# 2017-18 ECHO SURVEY: CHILD

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#### **Contents**

Introduction	3
Purpose of the Survey	3
Instrument	3
Analysis	3
NOTES REGARDING STATISTICAL TESTING	3
EXECUTIVE SUMMARY	4
Overall Satisfaction	4
Composite Score Summary	4
Individual Question Correlation with Overall Satisfaction	5
Key Areas of Interest	6
Strengths	6
Opportunities for Improvement	6
Demographics	7
COMPOSITE SCORES	9
Getting Treatment Quickly	9
How Well Clinicians Communicate	9
Getting Treatment & Information from the Plan	10
Perceived Improvement	10
Analysis	11
CARE COORDINATION	11
Care Coordination Individual Questions	12
SINGLE-ITEM MEASURES	13
Appendix A: Survey Questions	14
APPENDIX B: RESPONSE FREQUENCIES	25



Health Network Expires 03/01/2022



Health
Utilization
Management
Expires 03/01/2022



Health Call Center Expires 03/01/2022

#### **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 between the ages 12 and 17 from each MCO who received at least one service through the MCO within the year prior to July 2018.

#### 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, 96 child versions were used in calculations. Trillium's overall response rate to the survey was 16.8%. 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.

#### **NOTES REGARDING STATISTICAL TESTING**

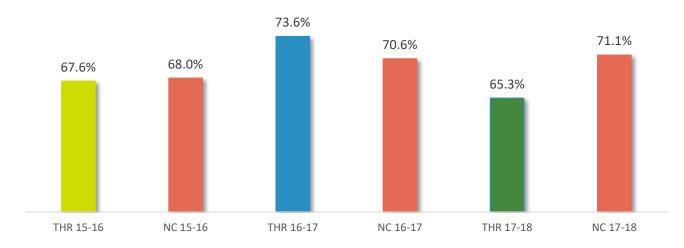
The CAHPS report defines "overall enrollee satisfaction" as the score for Question 29, which rates overall satisfaction with counseling or treatment received. Correlations between individual questions and composite domains are performed to determine which items and areas are likely to influence overall satisfaction. For the purposes of this survey, the report defines "highly correlated" as a Pearson coefficient of  $r \ge \pm .04$ , p < .05.

All statistical testing performed by DataStat, Inc. was validated by the Data Unit using SPSS, where applicable<sup>1</sup>. Any discrepancies are noted in the narratives accompanying affected sections.

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

#### **EXECUTIVE SUMMARY**

#### **Overall Satisfaction**



Trillium received an Overall Satisfaction Rating (based on Question 29 of the survey) of 65.3%, which was an 11.3% decrease from last year. NC Overall received a 71.1% Satisfaction Rating. Respondents were asked the following question:

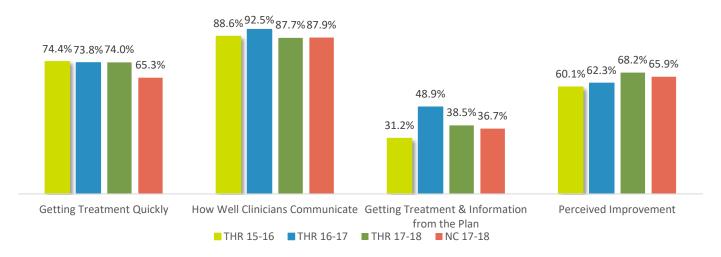
"Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all of your child's counseling or treatment in the last 12 months?"

All responses of 8 or greater were included in the calculation of the Overall Satisfaction Rating. CAHPS sets a Satisfaction benchmark of 85%.

#### **Composite Score Summary**

Composite domains consist of combined response scores from 2 – 5 individual questions. Further breakdown is available in the "Composite Scores" section of this report.

The yellow bar denotes a Trillium composite score which is statistically significantly higher than the overall NC score (p < .05).

