

OREGON HEALTH PLAN
NCBD-CAHPS REPORT

**Consumer Assessment of Health Plans Survey[®]
National Benchmarking Database Comparison
2002**



*A Consumer Oriented
Comparison of the
Oregon Health Plan*

**Oregon Department of Human Services
Health Services**

**Office Of Medical Assistance Programs
Lynn Read, Acting Director**

**Judy Mohr-Peterson, Manager, Analysis and
Evaluation Unit**

**National CAHPS[®] Benchmarking Database
Comparative Report 2002**



Department of Human Services

Office of Medical Assistance Programs

Program and Policy Section

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice (503) 947-5280

FAX (503) 373-7689

Prepared by Charles A. Gallia
Evaluation Program Coordinator
November 2002

Table of Contents

	Page
INTRODUCTION	1
SUMMARY OF RESULTS	2
BACKGROUND - CAHPS® AND THE NCBD	3
COMPARATIVE RESULTS • CHILD'S SURVEY	10
CHILD DEMOGRAPHIC DATA	11
CHILD UTILIZATION DATA.....	12
COMPARATIVE RESULTS • ADULT SURVEY	42
ADULT DEMOGRAPHIC DATA	43
ADULT UTILIZATION DATA.....	44
CAHPS & NCBD METHODS	77
APPENDIX	85

The National Consumer Assessment of Health Plans Survey (CAHPS®) Benchmarking Database (NCBD) is funded by the U.S. Agency for Healthcare Research and Quality and administered by Westat under Contract Number 290-01-0003. CAHPS is a registered trademark of U.S. Agency for Healthcare Research and Quality. For more information, please visit the NCBD Web site (<http://ncbd.cahps.org>) or contact the CAHPS Survey Users Network at 1-800-492-9261.

Introduction

This report presents a comparison of the results of an Oregon Department of Human Services 2002 Consumer Assessment of Health Plans Survey (CAHPS[®]) to the results of CAHPS results conducted by other state Medicaid survey sponsors participating in the NCBD 2002. The Oregon survey was conducted between October 2001 and March 2002. There were two main versions of the survey, one for adults and the other for children.

This report is organized as follows:

- **Summary of results-** points to the major findings of the comparison between the 2002 NCBD information and OHP CAHPS results.
- **Background-** includes background information on the development of CAHPS and the NCBD.
- **Oregon's Results-** presents graphic displays of Oregon's CAHPS results compared to NCBD health plan data. It has two subparts, one for adult respondents and one for children. Each subpart contains the composite questions and the questions that make up the composite questions. The results sections also include comparative demographic and utilization characteristics of respondents.
- **CAHPS[®] & NCBD Methods-** contains methodological information on consumer reports and consumer ratings (i.e., items included, calculations), response rate calculation, case mix adjustment and significance testing, as well as descriptions of regional benchmarks and data displays presented in this report. This section also includes a comparison of the NCBD to the National Committee for Quality Assurance (NCQA) Quality Compass[®] database and a list of participants in the NCBD 2002.
- **Appendix-** contains copies of the surveys. Examples of surveys used for the child and adult Managed Care populations as well as the English and Spanish language versions are included. This section includes some quality improvement information and a list of resources.

Summary of Results

One reason that the CAHPS survey is conducted is to monitor Oregon Health Plan clients' perceptions of their health care. The CAHPS survey is unique in that it provides an opportunity to make comparisons between plans and between Oregon and other states. It is one measure of the Oregon Health Plan's effectiveness. The pages that follow show that the program objectives of the Oregon Health Plan are being met, yet there are opportunities for improvement. For example, clients reported that office staff showed courtesy and respect. Oregon Health Plan clients rated office staff at or above the national average for demonstrating courtesy and respect.

On the other hand, client's assessments of provider communication were generally below the national ratings and varied. Plans would be well served to address this area, not only for the benefit Oregon Health Plan clients, but for other client as well. Some other prominent patterns are:

- Ratings for child's specialists were consistently at or above other state's ratings. Adult survey respondents rated specialists average or below.
- Getting care quickly for children is better than other parts of the country. This measure covers area such as getting advice via telephone, getting appointments for routine or urgent care, and not having to wait long in the doctors office.
- Comparisons show that providers can do a better job of communicating with clients and, in particular, communication to the parents or guardians of children about their child's care. A couple plans did okay in this area, so there is an opportunity to learn from one another.
- While getting care and customer service in general were adequate, access indicators showed that for some plans 20% or more of the respondents said that they never or only sometimes got care when they needed it.
- Parent's ratings of child's personal doctors, their specialist, the care the child received in general and the rating for the plan varied considerably. From a quality improvement perspective, these variations are an appropriate topic for review.
- Similarly, an area for review and improvement is the clarity of written materials. Sixty three percent of the OHP clients said written materials were not a problem to find or understand. That means that for 37% there was some problem. Ratings of the clarity of written ranged from a high of 78% saying that written materials were not a problem to find or understand for one plan to a low of 52% for another.
- The office staff who serve Oregon Health Plan clients deserve acknowledgement. Compared to the rest of the nation, Oregon has done well. Both adults and the parents of children indicated that office staff are more courteous and helpful.

Background - CAHPS[®] and the NCBD

How the Oregon CAHPS Survey is conducted

The state of Oregon contracts with a vendor to conduct the survey. CAHPS uses a mixed method of obtaining responses. After the questions are finalized, a random sample of potential respondents are selected. Notices are sent out that there will be a survey coming in the mail, then the survey is sent by mail. A second mailing is sent to non-respondents. Respondents mail the completed survey back to the firm that enters the results. Following the initial waves of over 20,000 surveys, a second phase is begun.

The firm telephones those who were selected for a survey but did not respond to the initial mailings. This second phase overcomes a common problem with satisfaction surveys-- selection bias. Analysts can be reasonably sure that the people who do respond represent a true range of individuals, thereby overcoming the concern of about having the views of those who are largely disgruntled or completely satisfied. Also, past research shows that some segments of the population are more likely than others to respond to surveys. The 'total design method' minimizes these biases. The survey in Oregon was conducted in English and Spanish languages, depending on the language preference indicated in the Oregon Department of Human Services data. Contrary to national trends, Oregon has been fortunate by having a good response rate to the CAHPS survey.

There are enough completed surveys to make observations at the health plan level because the sampling was stratified. That is, over 600 adults and 600 child were randomly selected to receive a survey. Everyone in the sample had to be continuously enrolled in that particular plan for the six months prior. This maximizes the possibility that the people who responded had a chance to have interactions with one plan. The process also means that there is a sufficient number of respondents to make observations at the plan level and be reasonably confident about making comparisons between plans.

CAHPS provides national, state and local policymakers, health care providers, and consumers with a candid summary of people's experience in getting the health care they need without long waits, people's experience with how well providers communicate, people's experience with administrative side of care through customer service and office staff. In general, Oregon Department of Human Services has used CAHPS because it has saved time, money, and valuable resources given that:

- it is already professionally developed, scientifically based and tested;
- relatively easy to administer; it is less administratively burdensome for organizations that seek NCQA accreditation;
- it allows comparisons between commercial and Medicaid populations, between plans within Oregon to national averages, and in the 2002 version- between states and regional divisions of the US;
- it is consumer-oriented, and
- it is in the public domain.

In June 2000, the Analysis and Evaluation Unit in the Office of Medical Assistance Programs, Oregon Department of Human Services released CAHPS® 1998/99 Plan Specific Reports. Oregon has used CAHPS in a variety of ways, including monitoring satisfaction with access to and the quality of health care. CAHPS has also been used to calculate smoking prevalence (some component questions are included in this report), health status, and other preventive activities. It is the only method of capturing the consumer's experience with the care they receive under the Oregon Health Plan. In part, CAHPS is conducted because of a condition of the Oregon Health Plan waiver stipulated by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for continued federal financial participation. In addition, it is important to evaluate access and quality of care from the perspective of the people getting care. It simply makes sense to seek the views of those we serve and to hold ourselves accountable.

CAHPS Development

CAHPS is the result of collaborative public and private funded research and survey efforts. The questionnaires and reports to consumers have been developed under cooperative agreements between *Harvard University, RAND, Research Triangle Institute, and AHRQ*. CAHPS was built on focus groups and other research about *consumer needs* for health care decision-making as well as public and private survey and report card efforts. The CAHPS team and AHRQ worked closely with the health care industry and consumers to ensure that the CAHPS tools are useful to both individual consumers as well as institutional purchasers of health plans.

The CAHPS surveys

The surveys are written in English and Spanish and have question groups for the following populations:

Adult 'Core' questions (the main basis of comparison), Child Core questions, Commercial, Medicaid Managed Care, Medicare, and Medicaid Fee-for-Service. There are Adult and Child supplemental questions that ask about medical equipment, chronic conditions, co-payments, transportation and dental services.

National CAHPS Benchmarking Database (NCBD)

The National CAHPS Benchmarking Database (NCBD) is the national repository for data from the CAHPS surveys. AHRQ initiated the NCBD in 1998 to support benchmarking and research related to consumer assessments of care. Sponsors of CAHPS that are administered according to CAHPS specifications are invited to participate in the NCBD. Participating sponsors receive a report free of charge that compares their own results to appropriate benchmarks derived from the NCBD.

The NCBD is the only resource where data about consumer assessments of their medical care are compiled in one place for Commercial (employer-sponsored), Medicaid, and Medicare health plans. The NCBD currently includes five years of CAHPS data. The Medicaid database for 2002 includes CAHPS survey data from over 100,000 survey respondents distributed over 250 health plan sampling units. Oregon does not provide and the NCBD does

not include data identifying individual respondents; rigorous confidentiality of individual respondent information is maintained at all times.

The source for comparative CAHPS survey data used in this publication is the National CAHPS Benchmarking Database (NCBD). However, the analysis, interpretation, or conclusion based on these data is solely that of the authors. The NCBD is a collaborative initiative of Westat and Shaller Consulting, with funding provided by the AHRQ.

Use of the NCBD for Benchmarking

A central purpose of the NCBD is to facilitate comparisons of CAHPS results by survey sponsors. By compiling CAHPS survey results from a variety of sponsors into a single national database, the NCBD enables purchasers and plans to compare their own results to relevant national benchmarks, in order to identify performance strengths as well as opportunities for improvement.

Use of the NCBD for Research

Researchers may gain authorized access to NCBD data needed to help answer important health services research questions related to consumer assessments of quality as measured by CAHPS. NCBD data are available for researchers who submit an application and sign a data release agreement that ensures the confidentiality of the data. A description of the data application process and a list of current NCBD research projects are included on the NCBD Web site (<http://ncbd.cahps.org>).

Report Methodology

NCBD follow CAHPS 2.0 consumer reporting methods and summarize the survey results using five consumer **reports** of their experiences with care and four consumer **ratings** of their experiences with care. Both types of results are described in detail below.

Consumers' Reports on Their Experiences with Care

CAHPS was designed to do assessments based on **reports** of consumers' experience. Most of the CAHPS survey questions ask respondents to report on their experiences with different aspects of their care. These reporting questions are combined into groups that address the same aspect of care or service to arrive at a broader assessment. CAHPS reporting questions fall into five major composites that summarize people's experiences in the following areas:

- getting needed care;
- getting care quickly;
- doctors who communicate well;
- courteous and helpful office staff;
- customer service.

Consumer Reports and Items for Children	Response Grouping
Getting Needed Care for Children	
Q4. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?	A big problem, A small problem, Not a problem
Q13. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?	A big problem, A small problem, Not a problem
Q27. In the last 6 months, how much of a problem, if any, was it to get the care for your child that you or a doctor believed necessary?	A big problem, A small problem, Not a problem
Q28. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?	A big problem, A small problem, Not a problem
Getting Care Quickly for Children	
Q18. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?	Never + Sometimes, Usually, Always
Q20. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?	Never + Sometimes, Usually, Always
Q23. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?	Never + Sometimes, Usually, Always
Q29. In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?	Always + Usually, Sometimes, Never

Note: Question numbers correspond to the CAHPS 2.0H Child Medicaid survey.

Consumers' Reports on Their Experiences with Care (continued)

Consumer Reports and Items (continued)	Response Grouping
Doctors Who Communicate Well	
Q32. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?	Never + Sometimes, Usually, Always
Q34. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?	Never + Sometimes, Usually, Always
Q35. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never + Sometimes, Usually, Always
Q38. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?	Never + Sometimes, Usually, Always
Q39. In the last 6 months, how often did doctors or other health providers spend enough time with your child?	Never + Sometimes, Usually, Always
Courteous and Helpful Office Staff	
Q30. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?	Never + Sometimes, Usually, Always
Q31. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?	Never + Sometimes, Usually, Always
Customer Service	
Q79. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?	A big problem, A small problem, Not a problem
Q81. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?	A big problem, A small problem, Not a problem
Q86. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?	A big problem, A small problem, Not a problem

Note: Question numbers correspond to the CAHPS 2.0H Medicaid survey.

Consumers' Ratings of Their Experiences with Care

CAHPS collects four separate global **ratings** to distinguish between important aspects of care. The four Medicaid questions ask people to rate their experiences in the past 6 months with:

- their personal doctor or nurse;
- the specialist seen most often;
- health care they received from all doctors and other health providers; and
- their health plan.

Ratings are scored on a 0 to 10 scale, where 0 is the “worst possible” and 10 is the “best possible.” The ratings are analyzed and presented in the three-category display used in the CAHPS 2.0 consumer reports: the percentage of consumers who gave a rating of 0-6, 7-8, or 9-10. This three-part scale is used because testing by the CAHPS team determined that these cut-points improve the ability to discriminate among plans while simplifying the presentation of results. The exact questions and responses are presented in the table below:

Consumer Ratings for Children's	Response Grouping
Overall Rating of Child's Personal Doctor	
Q11. Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?	0-6, 7-8, 9-10
Overall Rating of Child's Specialists	
Q15. Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?	0-6, 7-8, 9-10
Overall Rating of Child's Health Care	
Q49. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all of your child's health care?	0-6, 7-8, 9-10
Overall Rating of Child's Health Plan	
Q87. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?	0-6, 7-8, 9-10

Description of Data Displays

This report summarizes the survey results in three ways. The results are separated into child and adult sections. Within each section demographic and utilization comparisons are presented. The demographic and utilization characteristics are followed by the responses.

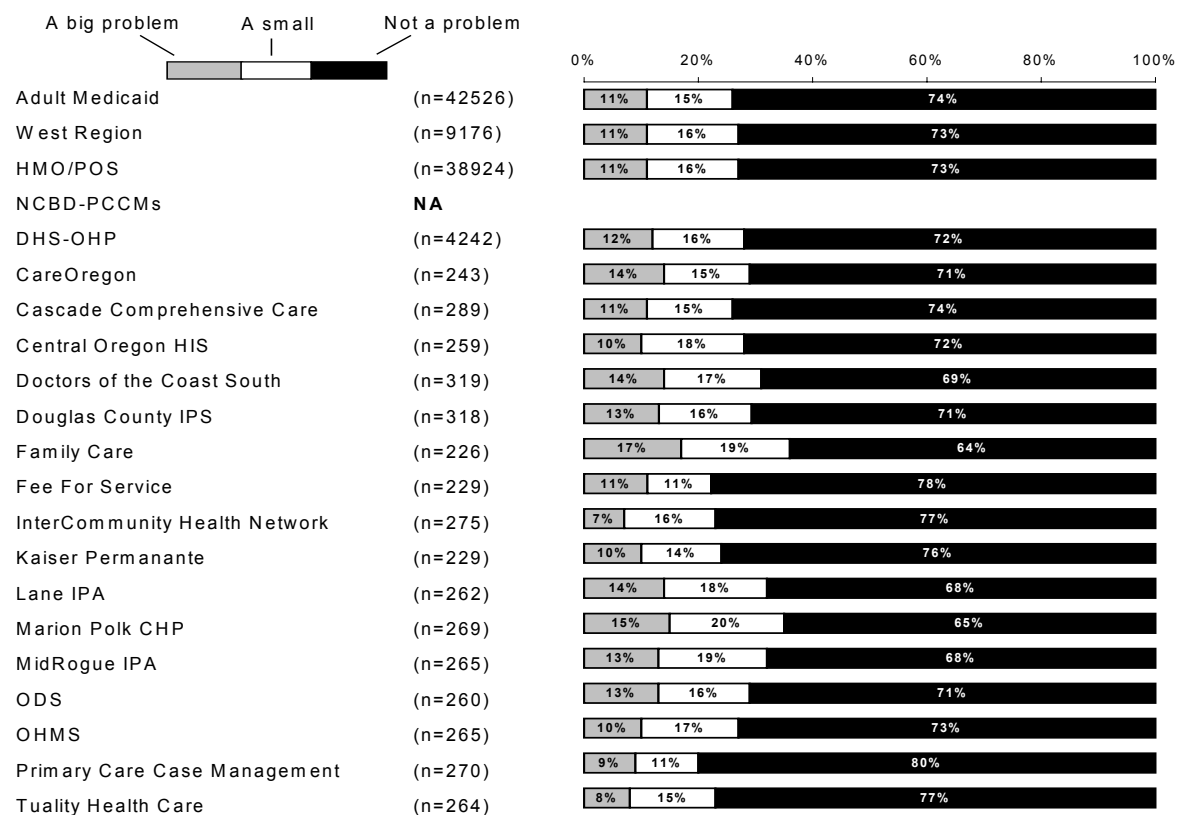
Each section, the adult and child responses, contains aggregate composite *reports*- which are reports of the individuals' experience. The aggregate composite reports are followed by the responses to the questions that go into the composites. The reports are followed by *ratings* aggregate composites and, like the reports are followed by the questions that go into them.

Below is an example of one of the composite response displays. The graphic displays the main conceptual area, which questions compose the display, and a legend showing the category with the scale. The display first lists the overall NCBD results, which is followed by a regional comparison, delivery type breakdowns, the state's overall results and then the plans' results. Each of the major adult and child sections begins with comparative demographic information, which is followed by comparative utilization information, consumer reports, and then the consumer ratings.

Display example:

Access-Getting Needed Care

This chart displays the data for "Getting Needed Care", an aggregate of survey questions 4, 8, 22, and 23. Results for the individual questions are displayed on each of the following pages.



