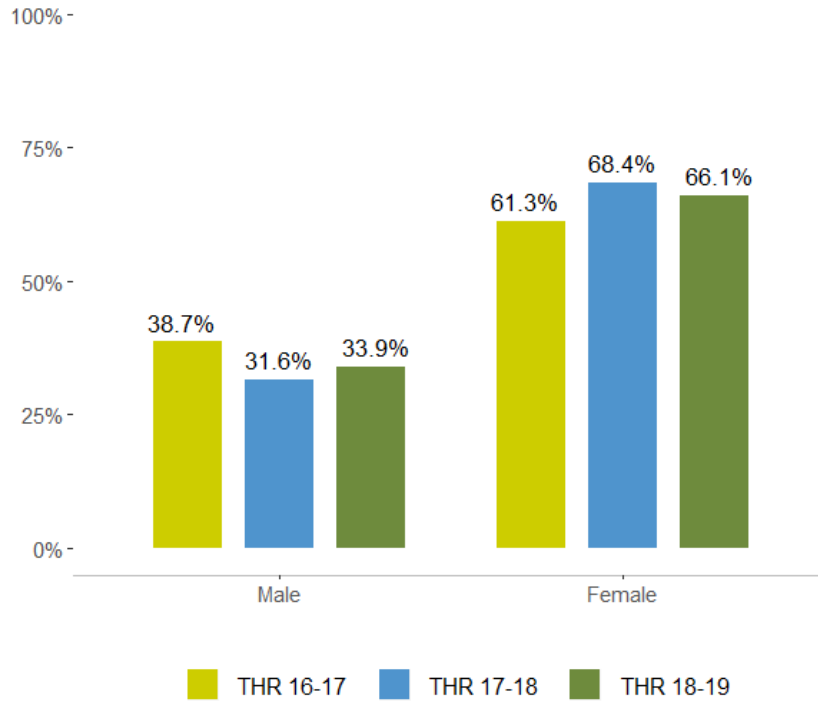
It should be noted that an r value of 0.4 indicates the same strength of association as an r value of -0.4.



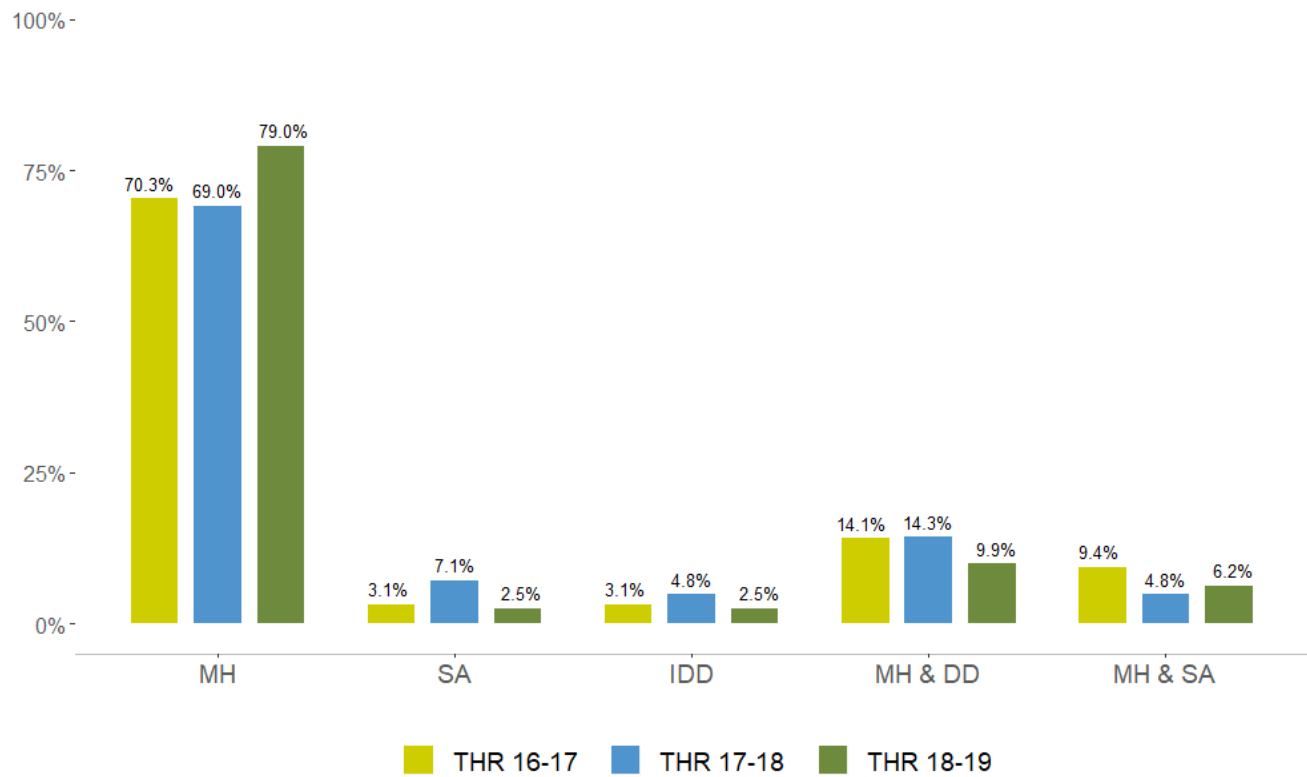
DEMOGRAPHICS

Demographics are provided for informational purposes. There was a statistically significant correlation between how respondents rated their overall health and overall satisfaction ($r = -0.29, p = 0.003$). This means that as the health rating improves so does overall satisfaction.