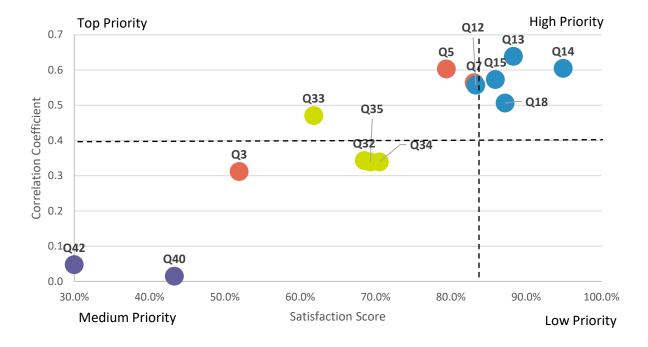


#### **Priority Matrix**

The CAHPS report provides a "Priority Matrix" which assigns each domain to a High, Medium, or Low Priority category for intervention based on the strength of 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 noted below. Dotted lines indicate the r = .04 cutoff.

Of the 14 individual questions that comprise the domains, eight were highly correlated with overall satisfaction. Two questions that were not highly correlated with overall satisfaction were from the Getting Treatment and Information from the Plan domain, three questions were from the Perceived Improvement domain, and one was from the Getting Treatment Quickly domain.

#### **Individual Question Correlation with Overall Satisfaction**





#### **Key Areas of Interest**

The Trillium Data Unit used a Pearson test to correlate scores on individual questions with overall satisfaction (as defined by the CAHPS report). The report defines a "high" satisfaction score of 85% or greater.

The Child CAHPS report only presents the ten questions with the highest correlation to satisfaction. The full results of the Pearson correlation tests are presented below.

#### NOTES:

Question 28 has a correlation coefficient of 1.0, meaning it correlates perfectly with overall satisfaction. However, the sample size for this question was only 3, so results are very likely not generalizable

#### **Strengths**

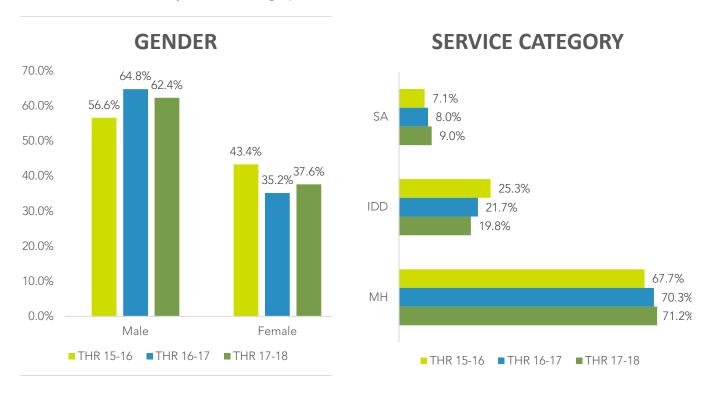
Question	Satisfaction Score	Correlation w/ Q29
Q14. Clinicians usually or always showed respect	94.9	0.60
Q49. Usually or always easy to get in touch with Care Coordinator when needed	89.3	0.56
Q13. Clinicians usually or always explained things	88.3	0.64
Q15. Clinicians usually or always spent enough time	85.9	0.57
Q7. Usually or always got appointment as soon as wanted	83.1	0.56

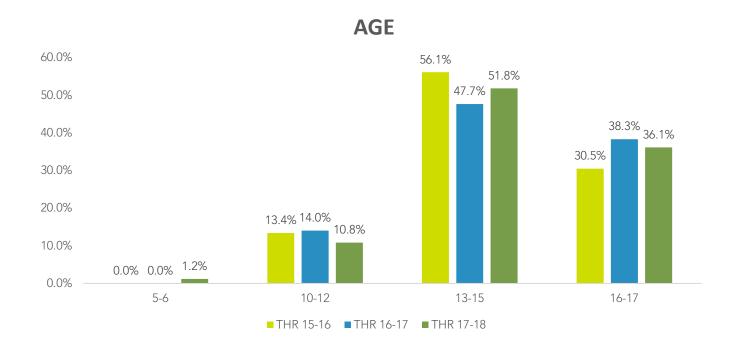
#### **Opportunities for Improvement**

Question	Satisfaction Score	Correlation w/ Q29
Q22. Told about different treatments that are available for condition	69.7	0.57
Q23. Given as much information as wanted to manage condition	72.0	0.67
Q30. A lot or somewhat helped by treatment	77.5	0.62
Q5. Usually or always got urgent treatment as soon as needed	79.4	0.60
Q21. Child usually or always had someone to talk to for counseling or treatment when troubled	82.1	0.71