Comparative Results • Child's Survey

Child Respondent Demographics – DHS-OHP and NCBD

This table presents descriptive information about the DHS-OHP child Medicaid sample as well as the entire NCBD child Medicaid sample. The child Medicaid data includes completed surveys from parents or guardians with Medicaid coverage.

Demographic Characteristic	DHS-OHP	NCBD 2002
Gender (parent/guardian)		
Male	9%	8%
Female	91%	92%
Gender (child)		
Male	55%	54%
Female	45%	46%
Age (parent/guardian)		
Under 18 years	4%	7%
18-34 years	51%	52%
35-54 years	39%	36%
55-74 years	6%	4%
75+ years	0%	0%
Age (child)		
0-3 years	29%	29%
4-7 years	25%	28%
8-11 years	24%	29%
12+ years	22%	14%
Education (parent/guardian)		
Less than high school graduate	23%	20%
High school graduate/GED	40%	38%
Some college/2 year degree	31%	34%
4 year college graduate	4%	5%
More than 4 year college degree	2%	2%
Race		
White	87%	66%
African-American	2%	23%
Asian	1%	3%
Native Hawaiian/Pacific Islander	0%	0%
American Indian/Native Alaskan	3%	2%
Multi-racial	6%	6%
Health Status of Child (as reported by parent/guardian)		
Excellent	45%	39%
Very Good	32%	33%
Good	18%	21%
Fair	5%	6%
Poor	0%	1%

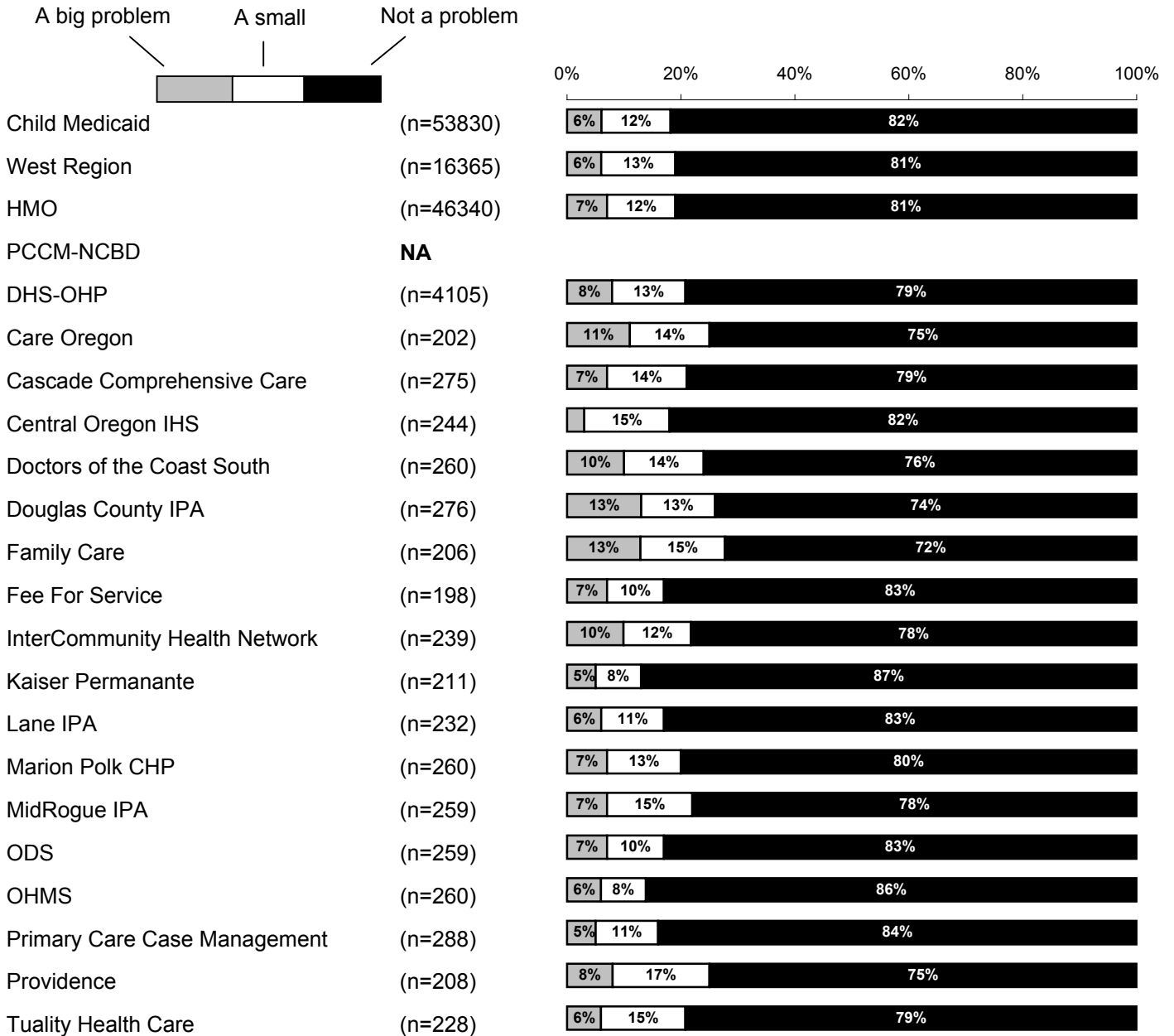
Utilization Characteristics – NCBD & Oregon DHS-OHP

This section presents utilization information about the Oregon Department of Human Services and the NCBD sample.

Utilization Characteristic	DHS-OHP	NCBD 2002
Have a personal doctor or nurse?		
Yes	83%	81%
No	17%	19%
See a specialist?		
Yes	15%	23%
No	85%	77%
Call a doctor's office?		
Yes	63%	61%
No	37%	39%
Appointment for routine care?		
Yes	60%	66%
No	40%	34%
Illness/injury that needed care right away?		
Yes	36%	42%
No	64%	58%
Visits to the emergency room?		
None	80%	69%
1-3	19%	29%
4-5	1%	1%
5+	0%	1%
Visits to doctor's office or clinic?		
None	27%	18%
1-2	46%	45%
3-4	18%	23%
5-9	6%	6%
10+	2%	3%

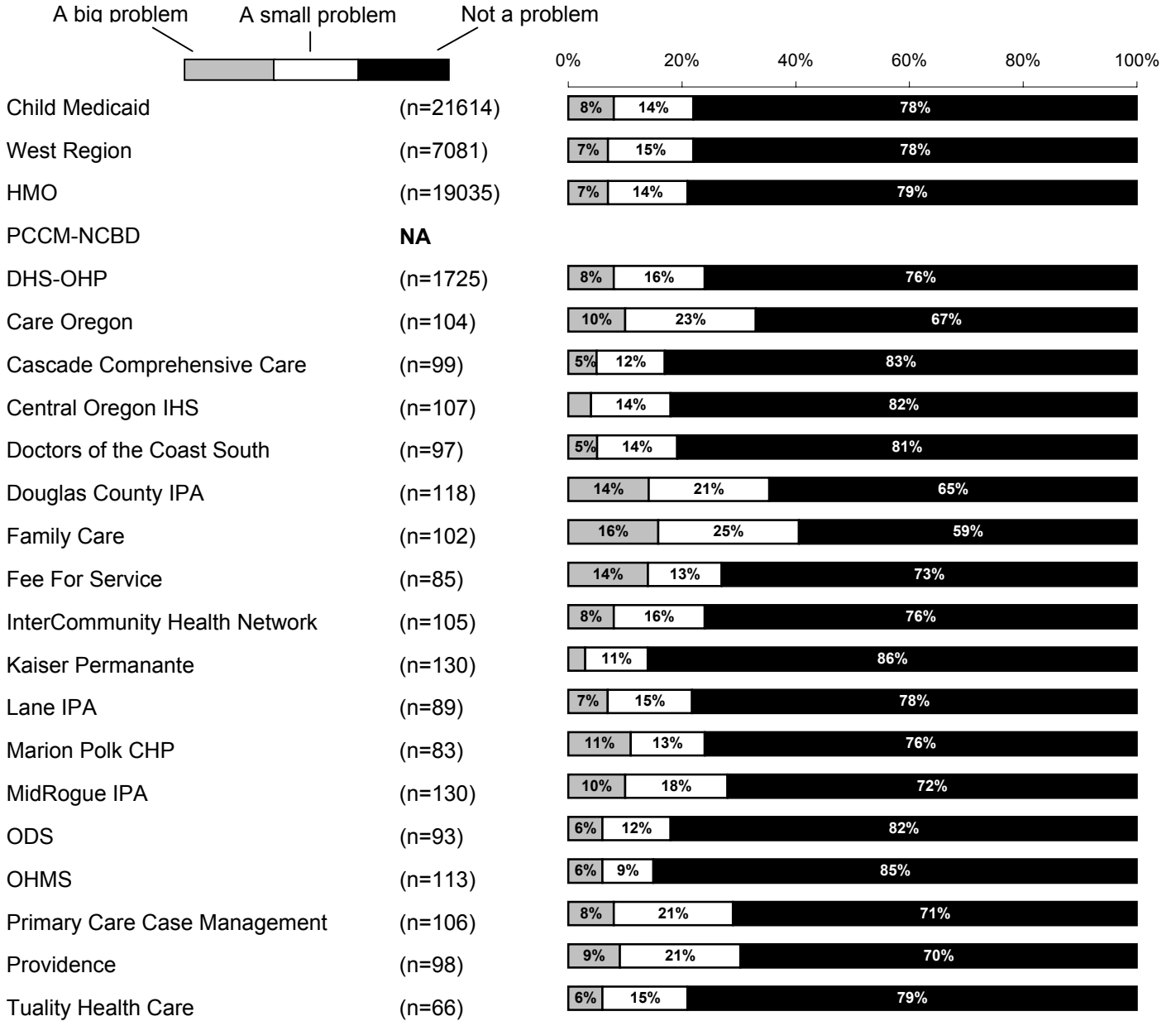
Access- Getting Needed Care for Children

This chart displays the data for "Access-Getting Needed Care for Children", an aggregate of survey questions 4, 13, 27, and 28. Results for the individual questions are displayed on each of the following pages.



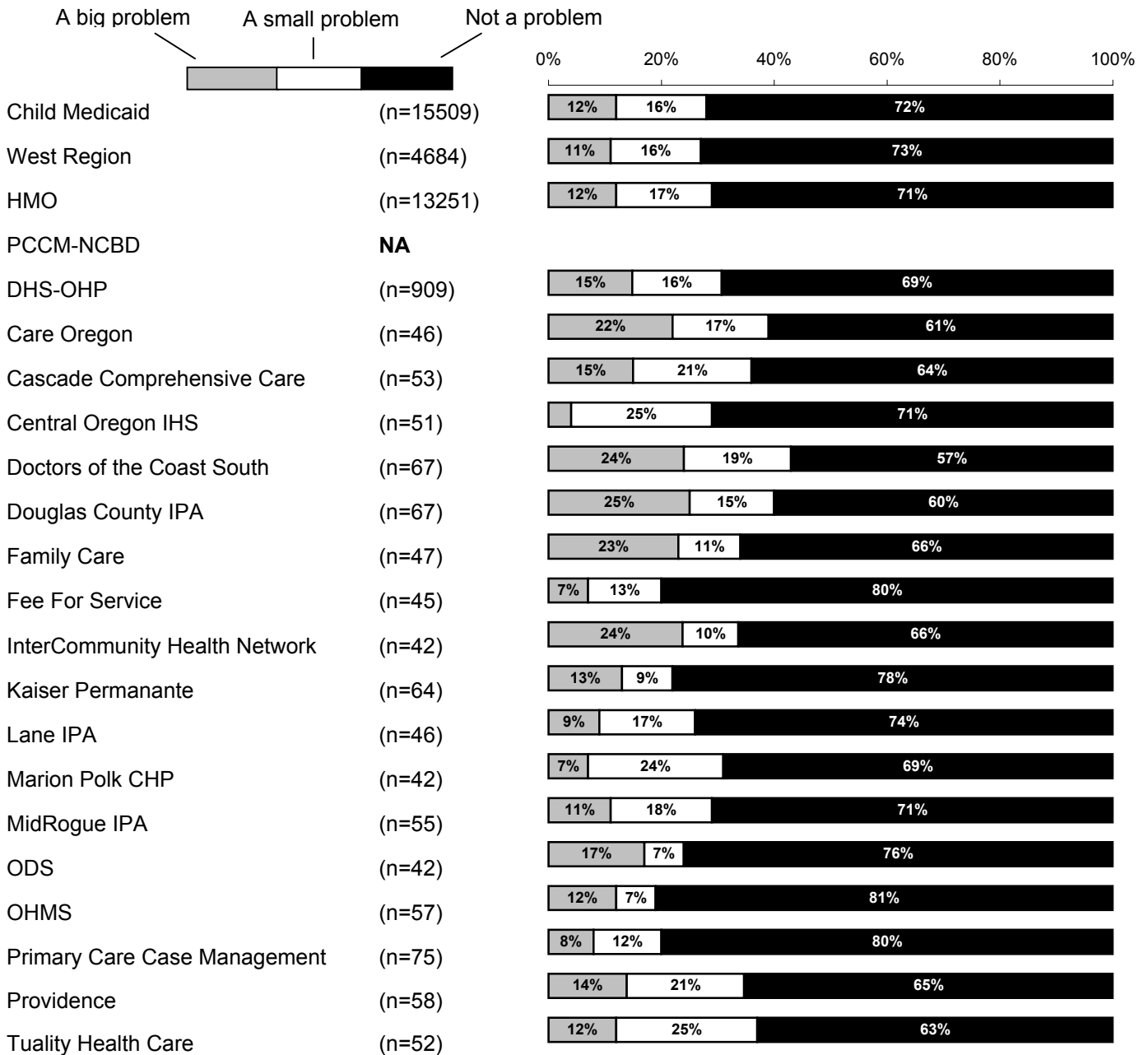
Access- Getting Needed Care for Children

Q4. With the choices your child's health plan gave you, how much of problem, if any, was it to get a personal doctor or nurse for your child you are happy with?



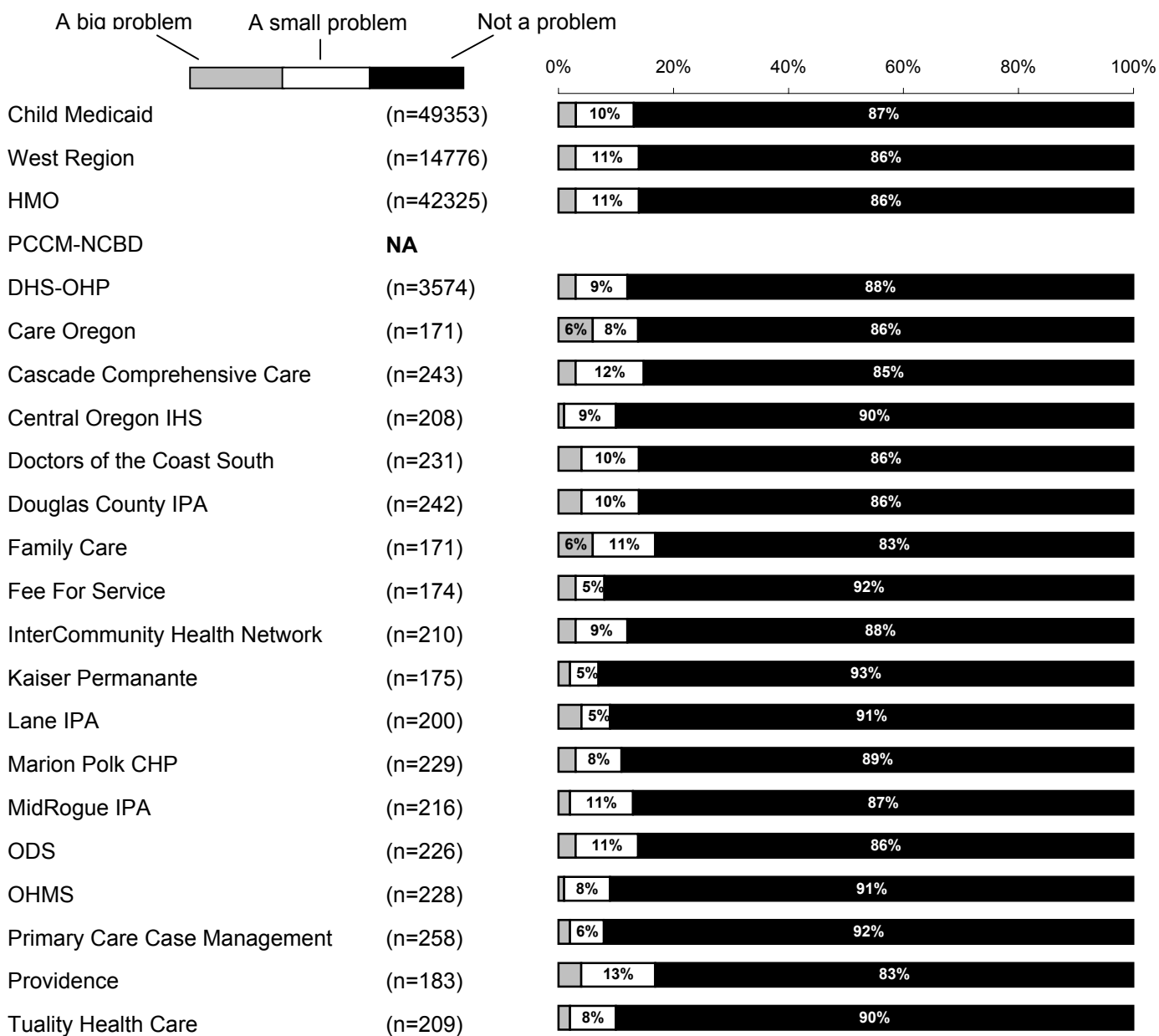
Access- Getting Needed Care for Children

Q13. Of those respondents who thought their child needed to see a specialist: "In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?"