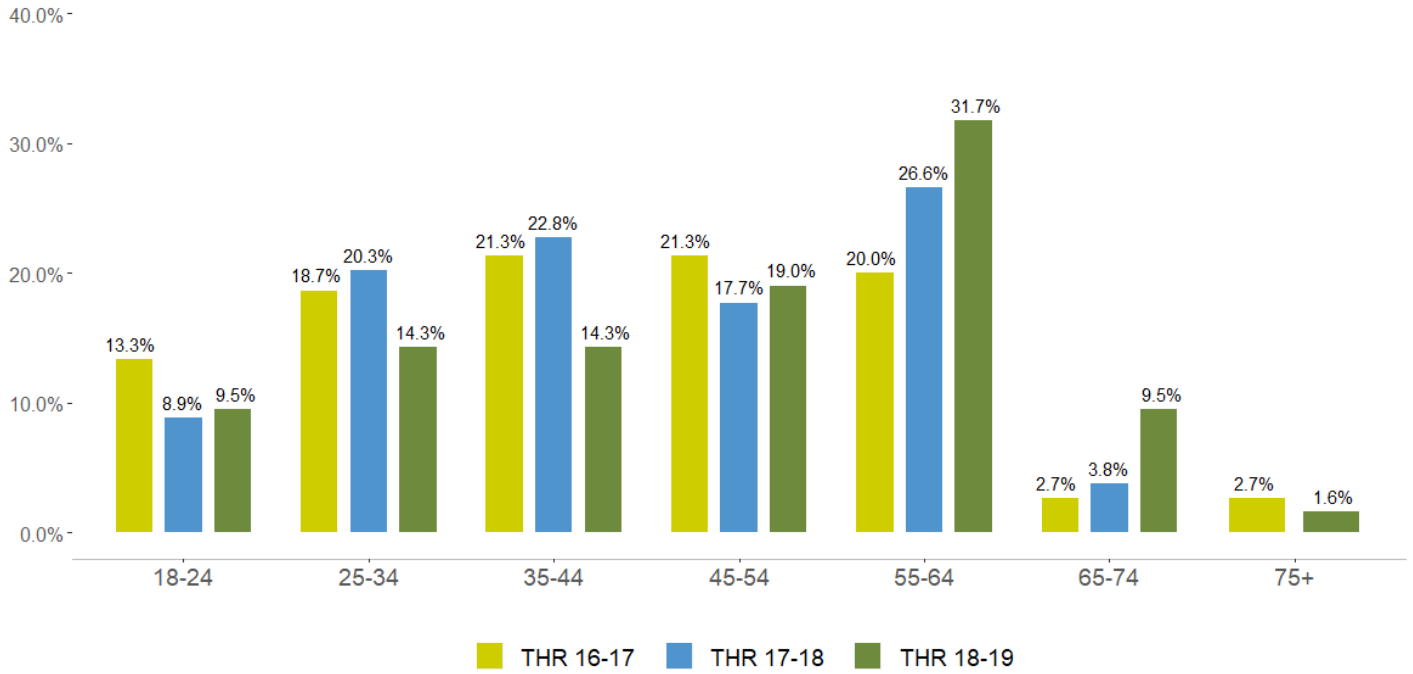
GENDER



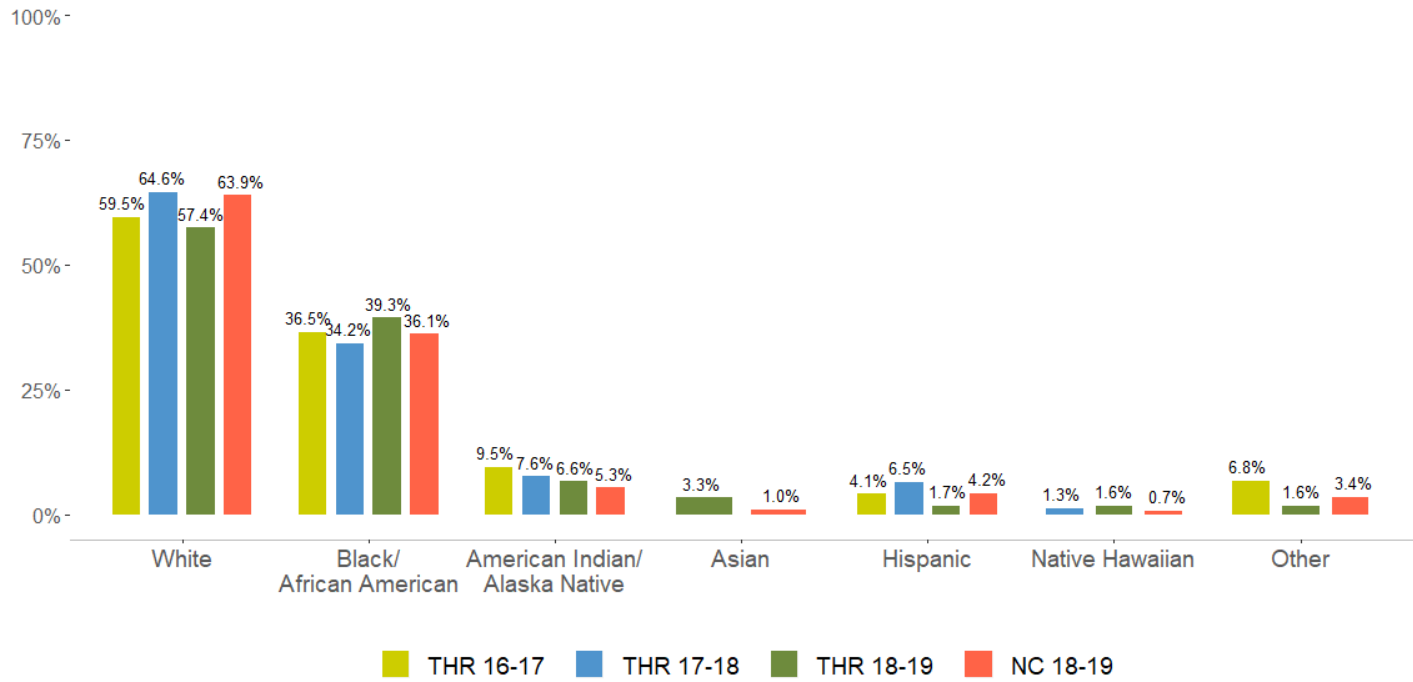
SERVICE AREA