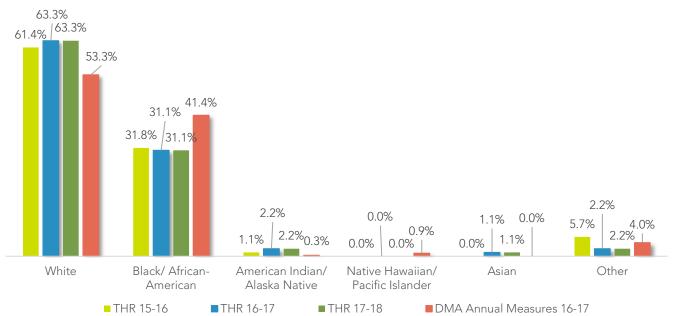
#### **Demographics**

Demographics are provided for information purposes. There were no statistically significant correlations between any of the demographics and overall enrollee satisfaction.

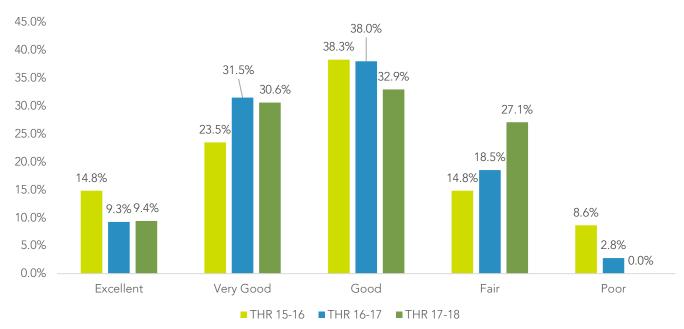








#### **OVERALL HEALTH**

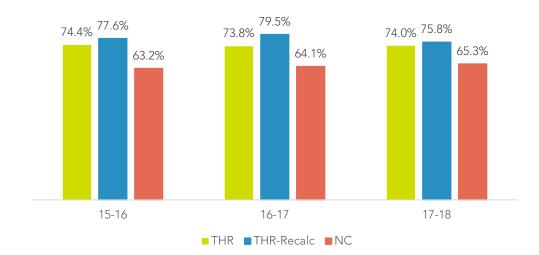


#### **COMPOSITE SCORES**

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

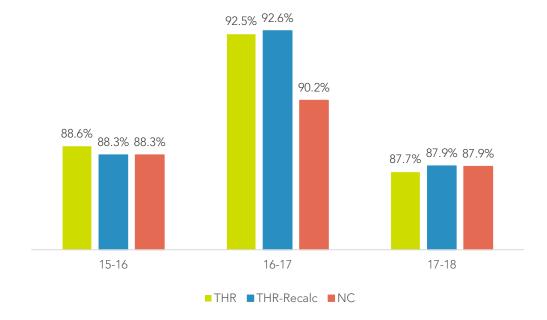
DataStat, Inc. used a "member-level scoring algorithm" to calculate the composite score. The formula for this algorithm was not provided; because of that, the results are non-reproducible. The Data Unit's analysis (below) includes recalculated figures for Trillium. Graphs also include an overall satisfaction rating calculated 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.

#### **Getting Treatment Quickly**



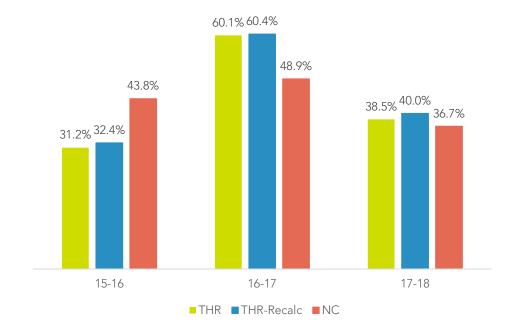
This domain assesses whether enrollees were able to access care in a timely manner. It contains Questions 3, 5, and 7. Percentages reflect responses of "Usually" and "Always."