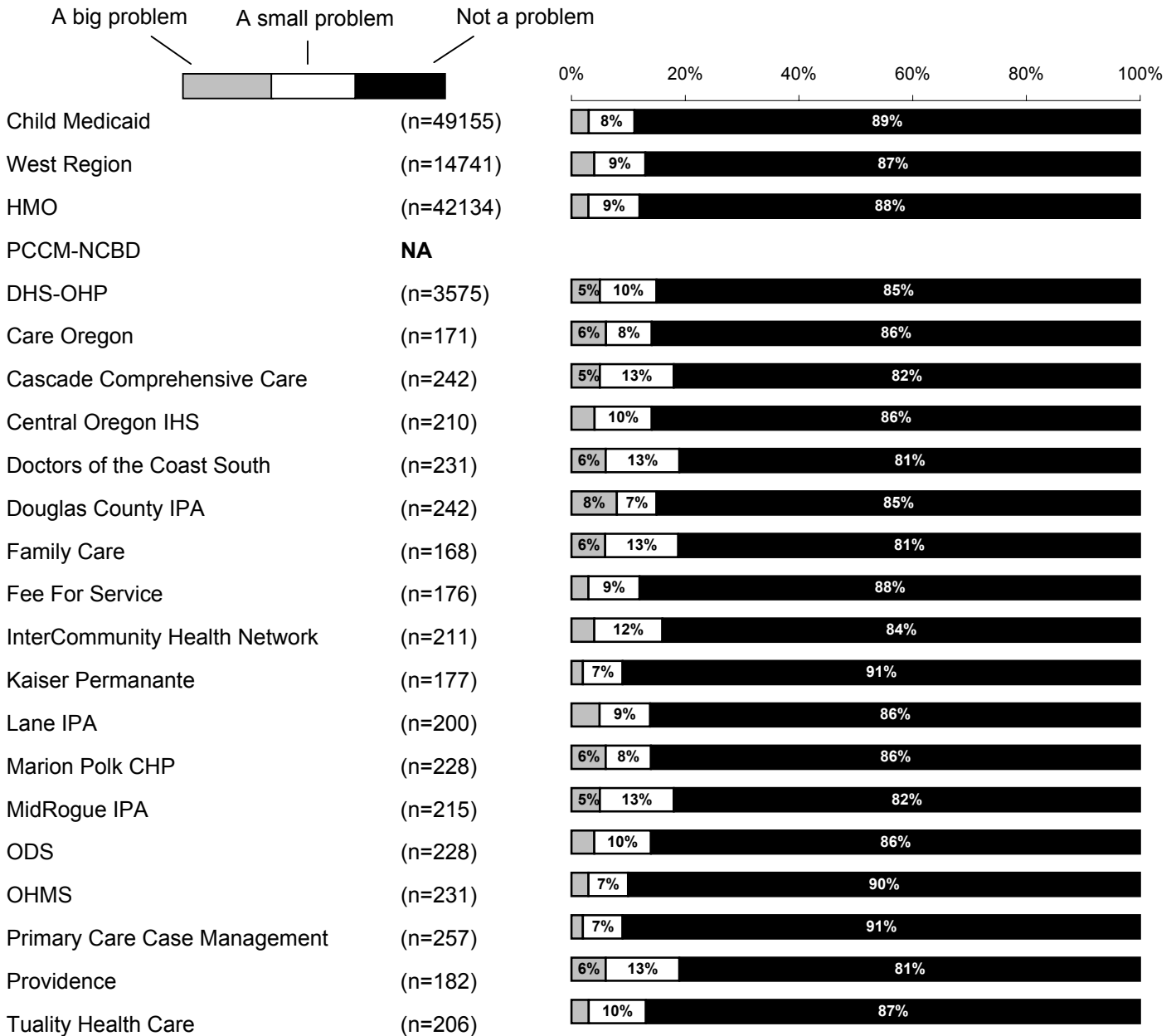
Access- Getting Needed Care for Children

Q27. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?"



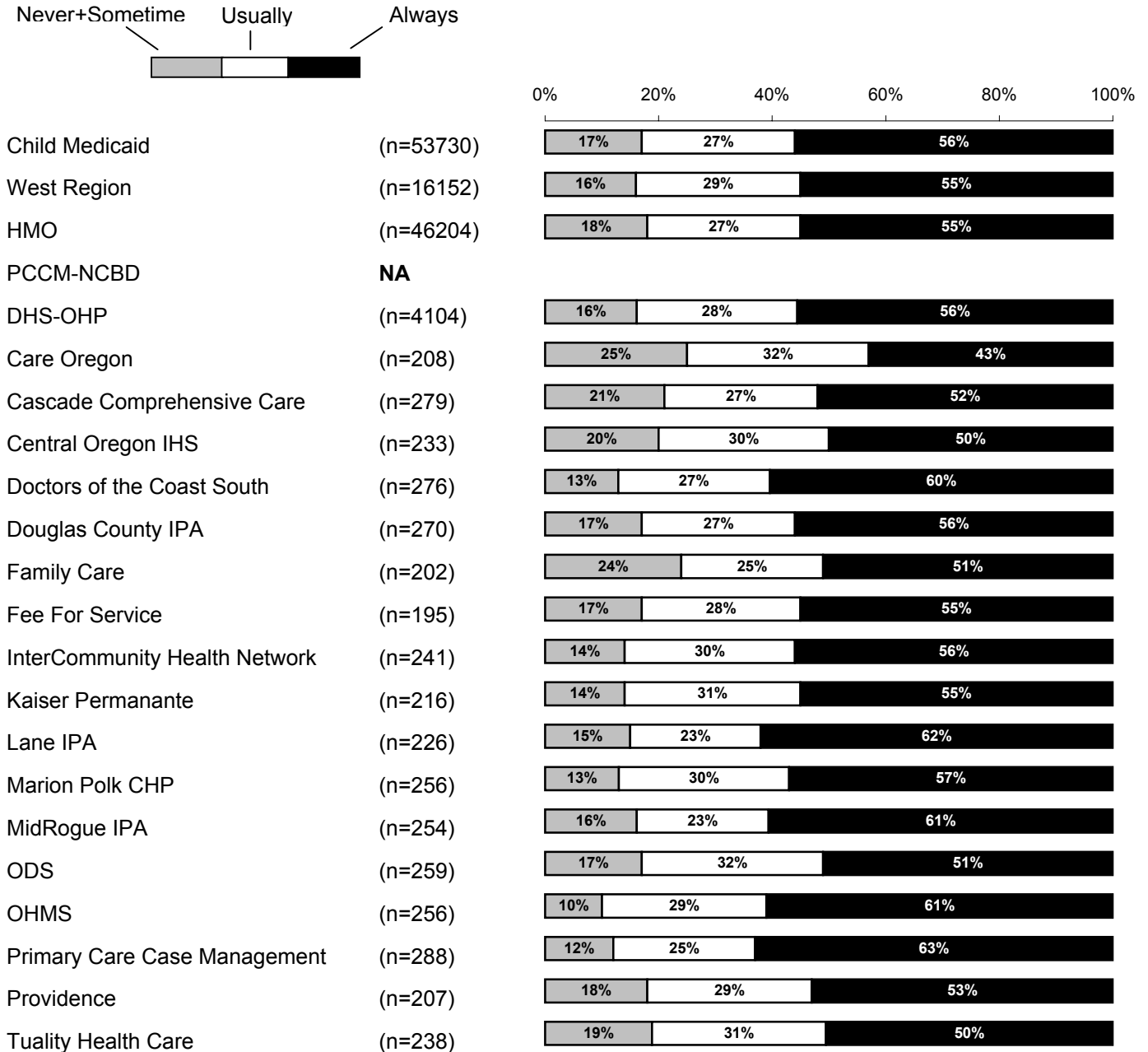
Access- Getting Needed Care for Children

Q28. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?"



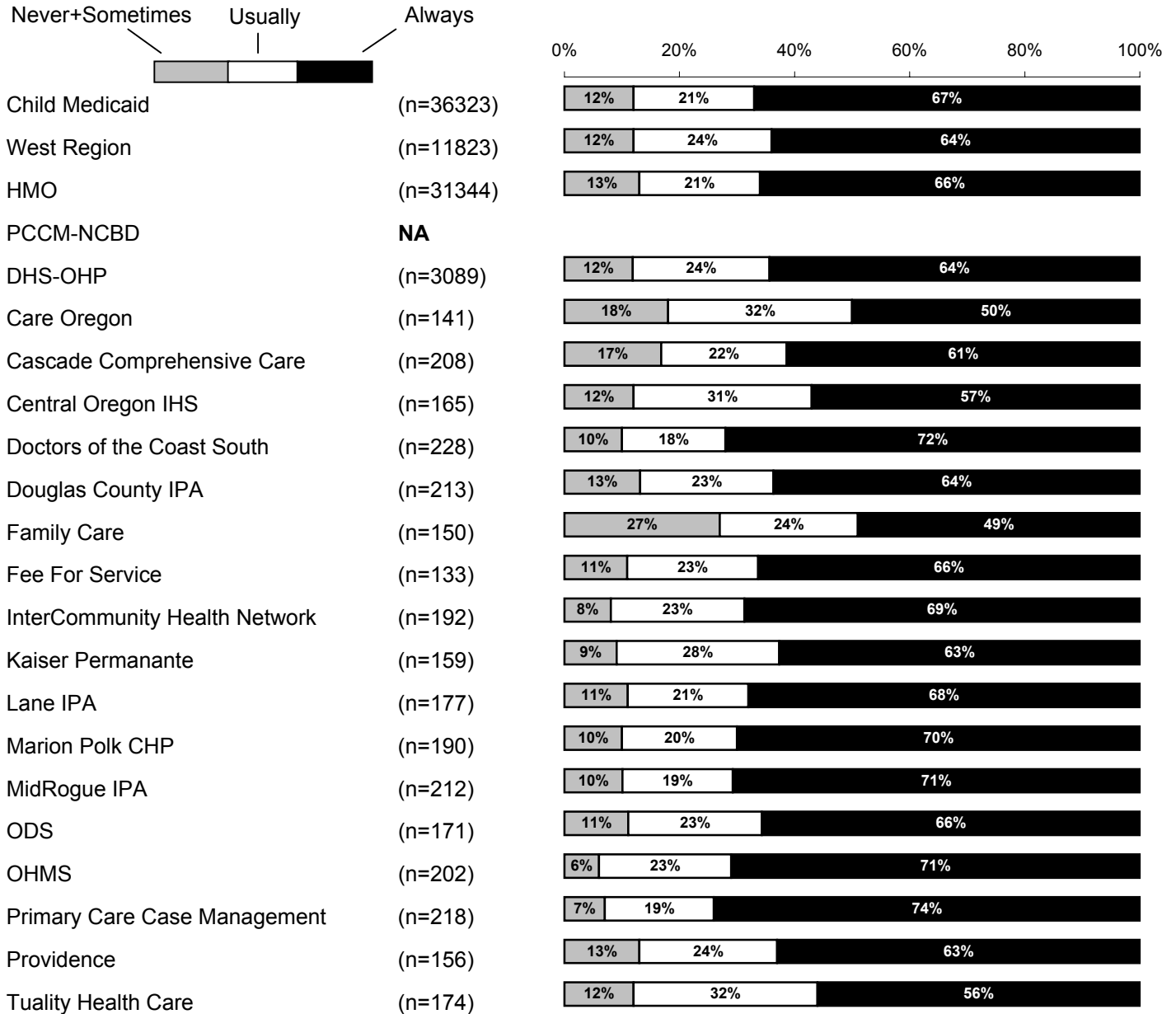
Access-Getting Care Quickly for Children

This chart displays the data for "Access-Getting Care Quickly for Children", an aggregate of survey questions 18, 20, 23, and 29. Results for the individual questions are displayed on each of the following pages.



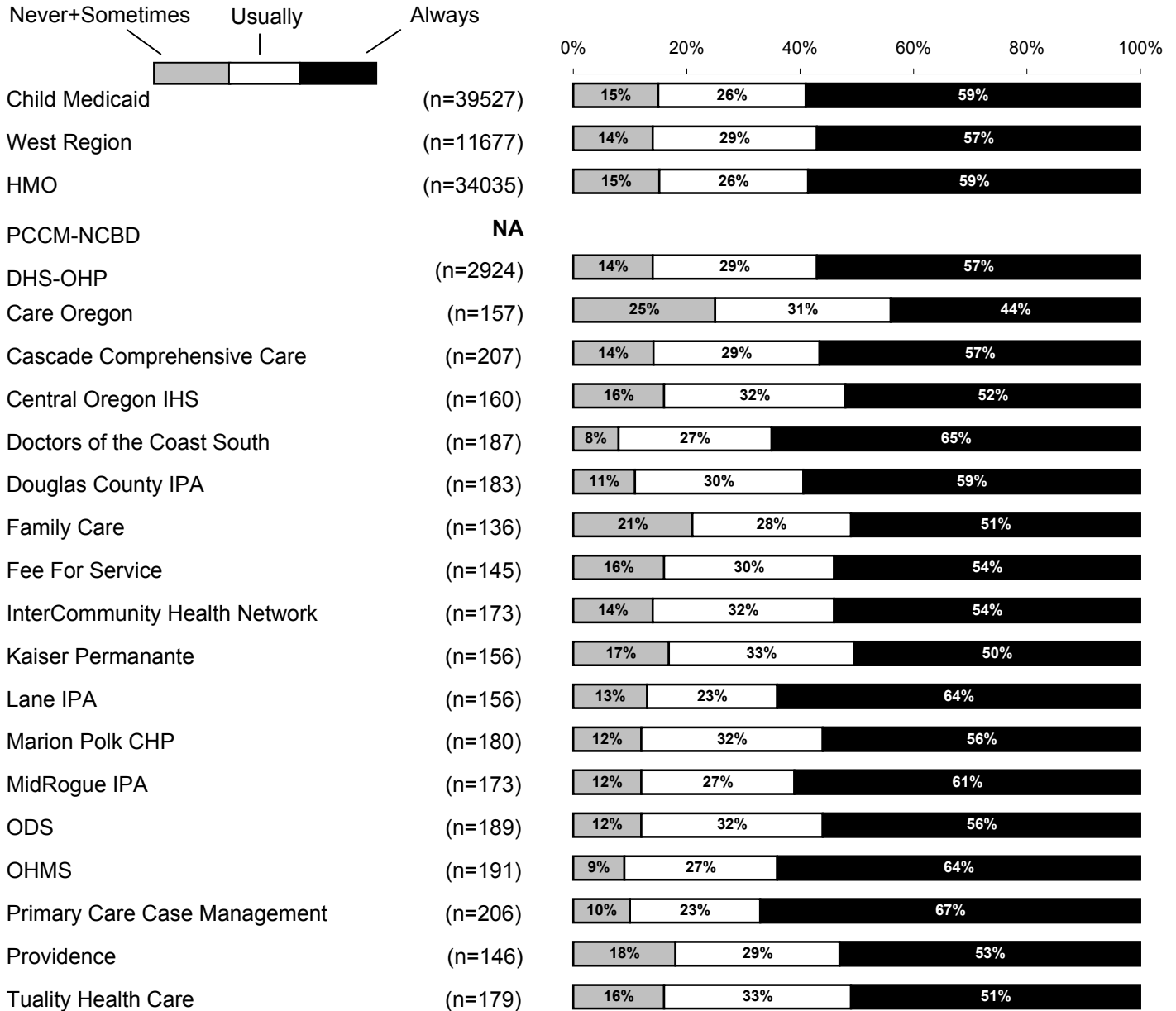
Access-Getting Care Quickly for Children

Q18. Of those respondents who called a doctor's office or clinic to get help or advice for their child: "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?"



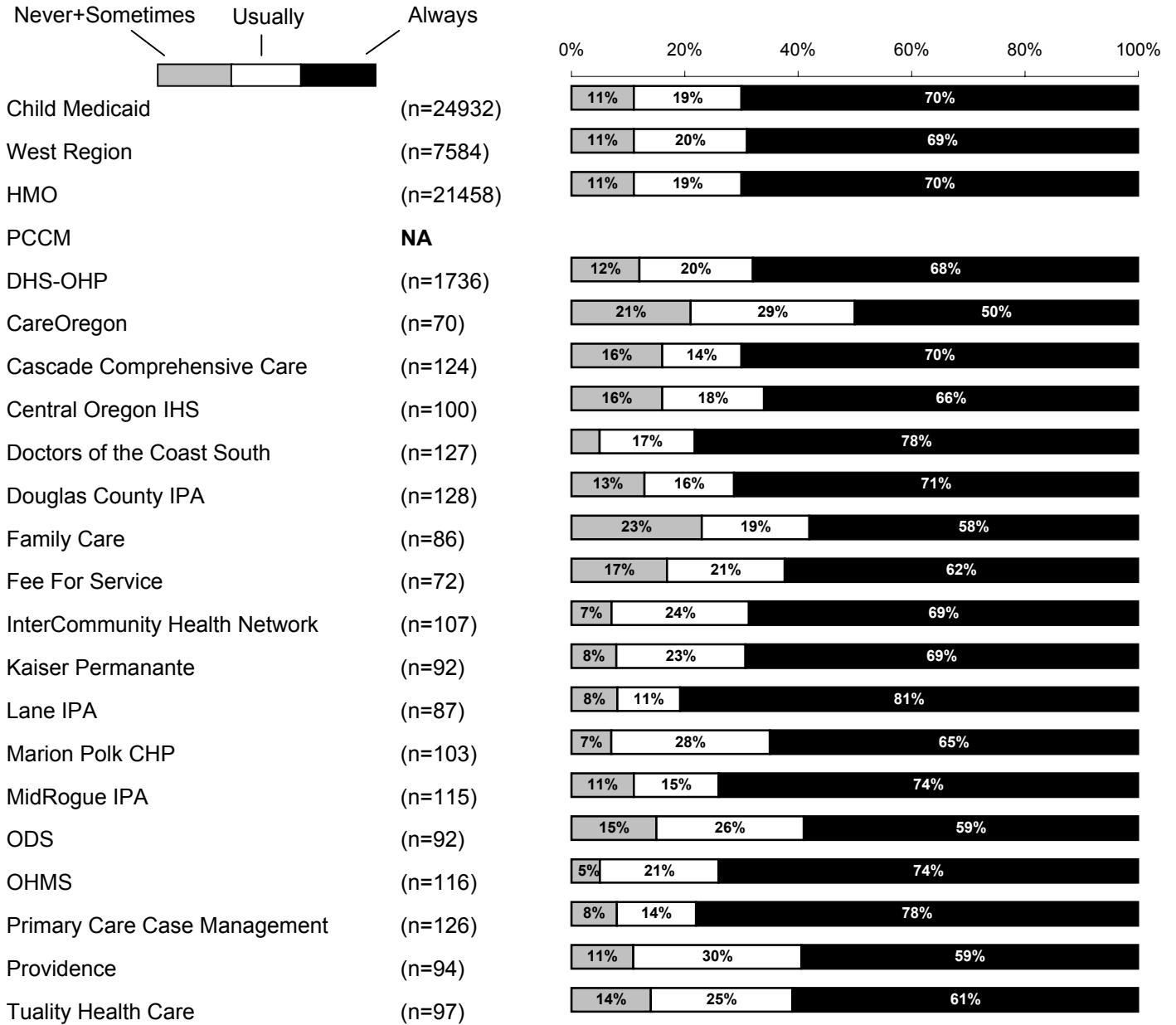
Access-Getting Care Quickly for Children

Q20. Of those respondents who made an appointment for regular or routine care for their child: "In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?"