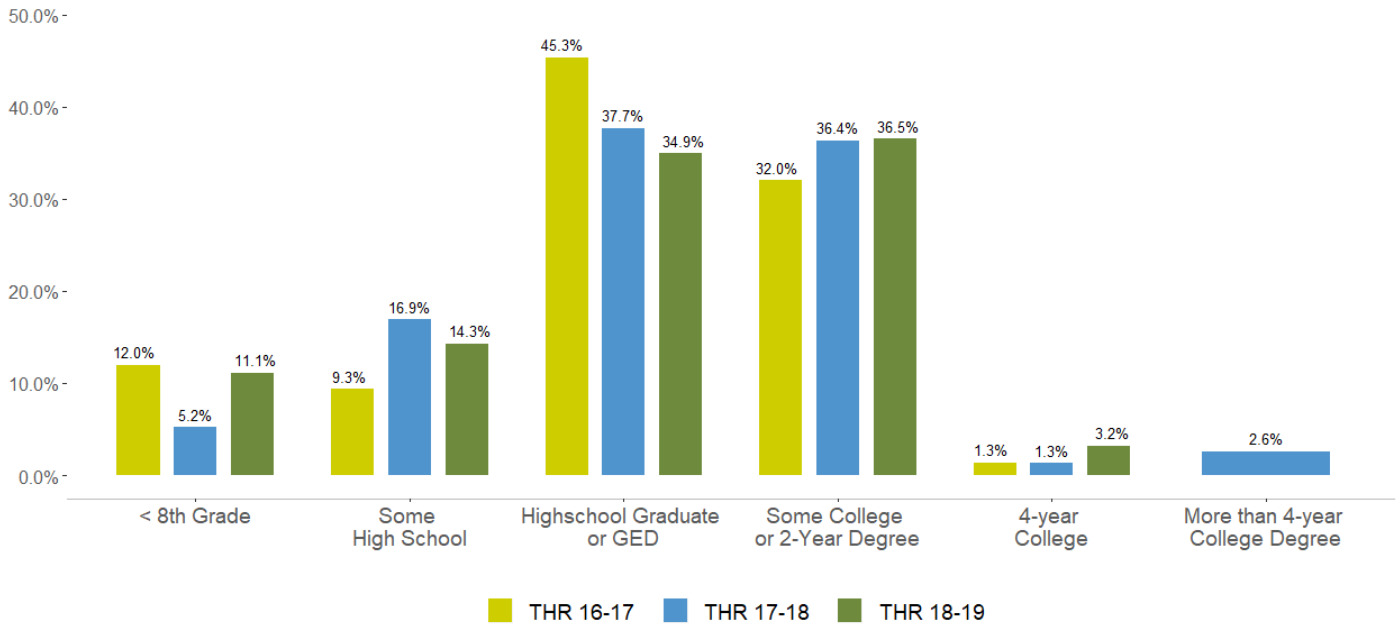
AGE



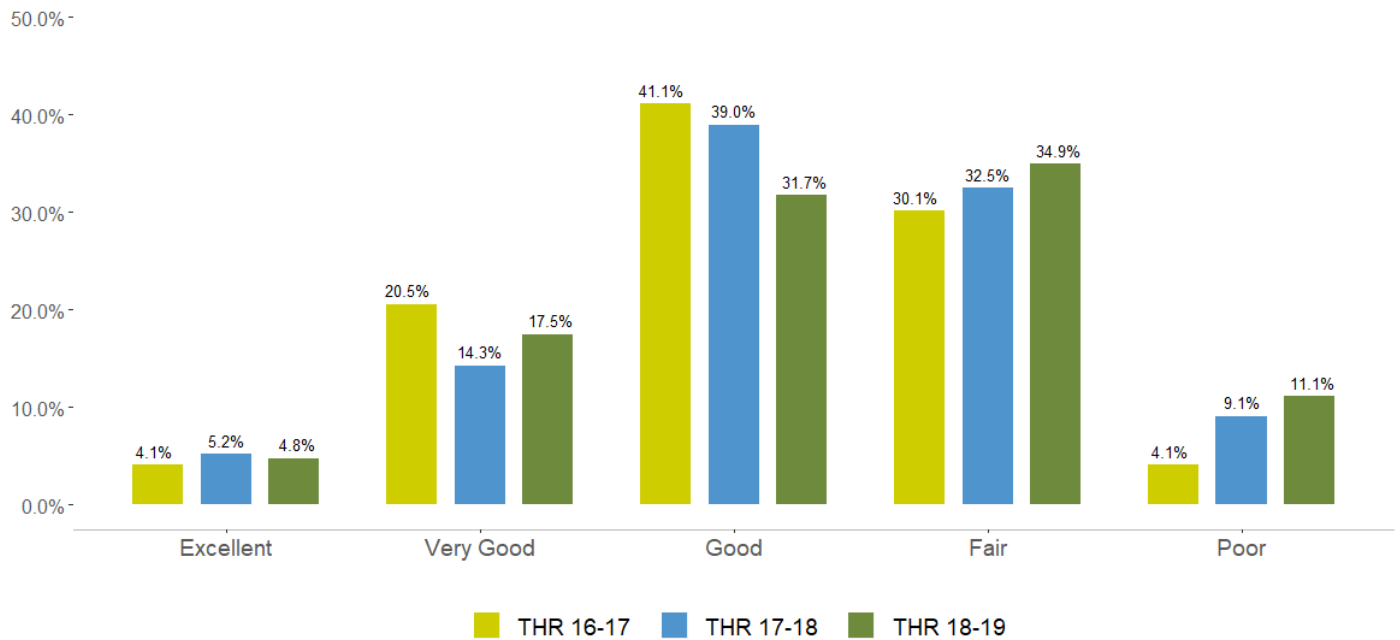
RACE



EDUCATION LEVEL



OVERALL HEALTH (self-reported)