#### **How Well Clinicians Communicate**



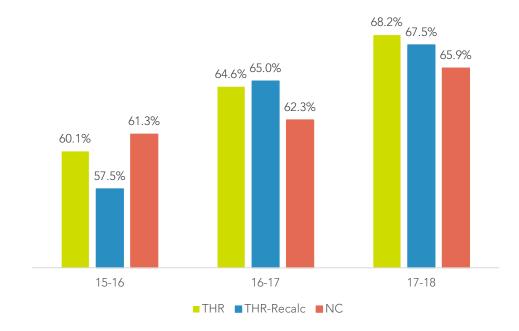
This domain assesses whether an enrollee felt respected by/safe with their clinician and how well they felt their treatment was explained to them. It contains Questions 12-15, 18. Percentages reflect responses of "Usually" and "Always."

#### **Getting 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 40 & 42. 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 32 – 35. Percentages reflect responses of "Much better" and "A little better."

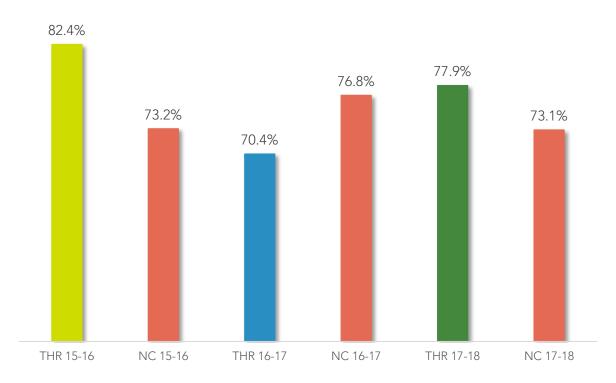


#### **Analysis**

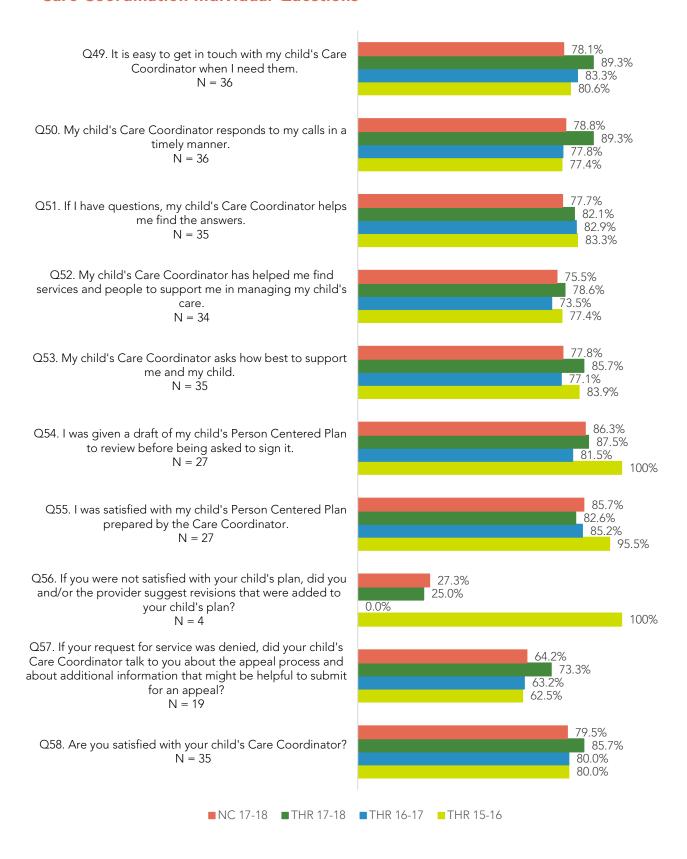
#### **CARE COORDINATION**

The ECHO survey includes 10 questions related to enrollee satisfaction with Care Coordination. Trillium Care Coordination was rated 4.8 percentage points higher than North Carolina overall. Sample size on these ten items ranged from 4-36, and results should be interpreted with caution due to the low numbers of respondents. All questions but one in the Care Coordination domain had low correlations with overall satisfaction. Question 49 "It is easy to get in touch with my child's Care Coordinator when I need them." was the only question in the Care Coordination domain that correlated highly with overall satisfaction.