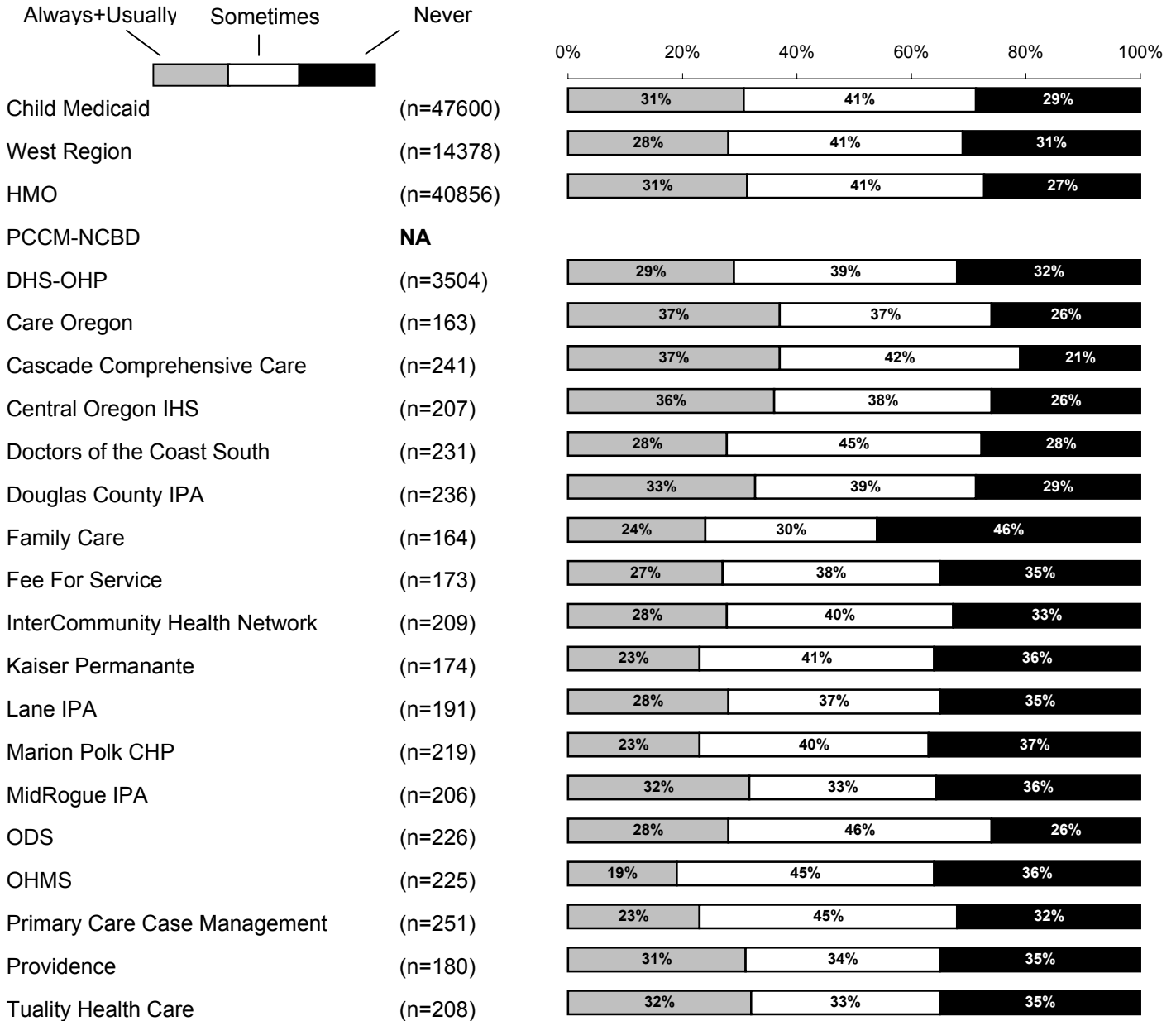
Access-Getting Care Quickly for Children

Q23. Of those respondents whose child had an injury or illness that needed care right away: "In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?"



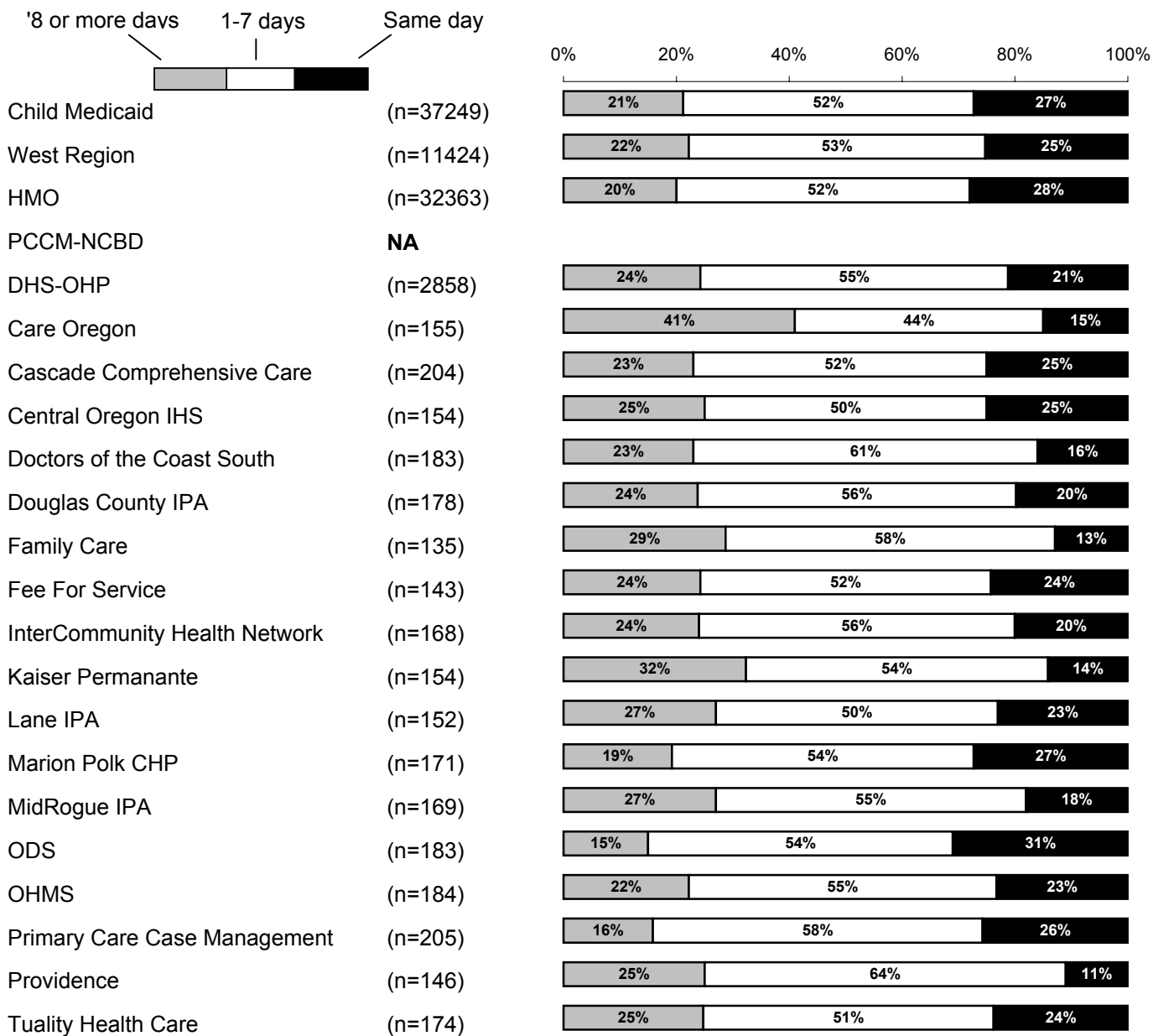
Access-Getting Care Quickly for Children

Q29. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?"



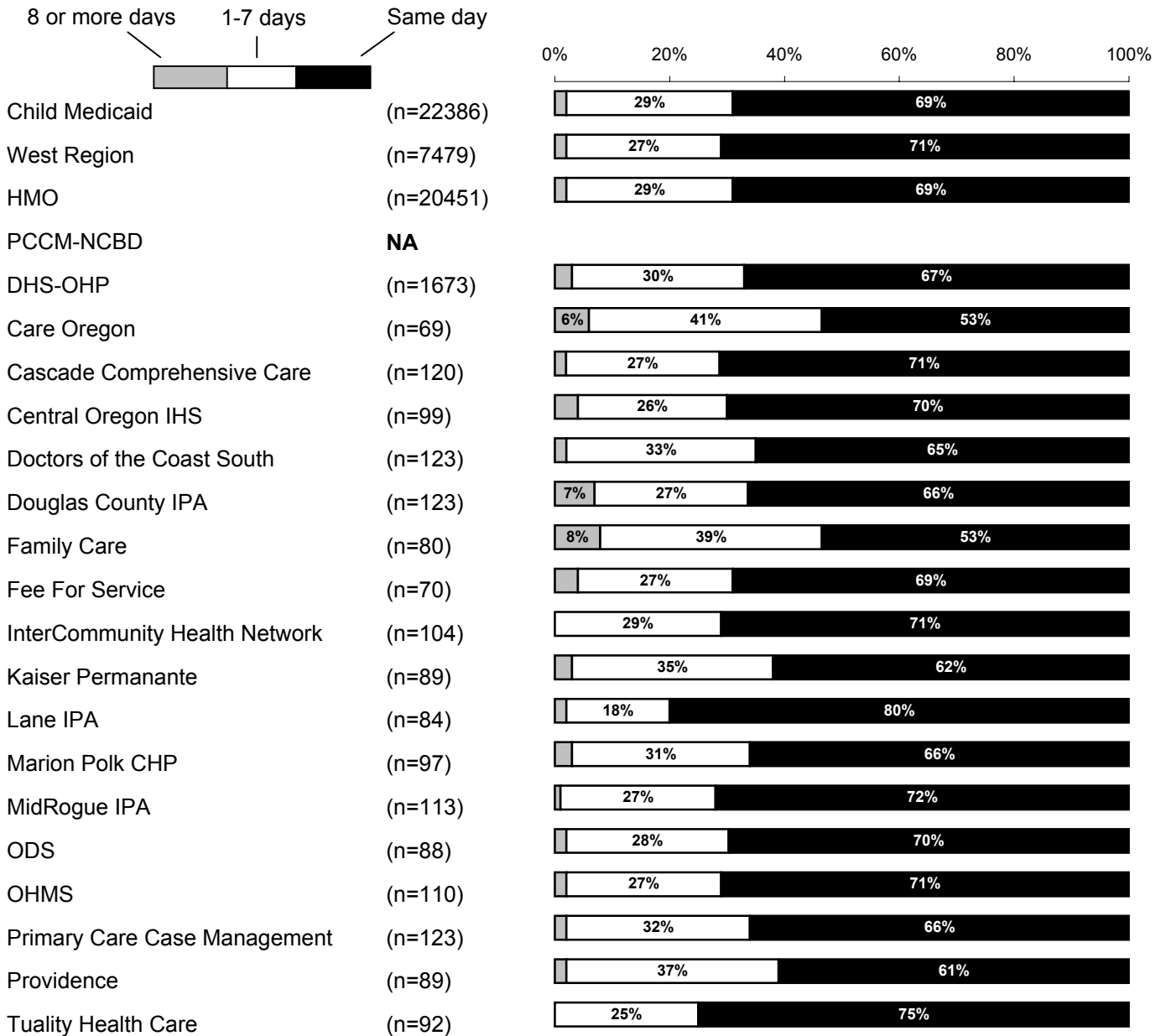
Access-additional questions

Q21. Of respondents who made an appointment for regular health care for their child: "In the last 6 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?"



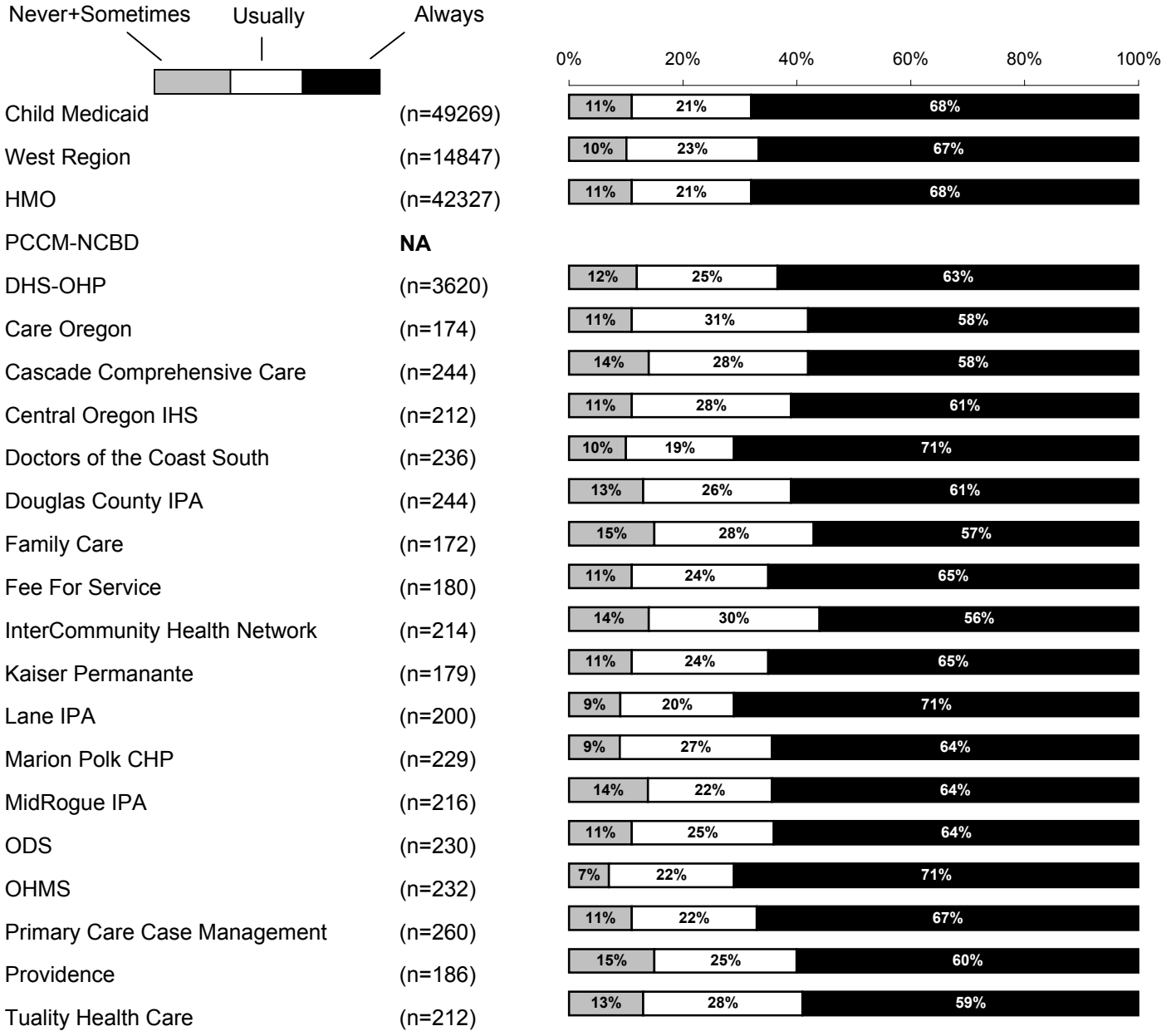
Access-additional questions

Q24. Of those respondents whose child had an injury or illness that needed care right away: "In the last 6 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?"