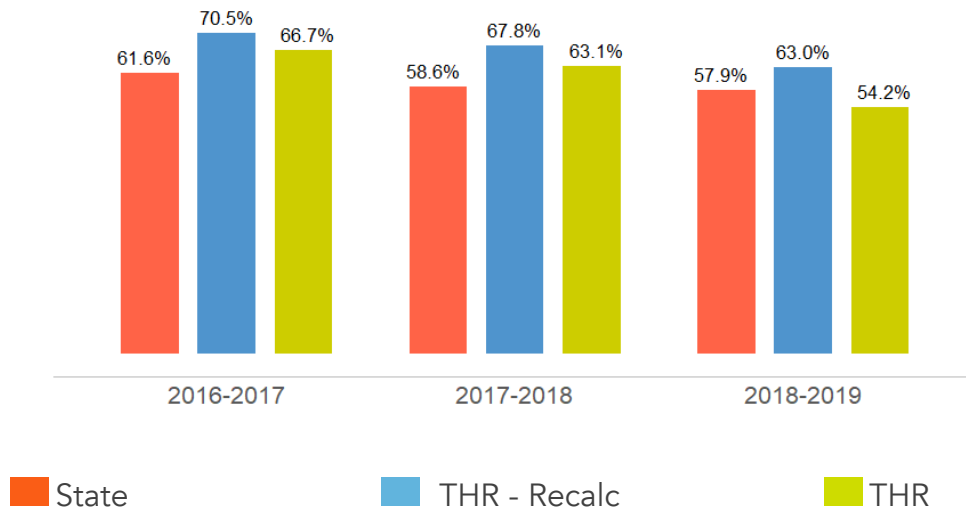


COMPOSITE SCORES

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.

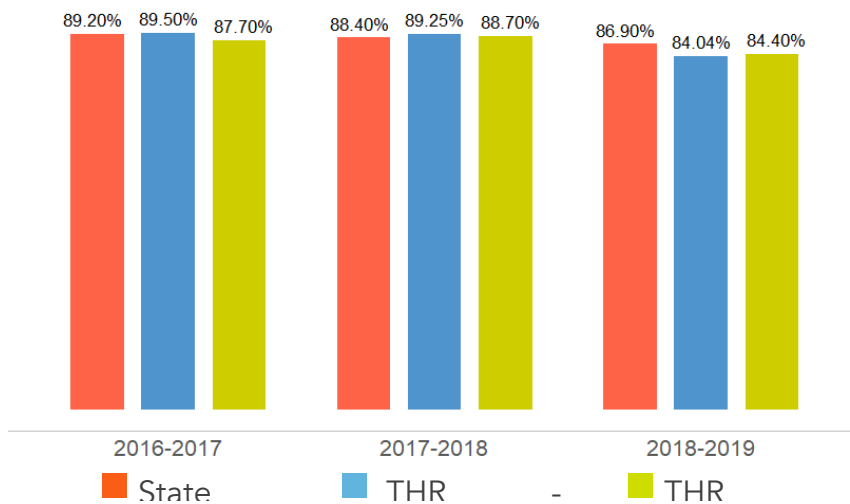
DataStat, Inc. used a “member-level scoring algorithm” to calculate the composite score. The formula for this algorithm was not provided, therefore the results are non-reproducible. The Data Unit’s analysis (below) includes recalculated figures for Trillium. Composite score were recalculated by dividing the number of positive responses in a domain by the total number of responses. Aggregate data for North Carolina was provided by the CAHPS report. There were no statically significant differences between North Carolina’s scores and Trillium’s’ original or recalculated achievement scores (all p ’s > 0.05)

Getting Treatment Quickly



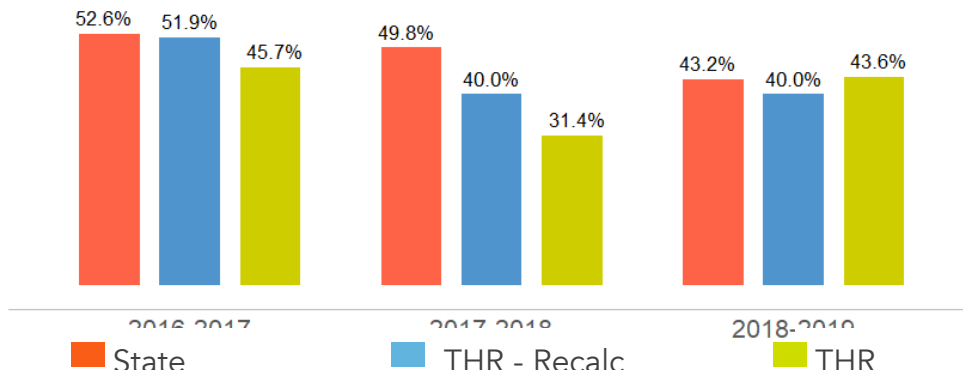
This domain assesses whether enrollees were able to access care in a timely manner. It contains Questions 3, 5, and 7. Percentages reflect responses of “Usually” and “Always.”