#### Care Coordination Satisfaction



#### **Care Coordination Individual Questions**

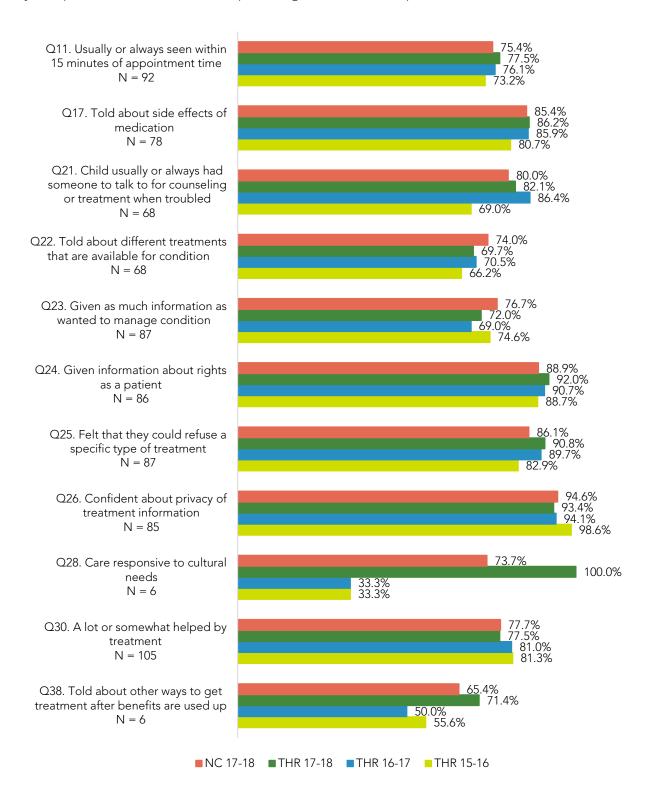




#### SINGLE-ITEM MEASURES

The ECHO survey contains 11 "Single-Item Measures" assessing a variety of safety, privacy, and cultural 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.





#### **APPENDIX A: SURVEY QUESTIONS**

#### PERSONAL OR FAMILY COUNSELING

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

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

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior or emotional problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use
- 1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?
  - O Yes → If Yes, go to question 2
  - O No → If No, go to question 59 on page 7

## YOUR CHILD'S COUNSELING AND TREATMENT IN THE LAST 12 MONTHS

The next questions ask about <u>your child's</u> counseling or treatment. <u>Do not include counseling</u> or treatment during an overnight stay or from a self-help group.

2.	In the last 12 months, did you <u>call</u> someone to get <u>professional counseling</u>	on the
	phone for your child?	

- O Yes
- O No → If No, go to question 4

3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?

- O Never
- O Sometimes
- O Usually
- O Always

4. In the last 12 months, did your child need counseling or treatment <u>right away</u>?

- O Yes
- O No → If No, go to question 6

5	In the last 12 months, when your child needed counseling or treatment <u>right</u> <u>away</u> , how often did he or she see someone as soon as you wanted?
	O Never O Sometimes O Usually O Always
6	In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?
	O Yes O No → If No, go to question 8
7.	
	O Never O Sometimes O Usually O Always
8.	In the last 12 months, how many times did your child go to an <u>emergency room or crisis</u> <u>center</u> to get counseling or treatment?
	<ul><li>O None</li><li>O 1</li><li>O 2</li><li>O 3 or more</li></ul>
9.	In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?  ○ None → If None, go to question 30 on page 4  ○ 1 to 10  ○ 11 to 20  ○ 21 or more
10.	In the last 12 months how many times did your child get counseling, treatment or medicine in your home?
	O None O 1 to 10 O 11 to 20 O 21 or more