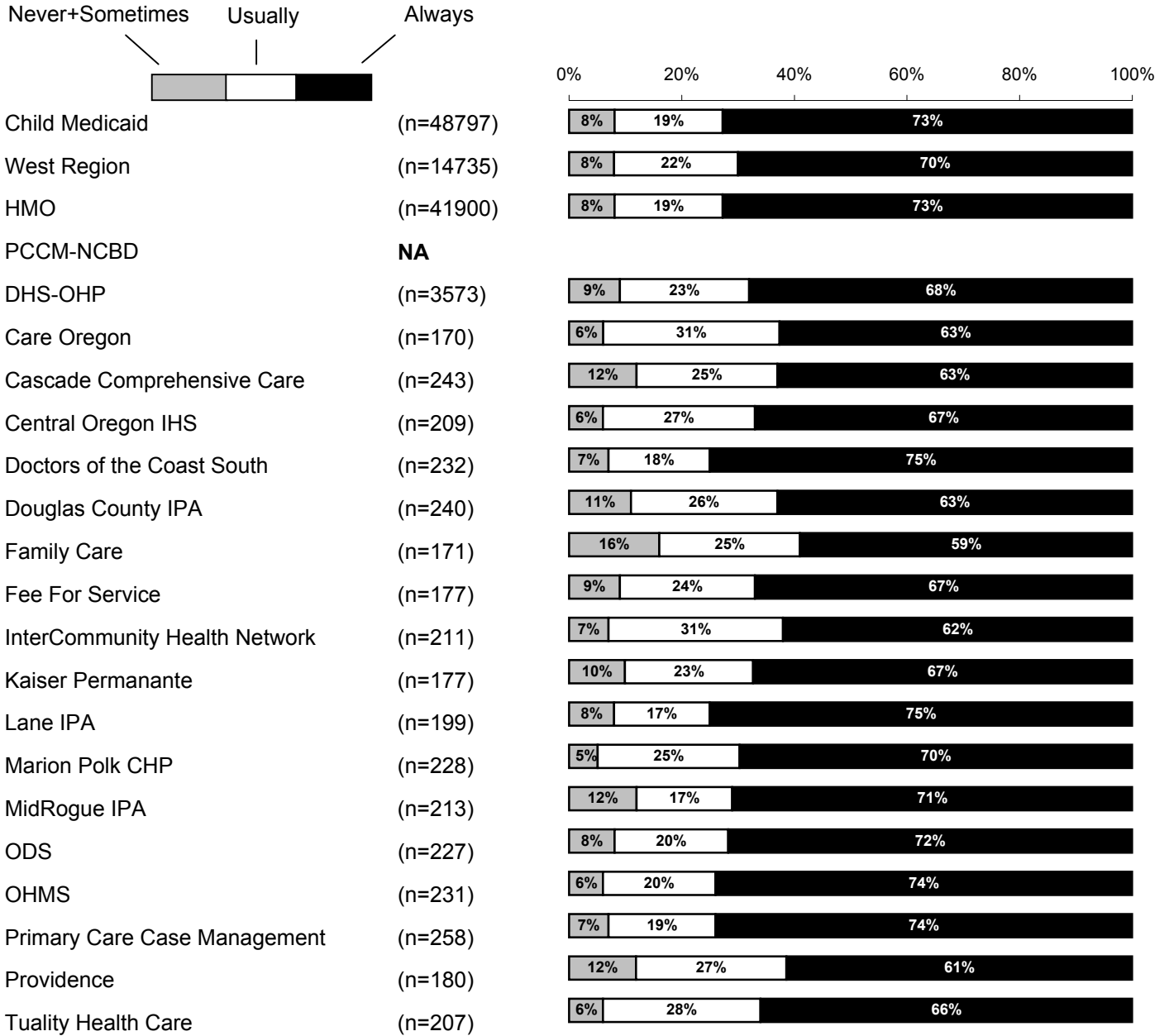
Doctors Who Communicate Well

This chart displays the data for "Doctors Who Communicate Well", an aggregate of survey questions 32, 34, 35, 38 and 39. Results for the individual questions are displayed on each of the following pages.



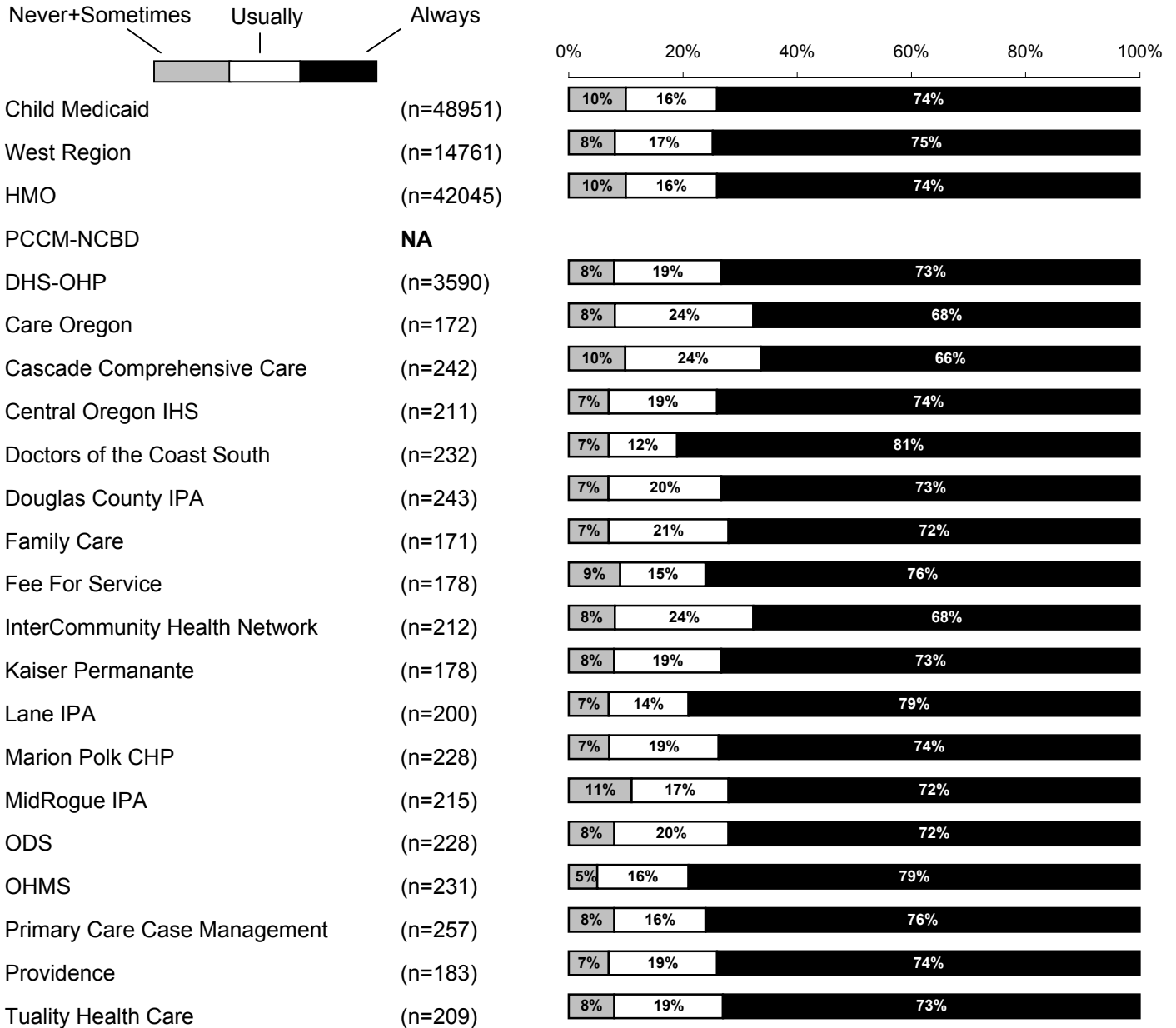
Doctors Who Communicate Well

Q32. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?"



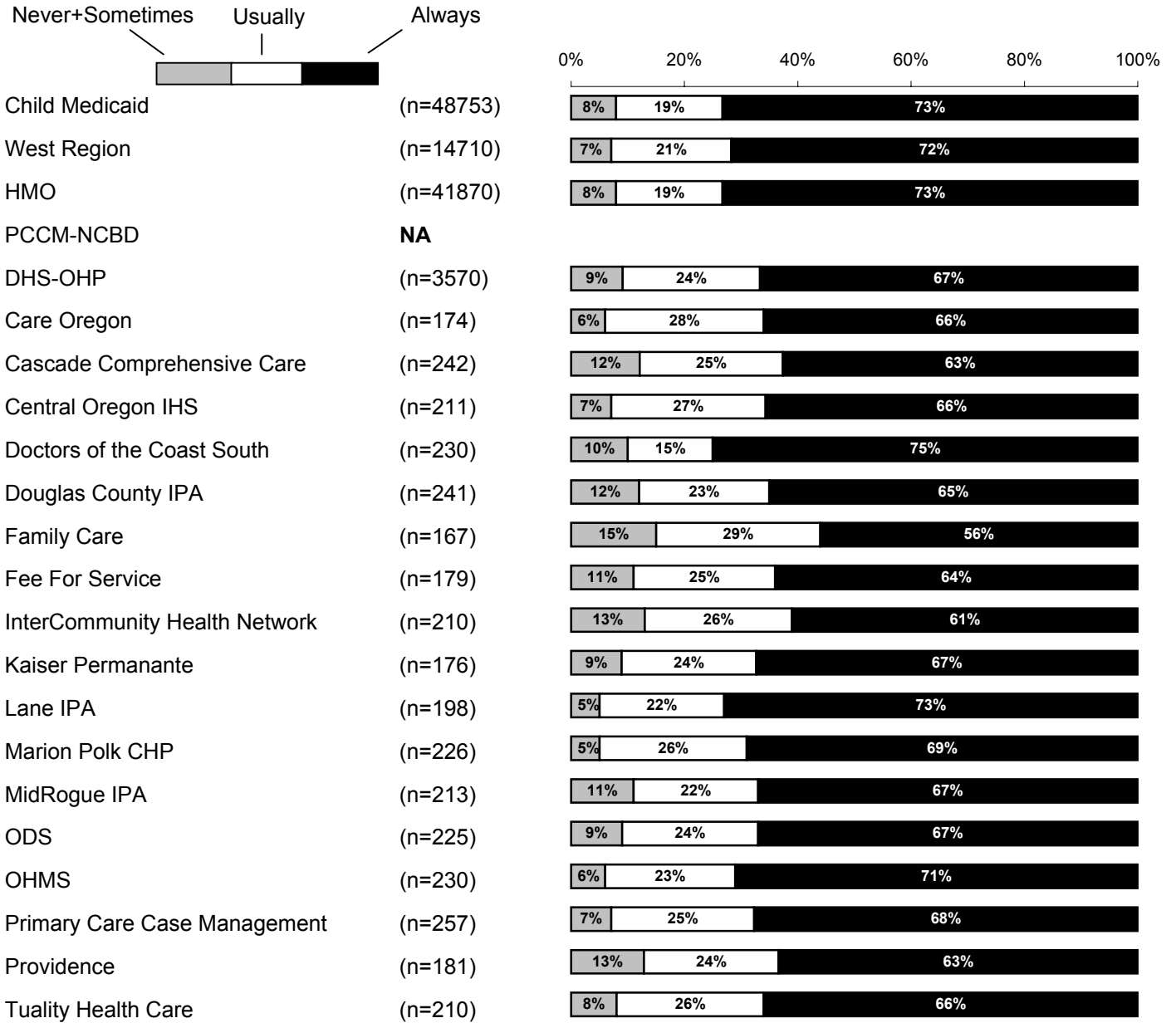
Doctors Who Communicate Well

Q34. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?"



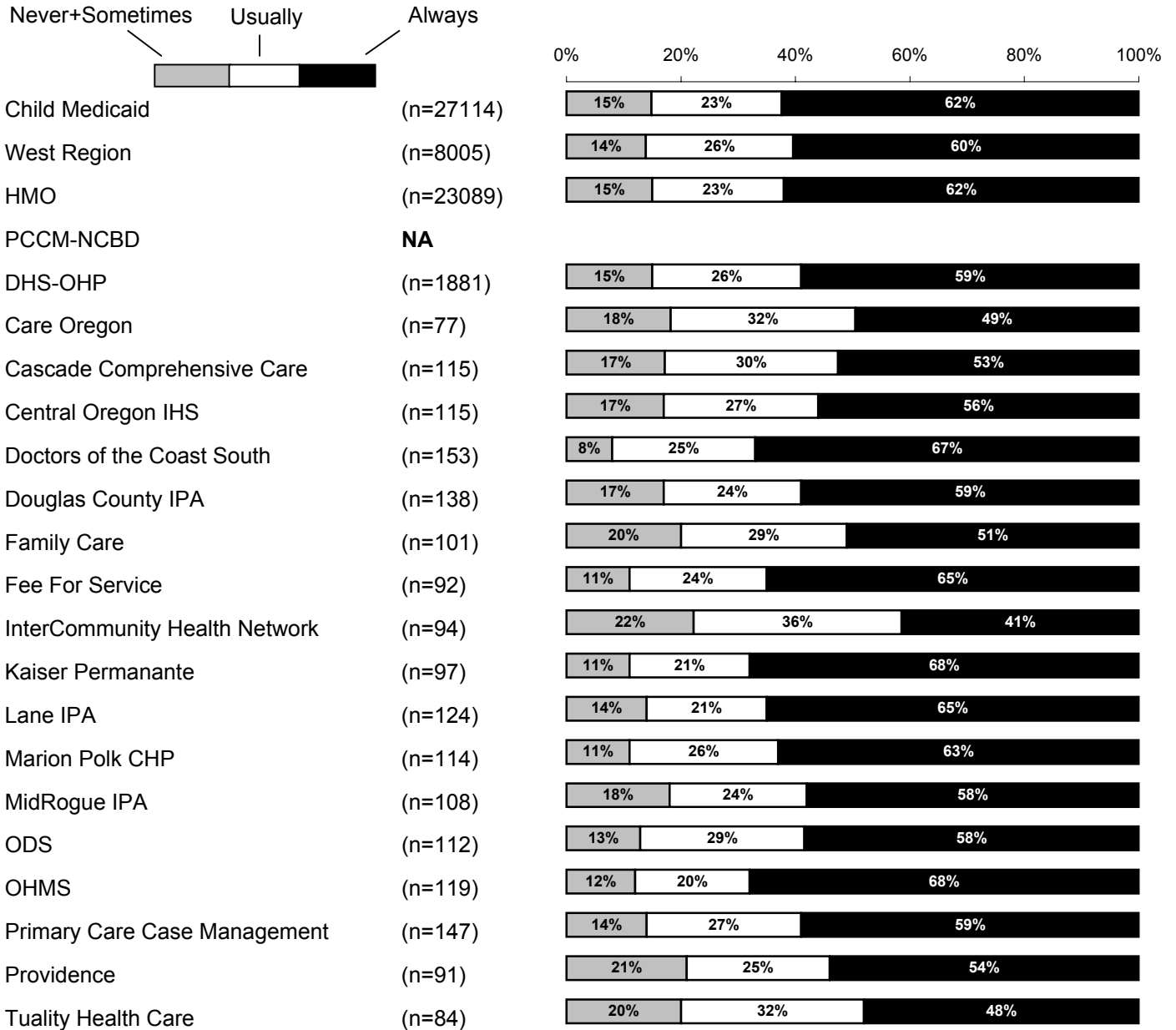
Doctors Who Communicate Well

Q35. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?"



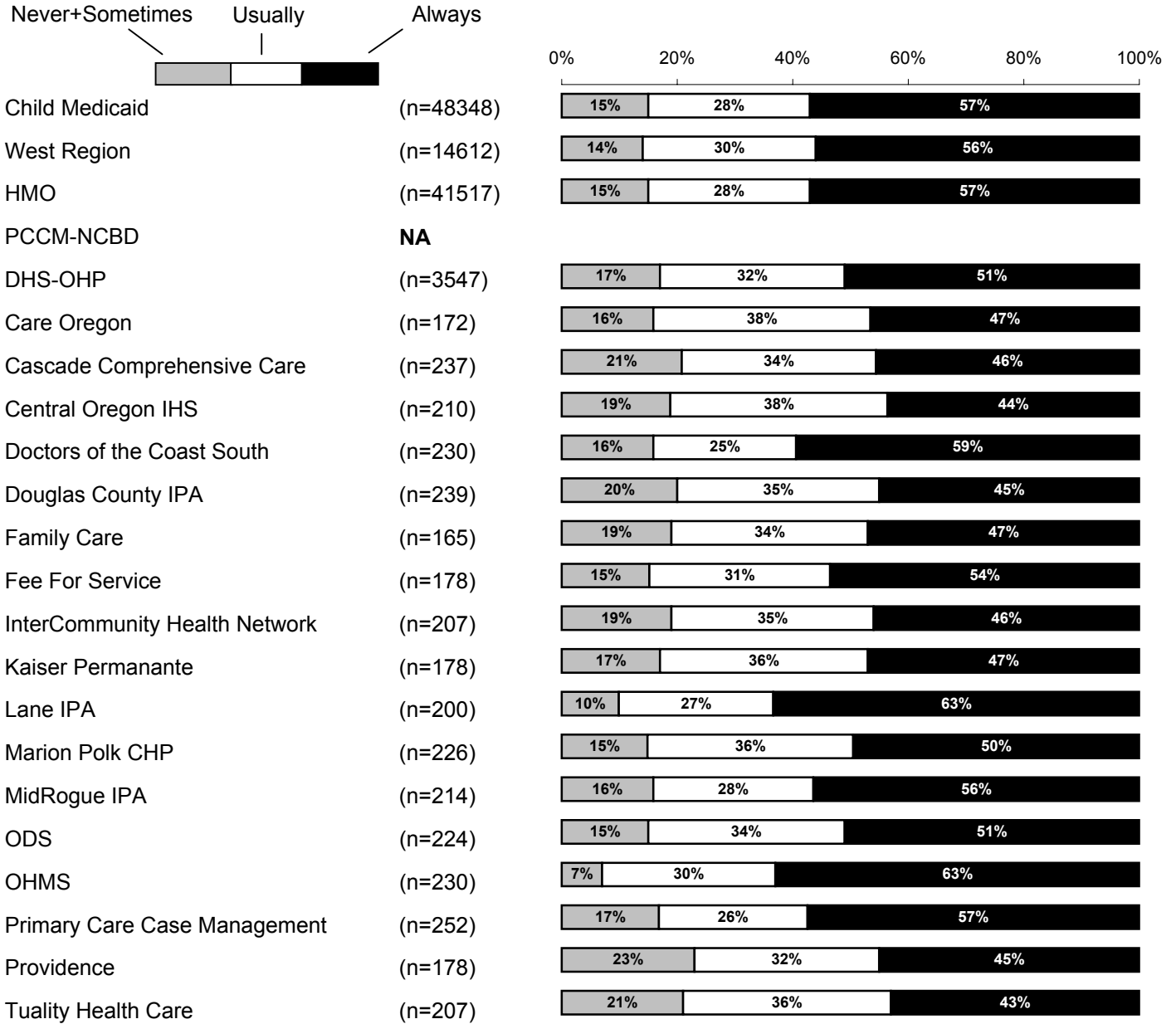
Doctors Who Communicate Well

Q38. Of those respondents whose child went to a doctor's office or clinic and able to talk with doctors: "In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?"