How Well Clinicians Communicate



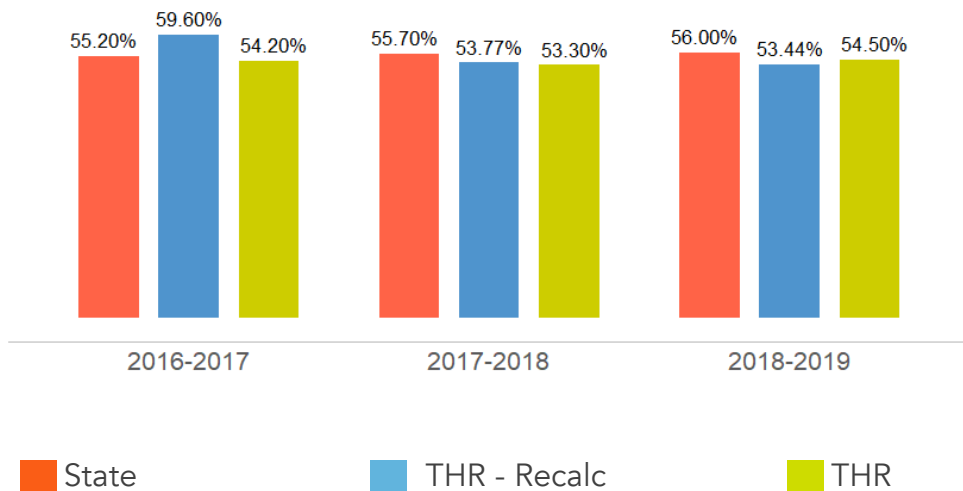
This domain assesses whether an enrollee felt respected by/safe with their clinician and how well they felt their treatment was explained to them. It contains Questions 11-15, 18. Percentages reflect responses of “Usually” and “Always.”

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."

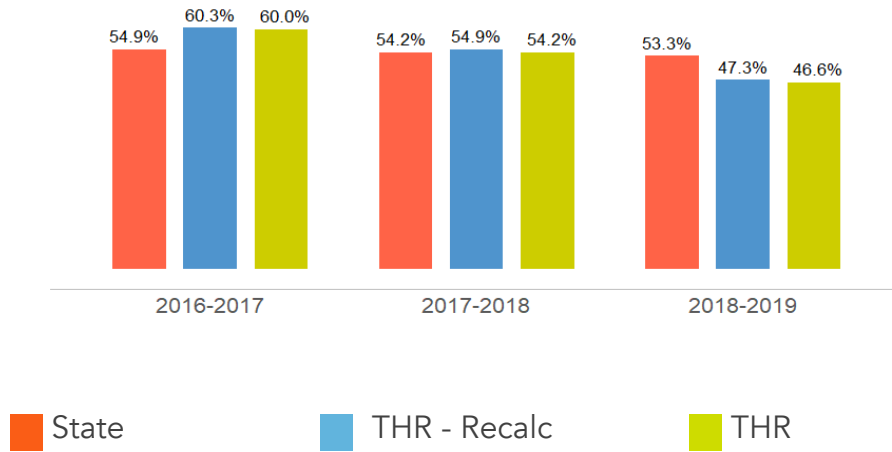
Perceived Improvement



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

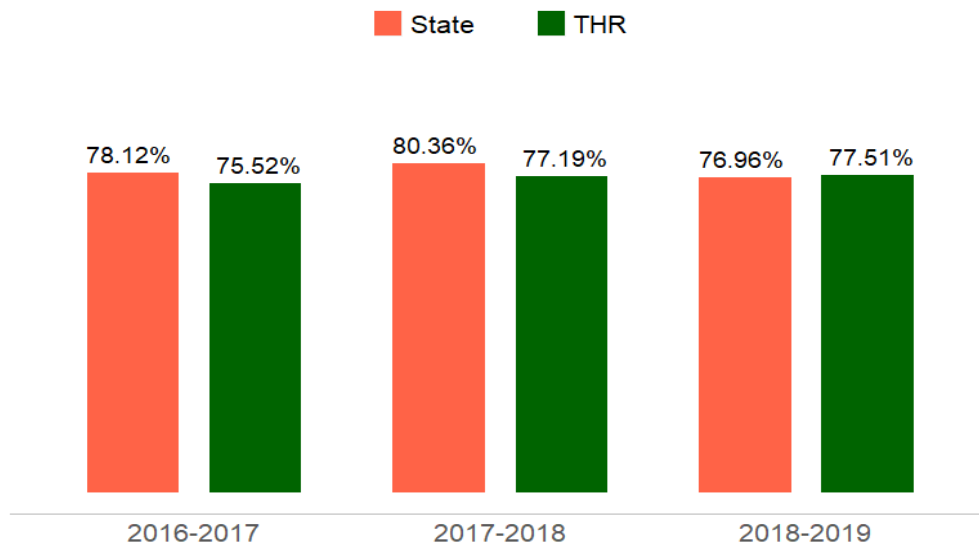
This domain assesses whether enrollees were informed of their different options for treatment, including self-help and consumer-run programs. It contains Questions 20 and 21. Percentages reflect a response of "Yes."