11.	In the last 12 months, how often were you seen within 15 minutes of his or her appointment?
	O Never O Sometimes O Usually O Always
mon ohor	next questions are about <u>all</u> the counseling or treatment your child got in the last 12 ths in your home, during office, clinic, and emergency room <u>visits</u> as well as <u>over the ne</u> . Please do the best you can to include all the different people your child saw for seling or treatment in your answers.
12.	In the last 12 months, how often did the people your child saw for counseling or treatment <u>listen carefully to you</u> ?
	O Never O Sometimes O Usually O Always
13.	In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
	O Never O Sometimes O Usually O Always
14.	In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
	O Never O Sometimes O Usually O Always
15.	In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
	O Never O Sometimes O Usually O Always
16.	In the last 12 months, did your child take any <u>prescription medicines</u> as part of his or her treatment?
	O Yes O 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?
	O Yes O No
18.	In the last 12 months, how often were you <u>involved as much as you wanted</u> in your child's counseling or treatment?
	O Never O Sometimes O Usually O Always
19.	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
	O Yes O No
20.	In the last 12 months, how often did your family get the professional help you wanted for your child?
	O Never O Sometimes O Usually O Always
21.	In the last 12 months, how often did you feel your child <u>had someone to talk to for counseling or treatment when he or she was troubled?</u>
	O Never O Sometimes O Usually O Always
22.	In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available for your child?
	O Yes O No
23	In the last 12 months, were you given as much information as you wanted about what you could do to <u>manage</u> your child's condition?
	O Yes O No
24	. In the last 12 months, were you given information about your child's <u>rights as a patient?</u>
	O Yes O No



25.	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?
	O Yes O No
26.	In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?
	O Yes O No
27.	Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment <u>he or she</u> needs?
	O Yes O No → If No, go to question 29
28.	In the last 12 months, was the care your child received responsive to those needs?
	O Yes O No
29.	Using <u>any number from 0 to 10</u> , 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 of your child's <u>counseling or treatment</u> in the last 12 months?
	O 0 Worst Counseling or Treatment Possible O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 Best Counseling or Treatment Possible
30.	In the last 12 months, how much was your child helped by the counseling or treatment he or she got?
	O Not at all O A little O Somewhat O A lot
31.	In general, how would you rate your child's overall mental health now?
	O Excellent O Very Good O Good O Fair O Poor



32.	<u>Compared to 12 months ago</u> , how would you rate your child's ability to deal with <u>daily problems now</u> ?
33.	O Much better O A little better O About the same O A little worse O Much worse  Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?
	O Much better O A little better O About the same O A little worse O Much worse
34.	<u>Compared to 12 months ago</u> , how would you rate your child's ability to <u>accomplish the things he or she wants to do now?</u>
	O Much better O A little better O About the same O A little worse O Much worse
35.	Compared to 12 months ago, how would you rate your child's problems or symptoms now?
	O Much better O A little better O About the same O A little worse O Much worse
	next questions ask about your experience with the <u>company or organization</u> that handles benefits for your child's counseling or treatment.
36.	In the last 12 months, did your child <u>use up all his or her benefits</u> for counseling or treatment?
	O Yes O No → If No, go to question 39
37.	At the time benefits were used up, did you think your child <u>still needed</u> counseling or treatment?
	O Yes O No → If No, go to question 39



38.	Were you told about <u>other ways</u> to get counseling, treatment, or medicine for your child?
	O Yes O No
39.	In the last 12 months, did you need approval for any of your child's counseling or treatment?
	O Yes O No → If No, go to question 41
40.	In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval?
	O A big problem O A small problem O Not a problem
41.	In the last 12 months, did you call <u>customer service</u> to get information or help about counseling or treatment for your child?
	O Yes O No → If No, go to question 43
42.	In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?
	O A big problem O A small problem O Not a problem
	REASONS FOR COUNSELING OR TREATMENT
43.	In the last 12 months, was any of your child's counseling or treatment for <u>problems</u> related to ADHD or other behavior problems?
	O Yes O No
44.	In the last 12 months, was any of your child's counseling or treatment for <u>family problems</u> <u>or mental or emotional illness</u> ?
	O Yes O No
45.	In the last 12 months, was any of your child's counseling or treatment for <u>autism or other developmental problems</u> ?
	O Yes O No