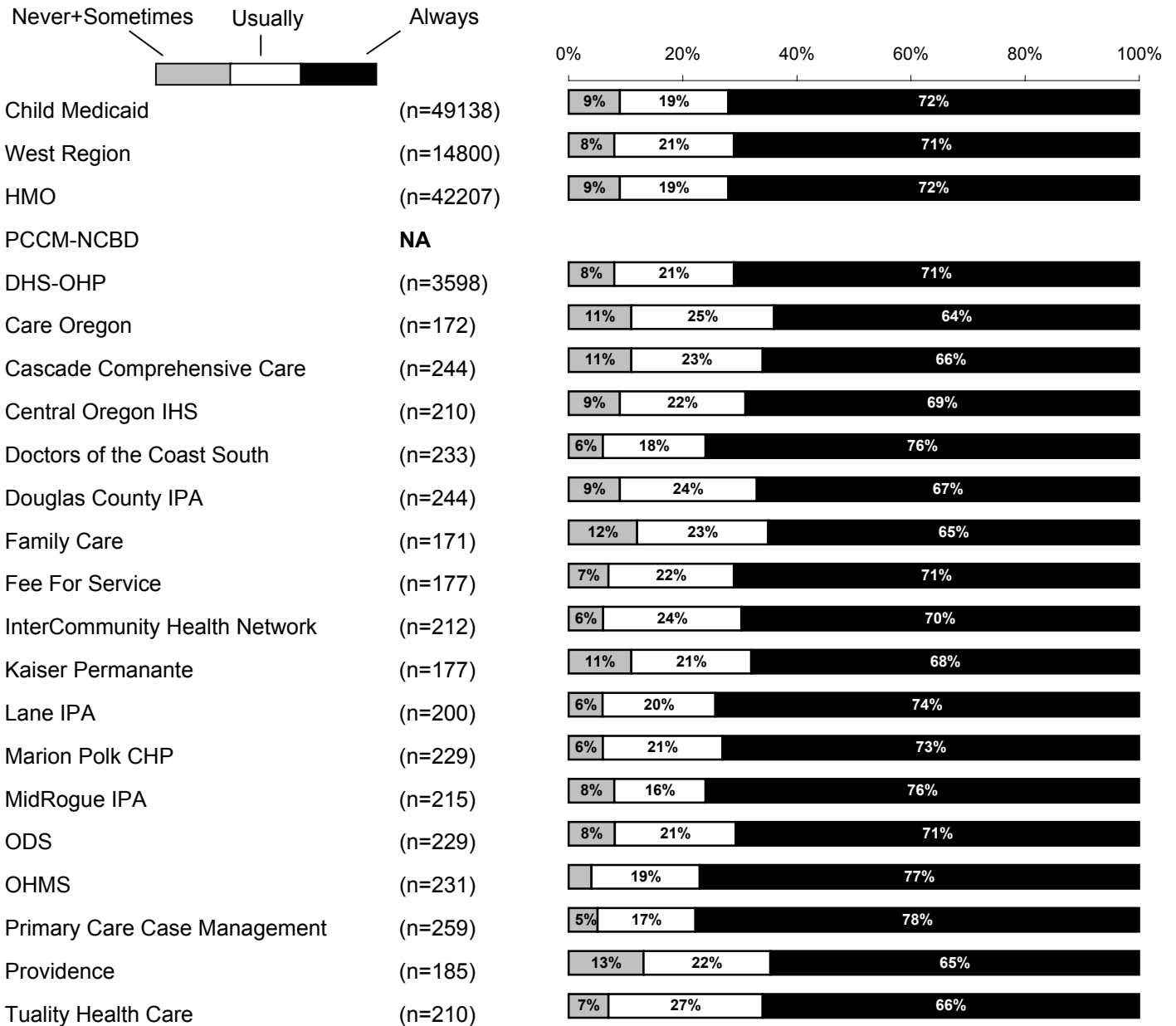
Doctors Who Communicate Well

Q39. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did doctors or other health providers spend enough time with your child?"



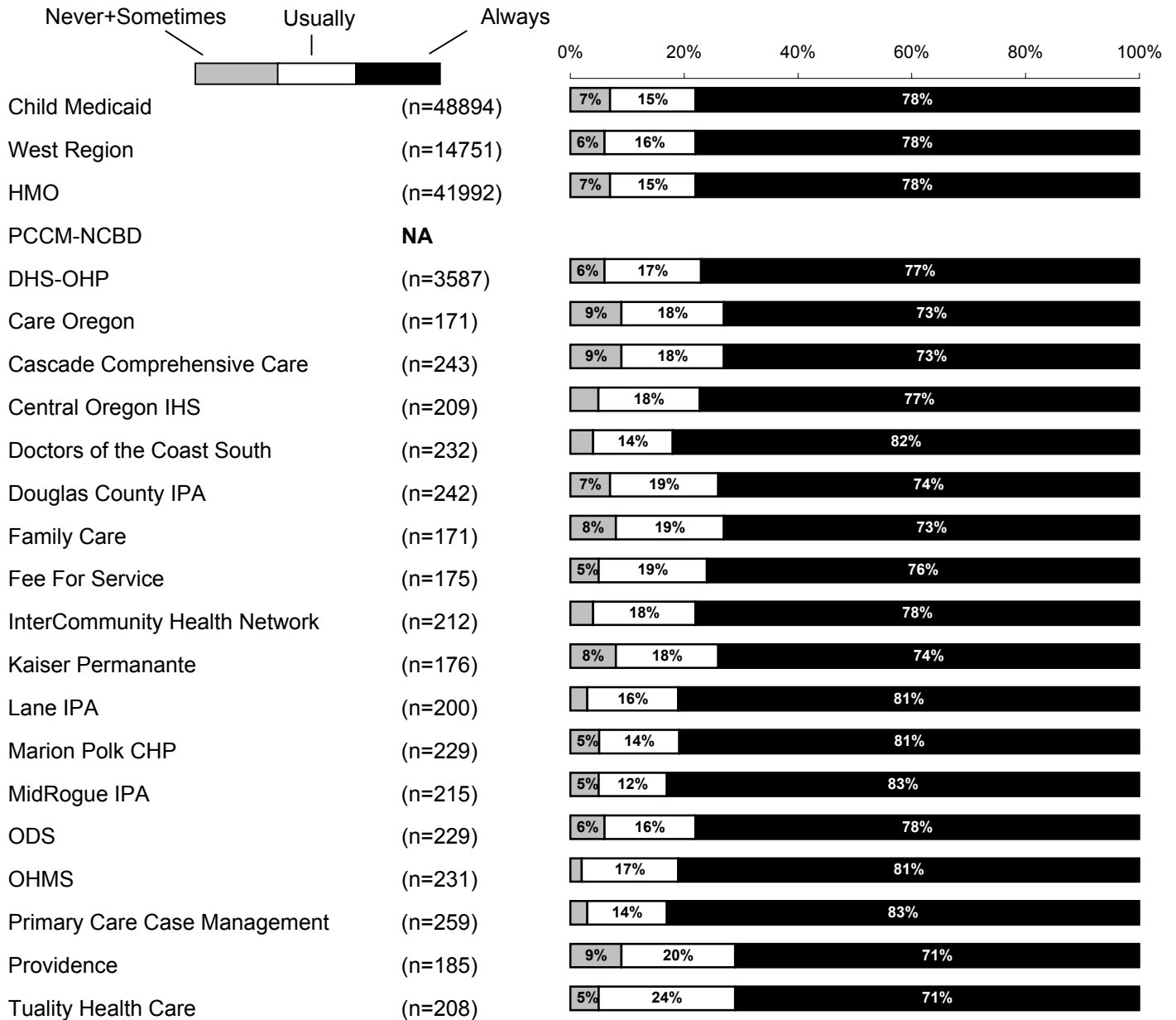
Courteous and Helpful Office Staff

This chart displays the data for "Courteous and Helpful Office Staff", an aggregate of survey questions 30 and 31. Results for the individual questions are displayed on each of the following pages.



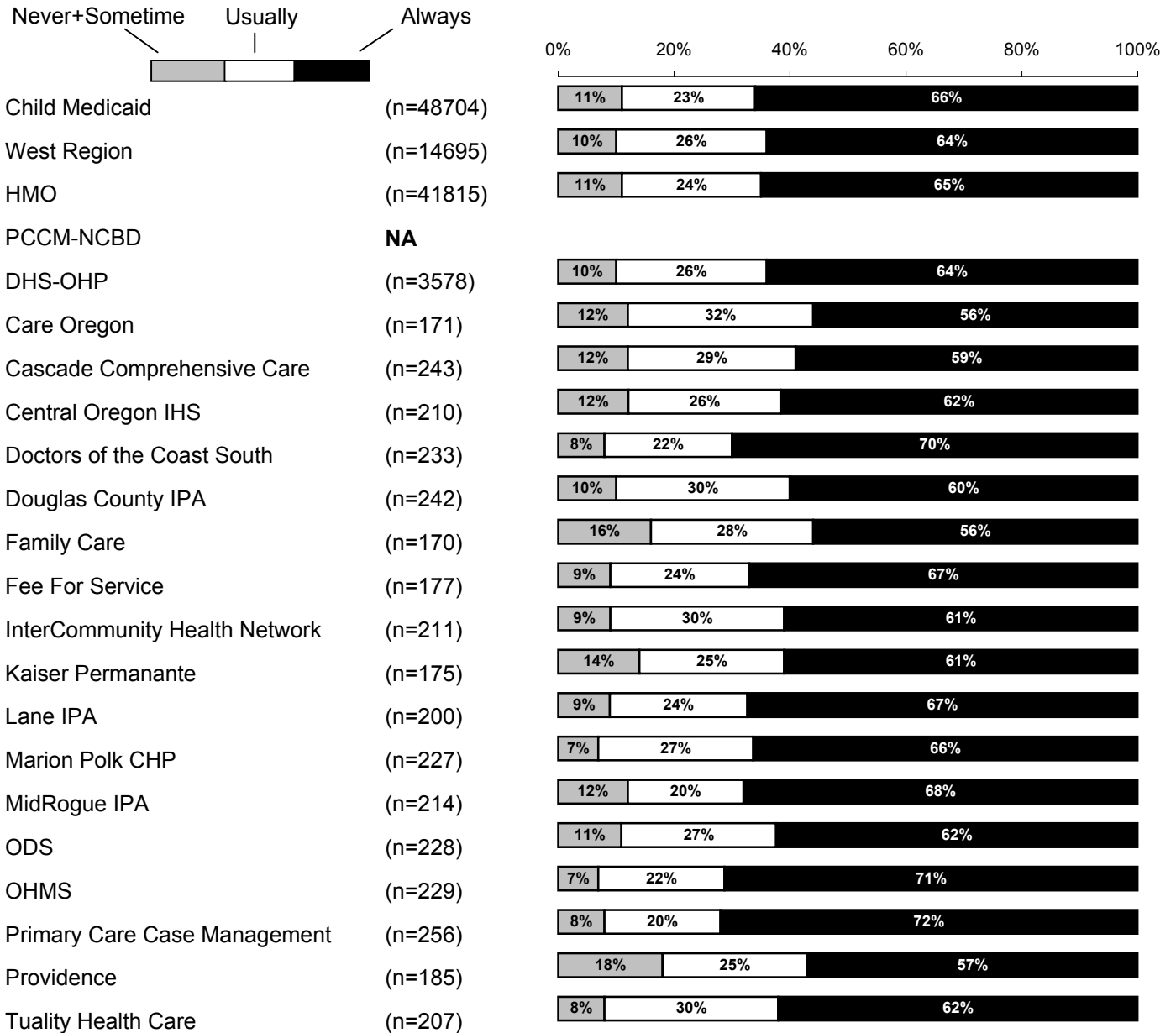
Courteous and Helpful Office Staff

Q30. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?"



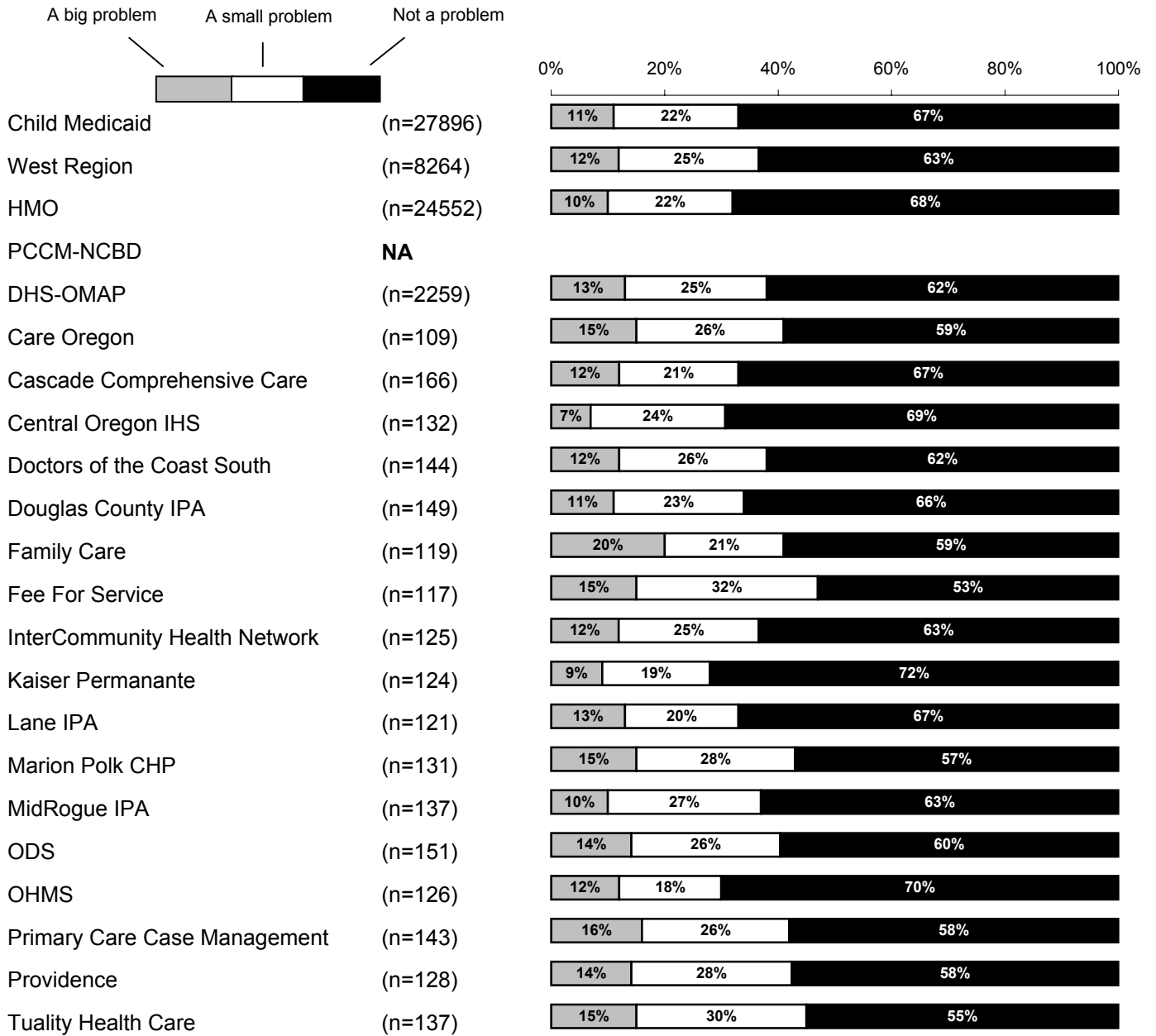
Courteous and Helpful Office Staff

Q31. Of those respondents whose child went to a doctor's office or clinic: "In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?"



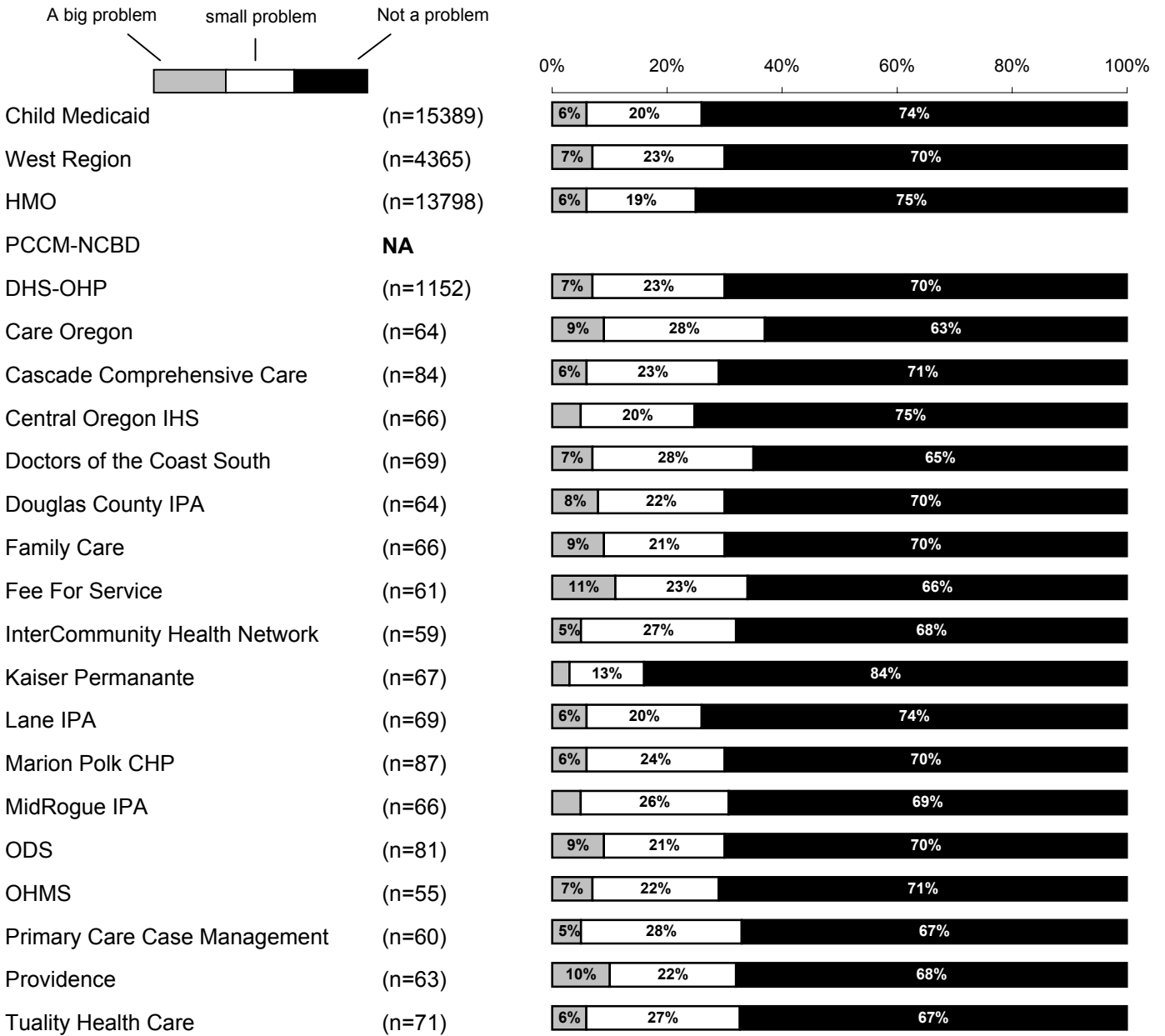
Customer Service

This chart displays the data for "Customer Service", an aggregate of survey questions 79, 81, and 86. Results for the individual questions are displayed on each of the following pages.