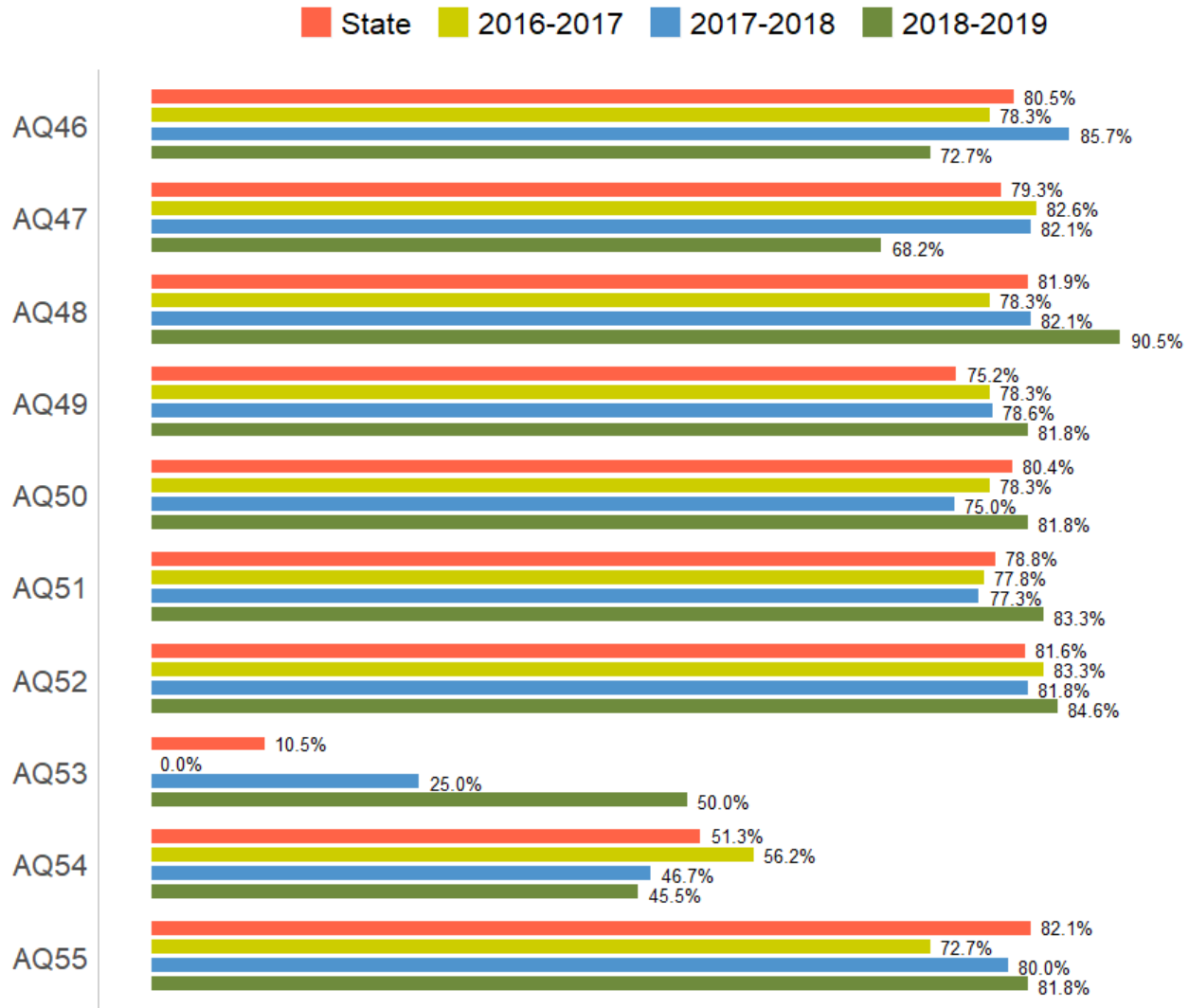
CARE COORDINATION

The ECHO survey includes 10 questions related to enrollee satisfaction with Care Coordination. Sample size on these ten items ranged from 2 – 22. Results should be interpreted with caution due to the low numbers of respondents. The CAPHS report did not provide a composite for the care coordination items. The Data Unit created a composite satisfaction score by calculating the proportion of positive responses to the total number of responses for all care coordination items.

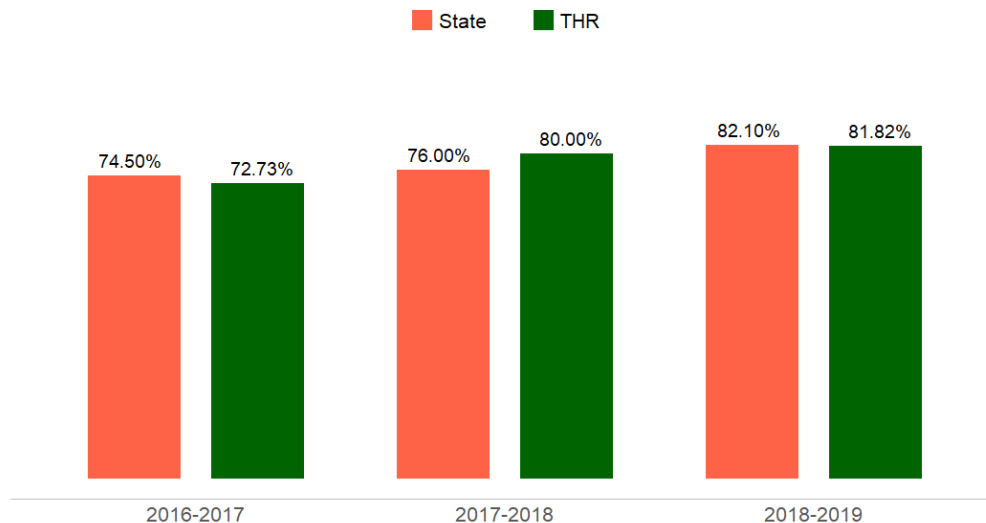
Overall Satisfaction with Care Coordination



Individual Care Coordination Questions



Are You Satisfied with Your Care Coordinator?