46.	In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?
	O Yes O No
	CARE COORDINATION
47.	Has your child received Care Coordination for any services in the past 12 months?
	O Yes O No → If No, go to question 59
48.	Please identify the service categories that your child received Care Coordination for in the past 12 months. (Please mark all that apply)
	<ul><li>O Intellectual and Developmental Disabilities</li><li>O Mental Health</li><li>O Substance Use</li><li>O Other</li></ul>
49.	It is easy to get in touch with my child's Care Coordinator when I need them.
	O Never O Sometimes O Usually O Always
50.	My child's Care Coordinator responds to my calls in a timely manner.  O Never
	O Never O Sometimes O Usually O Always
51.	If I have questions, my child's Care Coordinator helps me find the answers.
	O Never O Sometimes O Usually O Always
52.	My child's Care Coordinator has helped me find services and people to support me in managing my child's care.
	O Never O Sometimes O Usually O Always



53.	My child's Care Coordinator asks how best to support me and my child.
	O Never O Sometimes O Usually O Always
54.	I was given a draft of my child's Person Centered Plan to review before being asked to sign it.
	O Never O Sometimes O Usually O Always O My child does not have a Person Centered Plan
55.	I was satisfied with my child's Person Centered Plan prepared by the Care Coordinator.
	<ul> <li>O Never</li> <li>O Sometimes</li> <li>O Usually → If Usually, go to question 57</li> <li>O Always → If Always, go to question 57</li> <li>O My child does not have a Person Centered Plan → Go to question 57</li> </ul>
56.	If you were not satisfied with your child's plan, did you and/or the provider suggest revisions that were added to your child's plan?
	O Never O Sometimes O Usually O Always
57.	If your request for service was denied, did your child's Care Coordinator talk to you about the appeal process and about additional information that might be helpful to submit for an appeal?
	O Never O Sometimes O Usually O Always O Request for service was not denied
58.	Are you satisfied with your child's Care Coordinator?
	<ul><li>O Never</li><li>O Sometimes</li><li>O Usually</li><li>O Always</li></ul>



#### **ABOUT YOU AND YOUR CHILD**

	0000	Excellent Very Good Good Fair Poor
60.	Wł	nat is <u>your child's ag</u> e now?
	000000	Less than 1 year old 1 to 2 years old 3 to 4 years old 5 to 6 years old 7 to 9 years old 10 to 12 years old 13 to 15 years old 16 to 17 years old
61.	ls	s your child male or female?
	_	Male Female
62.	ls	your child of Hispanic or Latino origin or descent?
		Yes, Hispanic or Latino No, not Hispanic or Latino
63.	٧	What is your child's race? Please mark one or more.
	0000	White Black or African-American Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native Other
64.		Vhat is your age now?
	0000	18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 74

59. In general, how would you rate <u>your child's overall health</u> now?



O 75 or older

O MaleO Female

65. Are you male or female?

66	. What is the highest grade or level of school that you have completed?
	<ul> <li>8th grade or less</li> <li>Some high school, but did not graduate</li> <li>High school graduate or GED</li> <li>Some college or 2-year degree</li> <li>4-year college graduate</li> <li>More than 4-year college degree</li> </ul>
67.	How are you related to the policyholder?
	<ul> <li>O I am the policyholder</li> <li>O Spouse or partner of policyholder</li> <li>O Child of policyholder</li> <li>O Other family member</li> <li>O Friend</li> <li>O Someone else</li> </ul>
68.	How are you related to the child?
	O Mother or father O Grandparent O Aunt or uncle O Older sibling O Other relative O Legal guardian
69.	Did someone help you complete this survey?
	<ul> <li>O Yes → If Yes, go to question 70</li> <li>O No → Thank you. Please return the completed survey in the postage-paid envelope.</li> </ul>
70.	How did that person help you? Check all that apply.

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

### **APPENDIX B: RESPONSE FREQUENCIES**