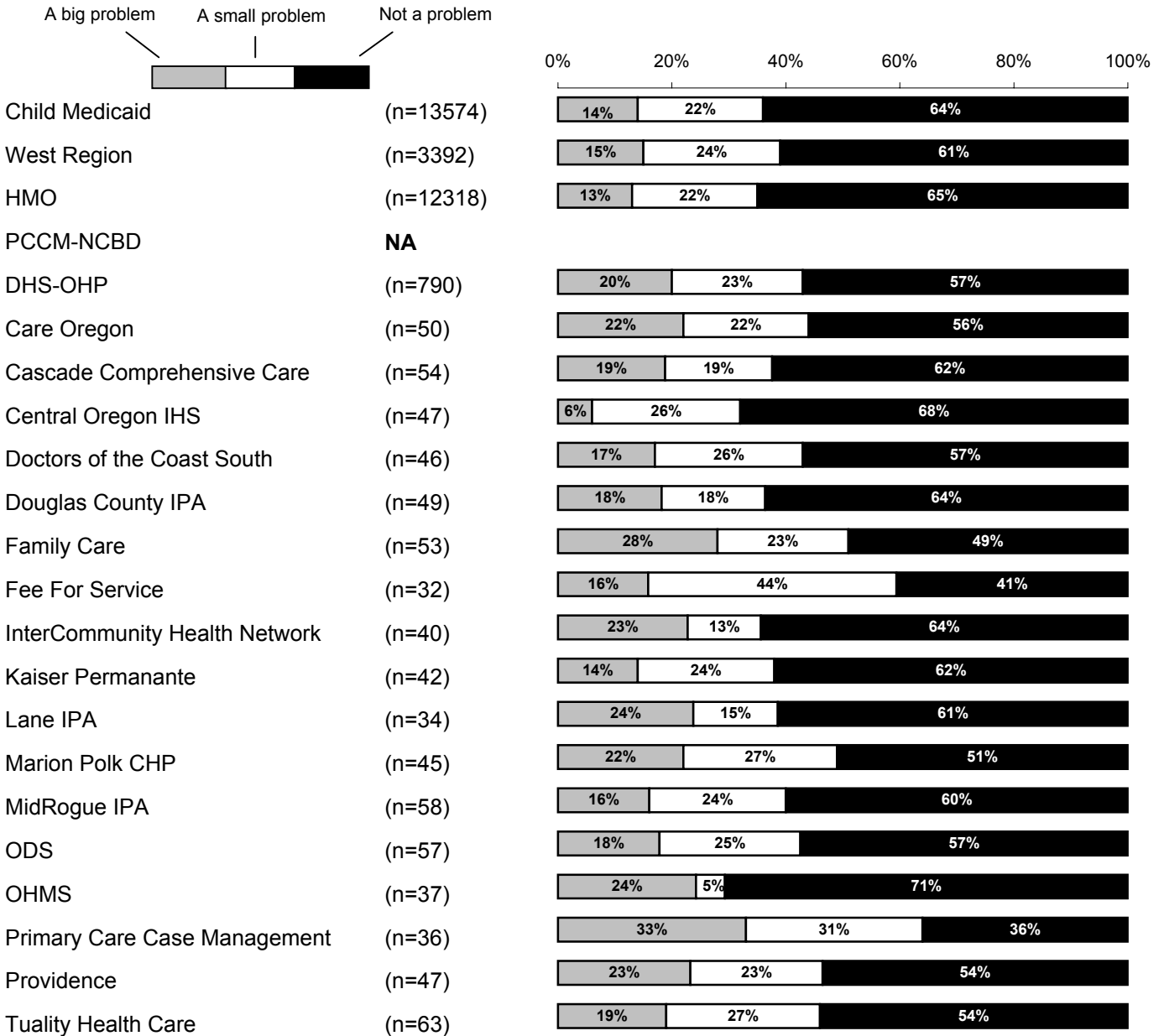
Customer Service

Q79. Of those respondents who looked for information in written materials from their child's health plan: "In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?"



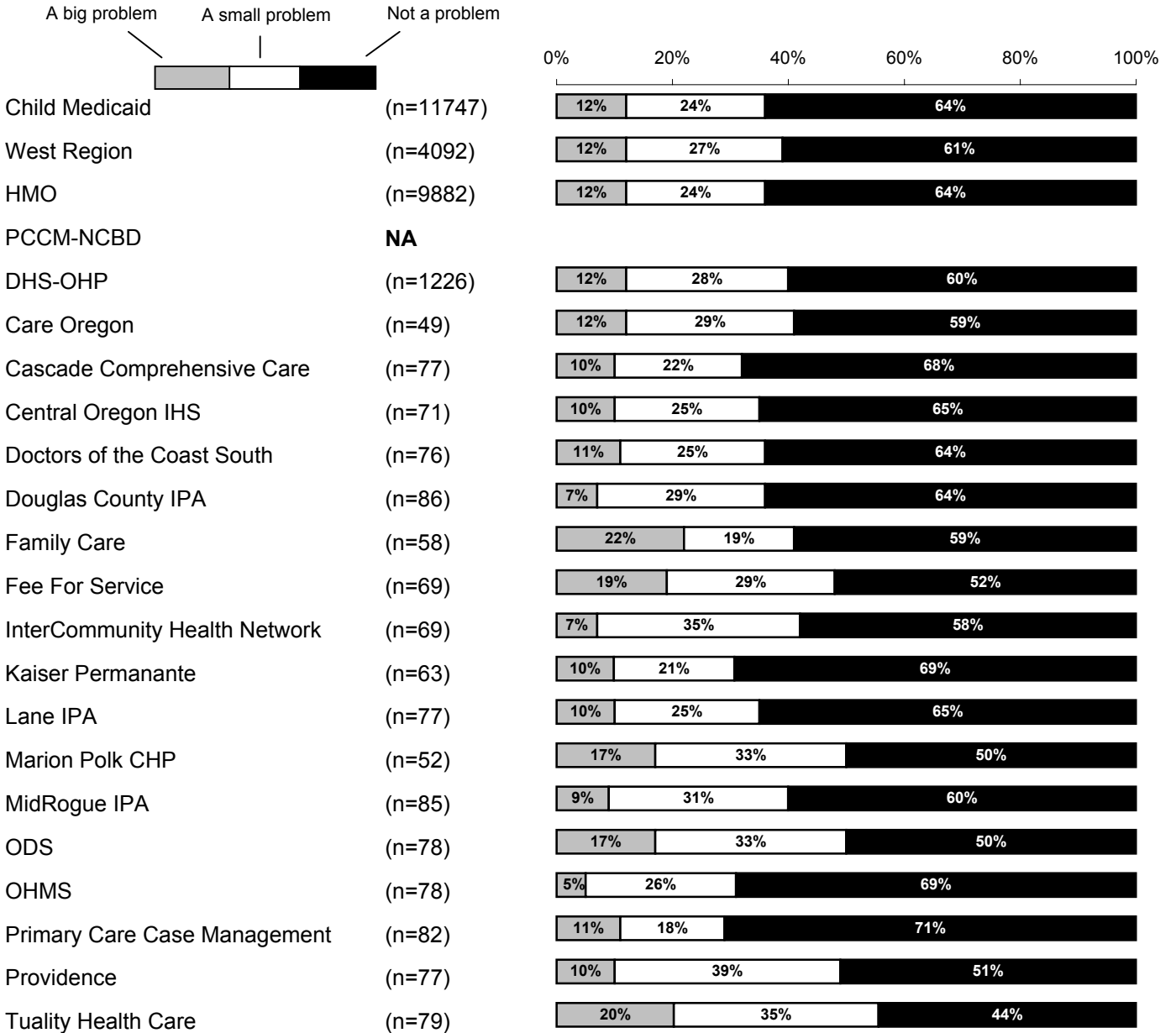
Customer Service

Q81. Of those respondents who called customer service to get information or help for their child: "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?"



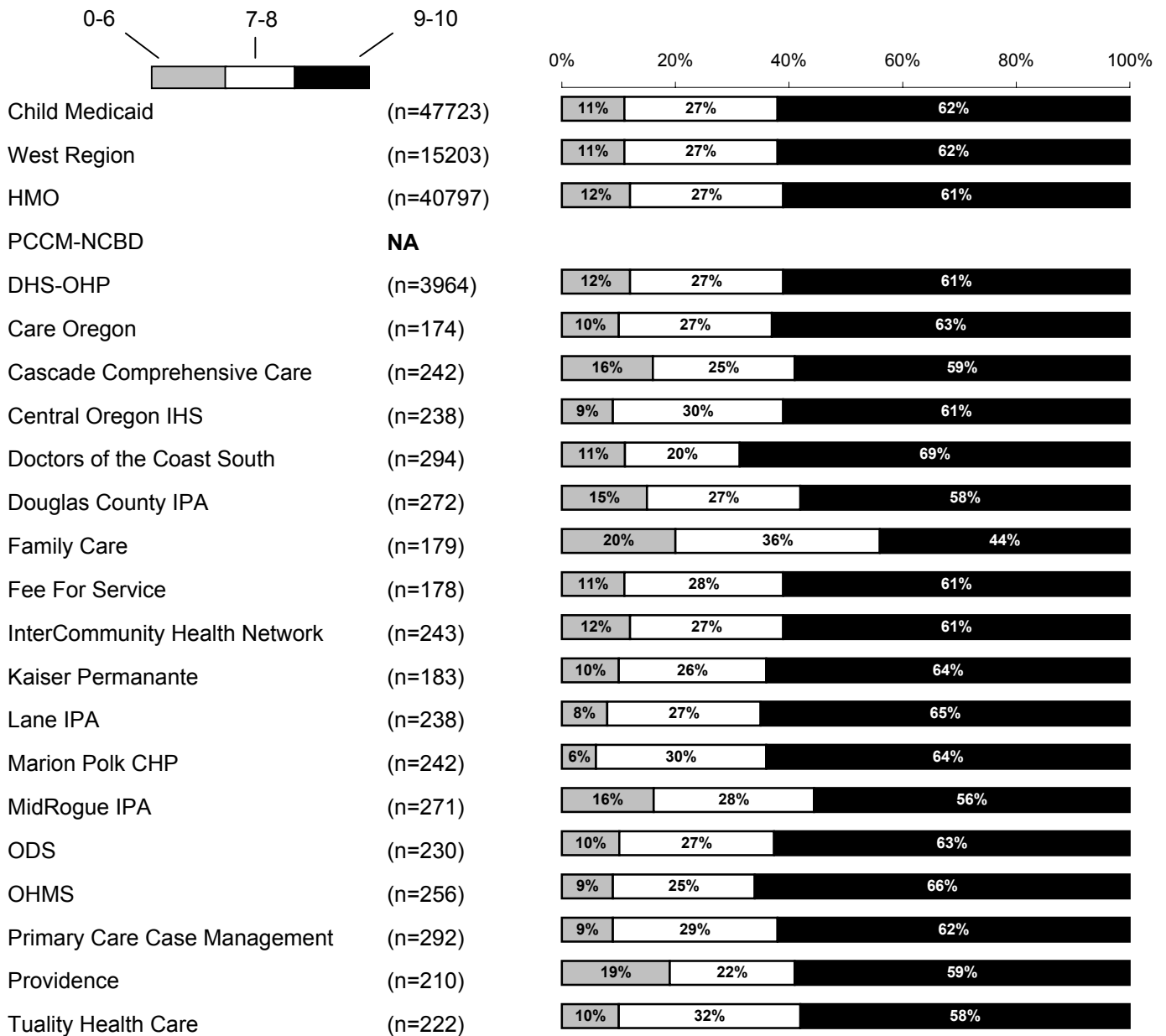
Customer Service

Q86. Of those respondents who had experiences with paperwork for their child's health plan: "In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?"



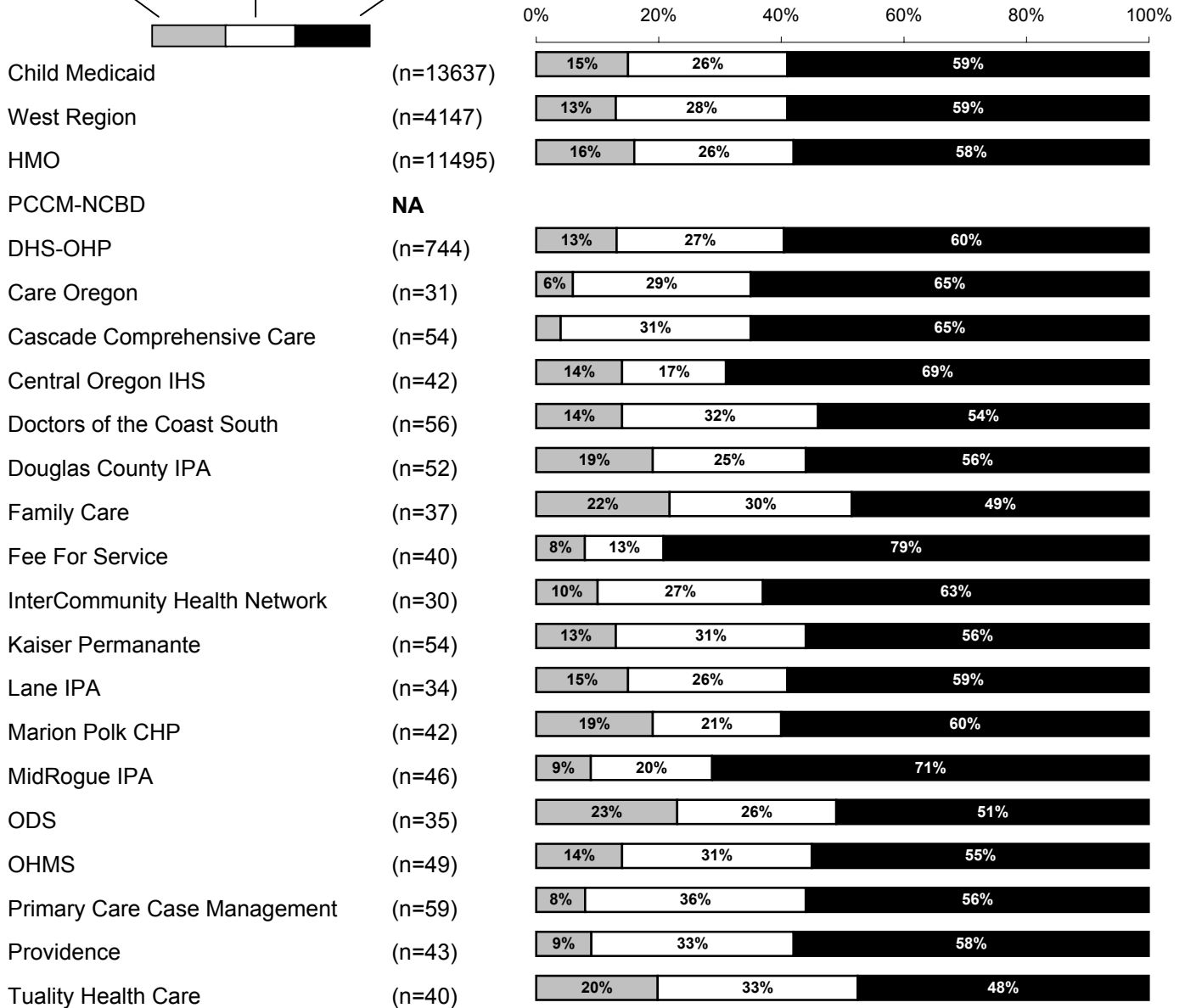
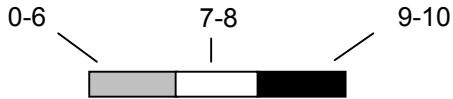
Rating of Child's Personal Doctor

Q11. Of those respondents whose child had a personal doctor or nurse: "Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best. How would you rate your child's personal doctor or nurse now?"



Rating of Child's Specialist

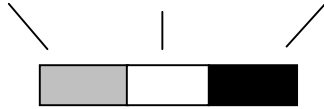
Q15. Of those respondents whose child saw a specialist: "Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?"