STATISTICAL ANALYSIS

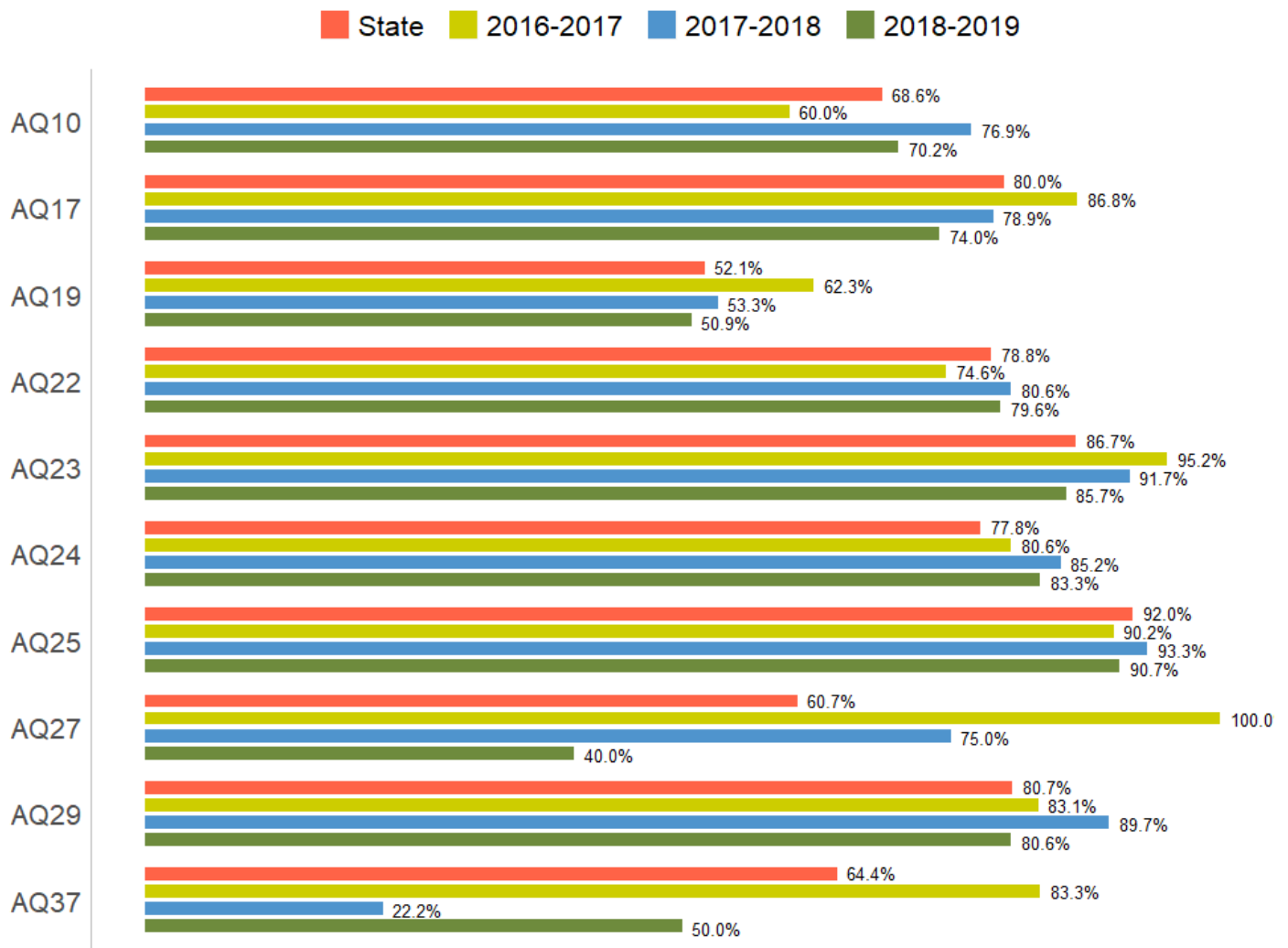
Binomial tests showed no differences between Trillium’s and North Carolina’s achievement scores on any care coordination questions or on the care coordination composite (all p ’s >0.05).

There was a statistically significant correlation between respondents mean score for all care coordination items and their overall satisfaction ($r = 0.50, p = 0.03$). In addition the questions “If I have questions, my care coordinator helps me find the answers” ($r = 0.54, p = 0.002$) and “Are you satisfied with your care coordinator?” ($r = 0.59, p = 0.0008$) were significantly correlated with overall satisfaction.

SINGLE-ITEM MEASURES

The ECHO survey contains 10 “Single-Item Measures” assessing a variety of safety, confidentiality, and cultural measures.

Single-Item Measures

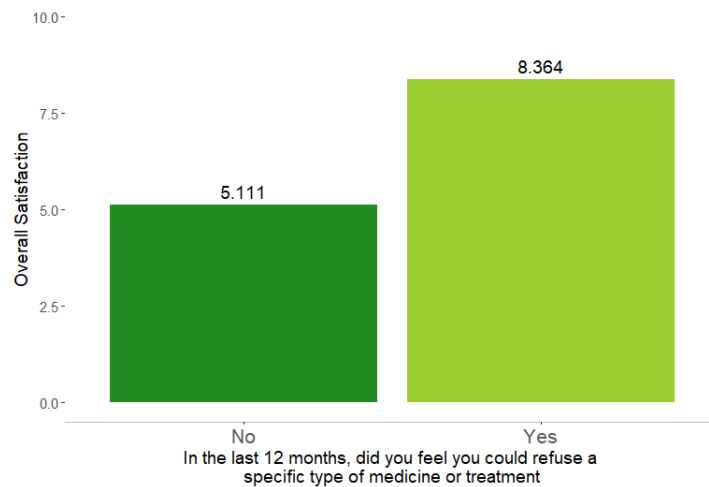
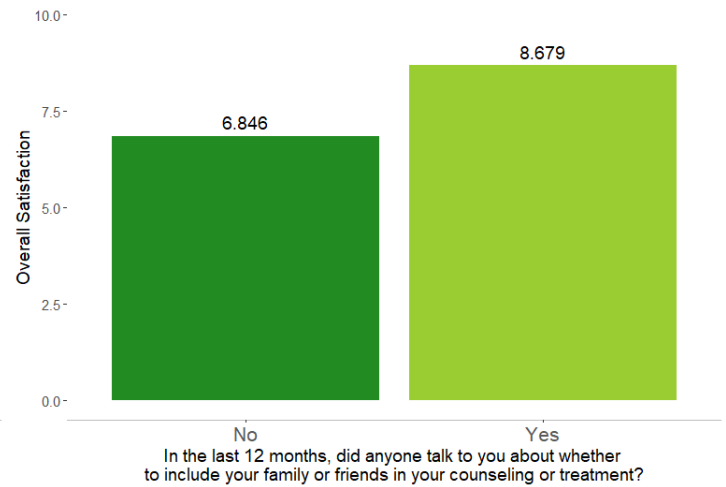
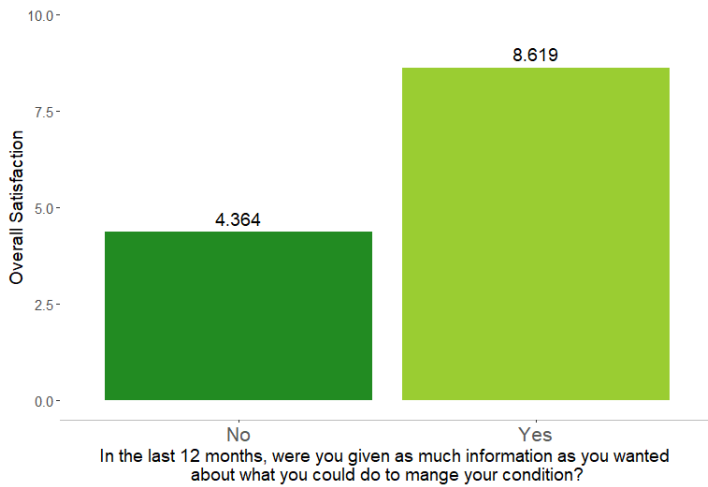


DataStat, Inc. used binomial and t-tests to calculate differences between groups. Statistical testing was only completed on items with a sample size greater than or equal to 30.

STATISTICAL ANALYSIS

There was a strong statistically significant correlation between the question “In the last 12 months, how much were you helped by the counseling or treatment you got?” and overall satisfaction ($r = 0.66, p < 0.001$).

There were statistically significant differences in overall satisfaction between respondents who answered “yes” and “no” on questions 19, 22 and 24. See the figures below for means.



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

YOUR COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

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**

2. 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.
3. 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**
4. In the last 12 months, how often did you get the professional counseling you needed on the phone?
 - Never
 - Sometimes
 - Usually
 - Always
5. In the last 12 months, did you need counseling or treatment right away?
 - Yes
 - No → **If No, go to question 6**
6. 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

7. 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**
8. 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
9. 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
10. 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
11. In the last 12 months, how often were you seen within 15 minutes of your appointment?
- Never
 - Sometimes
 - Usually
 - Always
12. 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.
13. 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

14. 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

15. 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

16. 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

17. 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

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

- Yes
- No → **If No, go to question 18**

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

- Yes
- No

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

- Never
- Sometimes
- Usually
- Always

- 21.** 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
- 22.** 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
- 23.** In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
- Yes
 - No
- 24.** 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
- 25.** In the last 12 months, were you given information about your rights as a patient?
- Yes
 - No
- 26.** In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?
- Yes
 - No
- 27.** 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
- 28.** 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**

29. In the last 12 months, was the care you received responsive to those needs?
- Yes
 - No
30. 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
31. 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
32. In general, how would you rate your overall mental health now?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
33. 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
34. 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
35. 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
36. 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
37. The next questions ask about your experience with the company or organization that handles your benefits for counseling or treatment.
38. In the last 12 months, did you use up all your benefits for counseling or treatment?
- Yes
 - No → **If No, go to question 38**
39. At the time benefits were used up, did you think you still needed counseling or treatment?
- Yes
 - No → **If No, go to question 38**
40. Were you told about other ways to get counseling, treatment, or medicine?
- Yes
 - No
41. In the last 12 months, did you need approval for any counseling or treatment?
- Yes
 - No → **If No, go to question 40**
42. 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

43. In the last 12 months, did you call customer service to get information or help about about counseling or treatment?
- Yes
 - No → **If No, go to question 42**
44. 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

45. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?
- Yes
 - No
46. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?
- Yes
 - No

CARE COORDINATION

47. Have you received Care Coordination for any services in the past 12 months?
- Yes
 - No → **If No, go to question 56**
48. 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
49. It is easy to get in touch with my Care Coordinator when I need them.
- Never
 - Sometimes
 - Usually
 - Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

52. My Care Coordinator has helped me find services and people to support me in managing my care.

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

54. 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

55. 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**

56. 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

57. 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

58. Are you satisfied with your Care Coordinator?

- Never
- Sometimes
- Usually
- Always

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

60. What is your age now?

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

61. Are you male or female?

- Male
- Female

62. 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
63. Are you of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 - No, not Hispanic or Latino
64. 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
65. 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.***
66. 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

APPENDIX B: RESPONSE FREQUENCIES