Rating of Child's Health Care

Q49. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

0-6 7-8 9-10

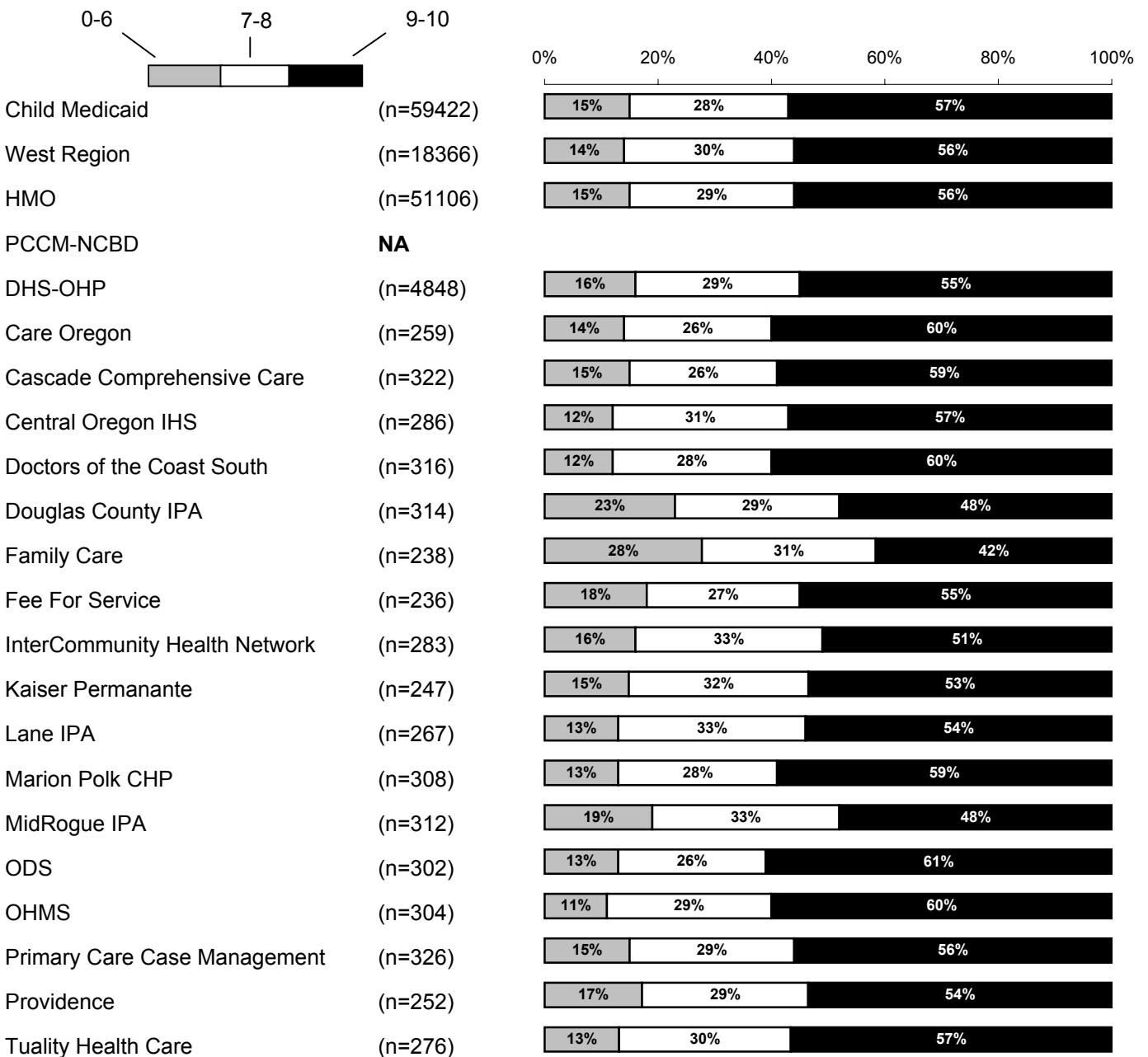


0% 20% 40% 60% 80% 100%

Category	n	0-6	7-8	9-10
Child Medicaid	(n=49057)	12%	28%	60%
West Region	(n=14758)	12%	30%	58%
HMO	(n=42083)	13%	28%	59%
PCCM-NCBD	NA			
DHS-OHP	(n=3574)	14%	30%	56%
Care Oregon	(n=173)	15%	35%	50%
Cascade Comprehensive Care	(n=242)	19%	32%	49%
Central Oregon IHS	(n=211)	12%	33%	55%
Doctors of the Coast South	(n=233)	10%	27%	63%
Douglas County IPA	(n=241)	17%	34%	49%
Family Care	(n=168)	20%	33%	46%
Fee For Service	(n=176)	14%	23%	63%
InterCommunity Health Network	(n=213)	14%	33%	53%
Kaiser Permanente	(n=176)	13%	31%	56%
Lane IPA	(n=198)	8%	35%	57%
Marion Polk CHP	(n=223)	9%	30%	61%
MidRogue IPA	(n=216)	17%	34%	49%
ODS	(n=224)	10%	25%	65%
OHMS	(n=228)	11%	26%	63%
Primary Care Case Management	(n=258)	10%	33%	57%
Providence	(n=184)	20%	23%	57%
Tuality Health Care	(n=210)	15%	32%	53%

Rating of Child's Health Plan

Q87. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?



Comparative Results • Adult Survey

Adult Demographics: DHS-OHP, NCBD and the General US Population

Below is descriptive information about the DHS-OHP sample, the entire NCBD adult Medicaid sample and the general adult population. Data on the general adult population are from the Census Bureau's Current Population Survey (CPS) 1998-2002. (See the CPS Web site at www.bls.census.gov/cps/cpsmain.htm for more information.)

Demographic Characteristic	DHS-OHP	NCBD 2002	General Population
Gender			
Male	33%	24%	37%
Female	67%	76%	63%
Age			
18-34 years	26%	40%	34%
35-54 years	39%	40%	31%
55-74 years	25%	18%	24%
75+ years	10%	2%	11%
Education			
Less than high school graduate	33%	33%	40%
High school graduate/GED	36%	39%	34%
Some college/2 year degree	26%	23%	18%
4 year college graduate	3%	3%	5%
More than 4 year college degree	2%	2%	2%
Race			
White	90%	62%	70%
African-American	2%	26%	23%
Asian	1%	4%	NA
Native Hawaiian/Pacific Islander	0%	3%	NA
American Indian/Native Alaskan	2%	2%	2%
Multi-racial	4%	4%	NA
Self-Reported Health Status			
Excellent	8%	12%	13%
Very Good	19%	20%	17%
Good	29%	30%	27%
Fair	30%	26%	25%
Poor	15%	12%	18%

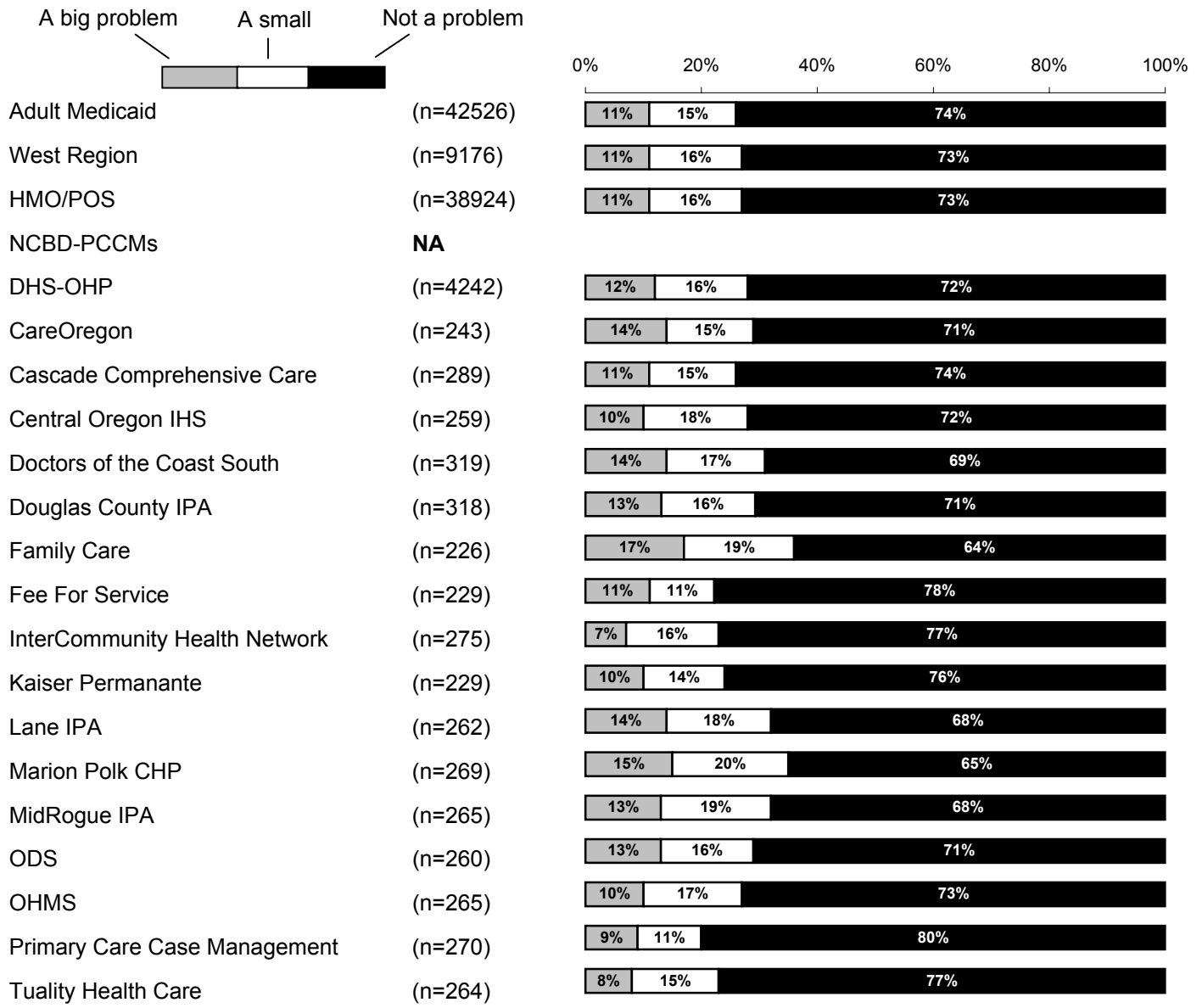
Utilization Characteristics – NCBD and Oregon Department of Human Services

This section presents comparative utilization information about the Oregon Department of Human Services and the NCBD sample. Different demographic characteristics can influence how people respond to surveys and, as a consequence, can influence how results may be interpreted.

Utilization Characteristic	DHS-OHP	NCBD 2002
Have a personal doctor or nurse?		
Yes	86%	77%
No	14%	23%
See a specialist?		
Yes	41%	39%
No	59%	61%
Call a doctor's office?		
Yes	67%	60%
No	33%	40%
Appointment for routine care?		
Yes	68%	69%
No	32%	31%
Illness/injury that needed care right away?		
Yes	43%	43%
No	57%	57%
Visits to the emergency room?		
None	73%	64%
1-3	24%	32%
4-5	2%	3%
5+	1%	1%
Visits to doctor's office or clinic?		
None	22%	21%
1-2	33%	34%
3-4	23%	22%
5-9	15%	15%
10+	7%	8%

Access-Getting Needed Care

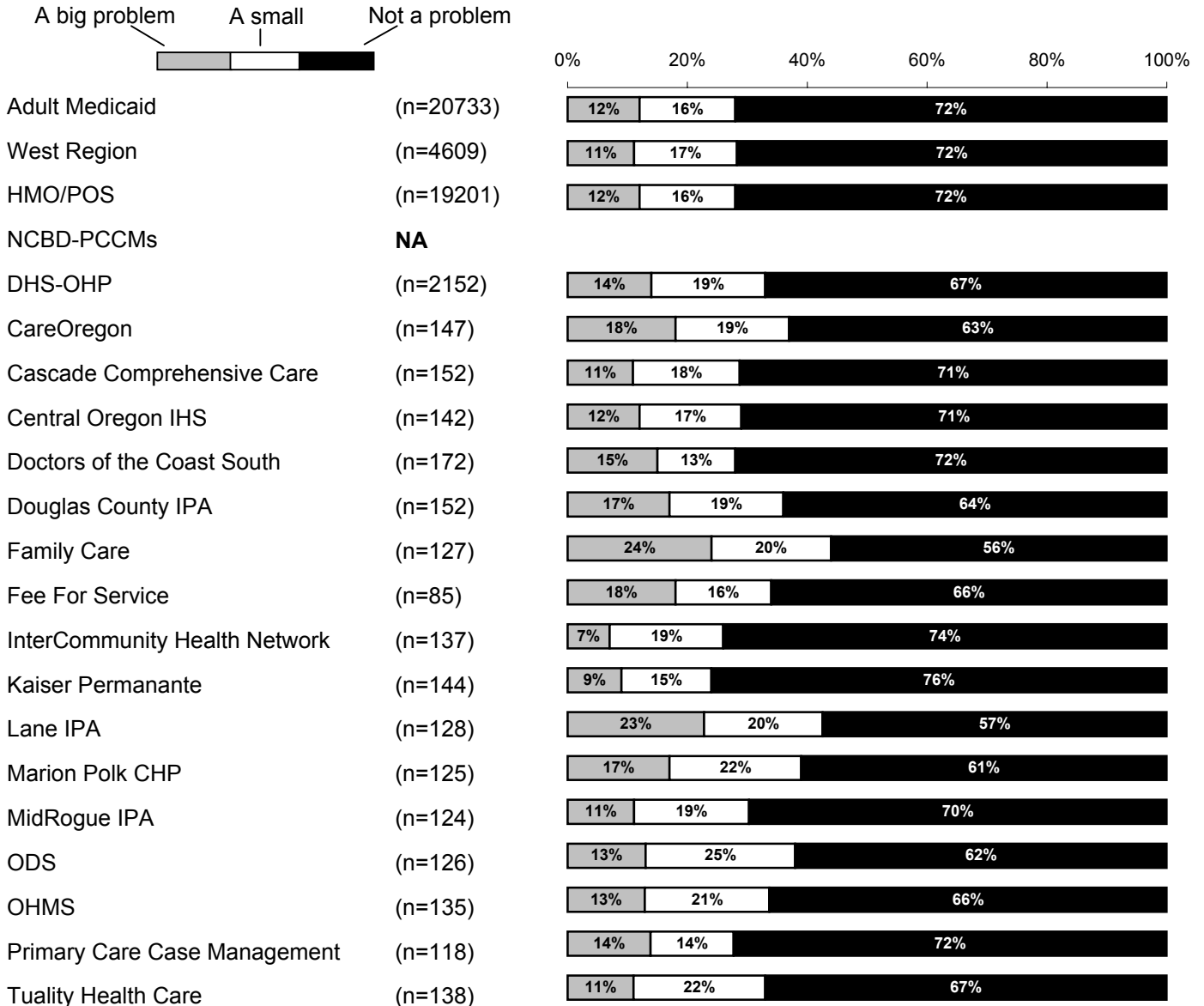
This chart displays the data for "Getting Needed Care", an aggregate of survey questions 4, 8, 22, and 23. Results for the individual questions are displayed on each of the following pages.



NOTE: Please refer to methodology section. The results shown above, and for the following questions are case mix adjusted. Keep in mind that small percentage differences may represent measurement (sampling) error rather than actual differences in health plan performance. Response distributions may not sum to 100 percent due to rounding.

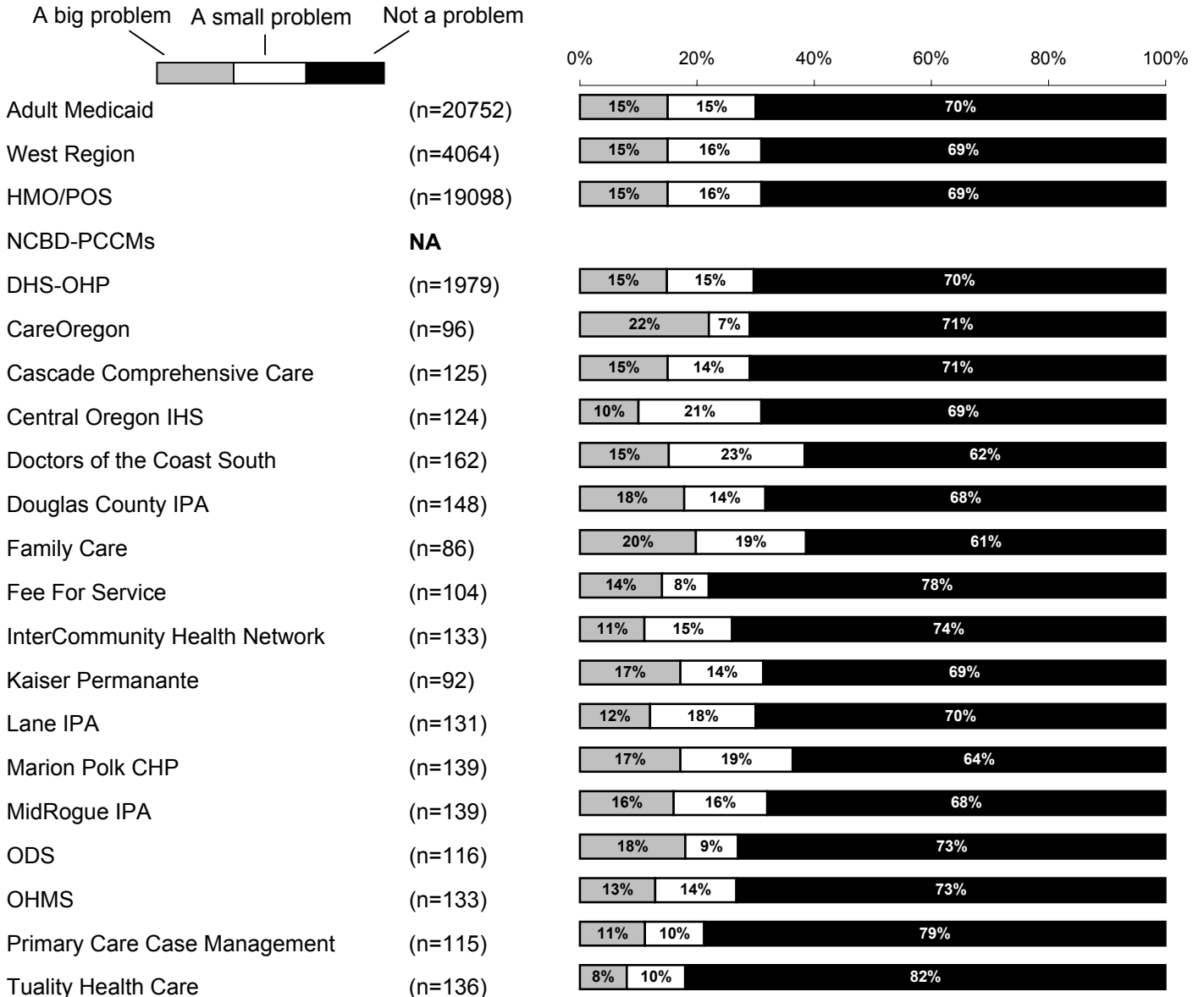
Access-Getting Needed Care

Q4. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?



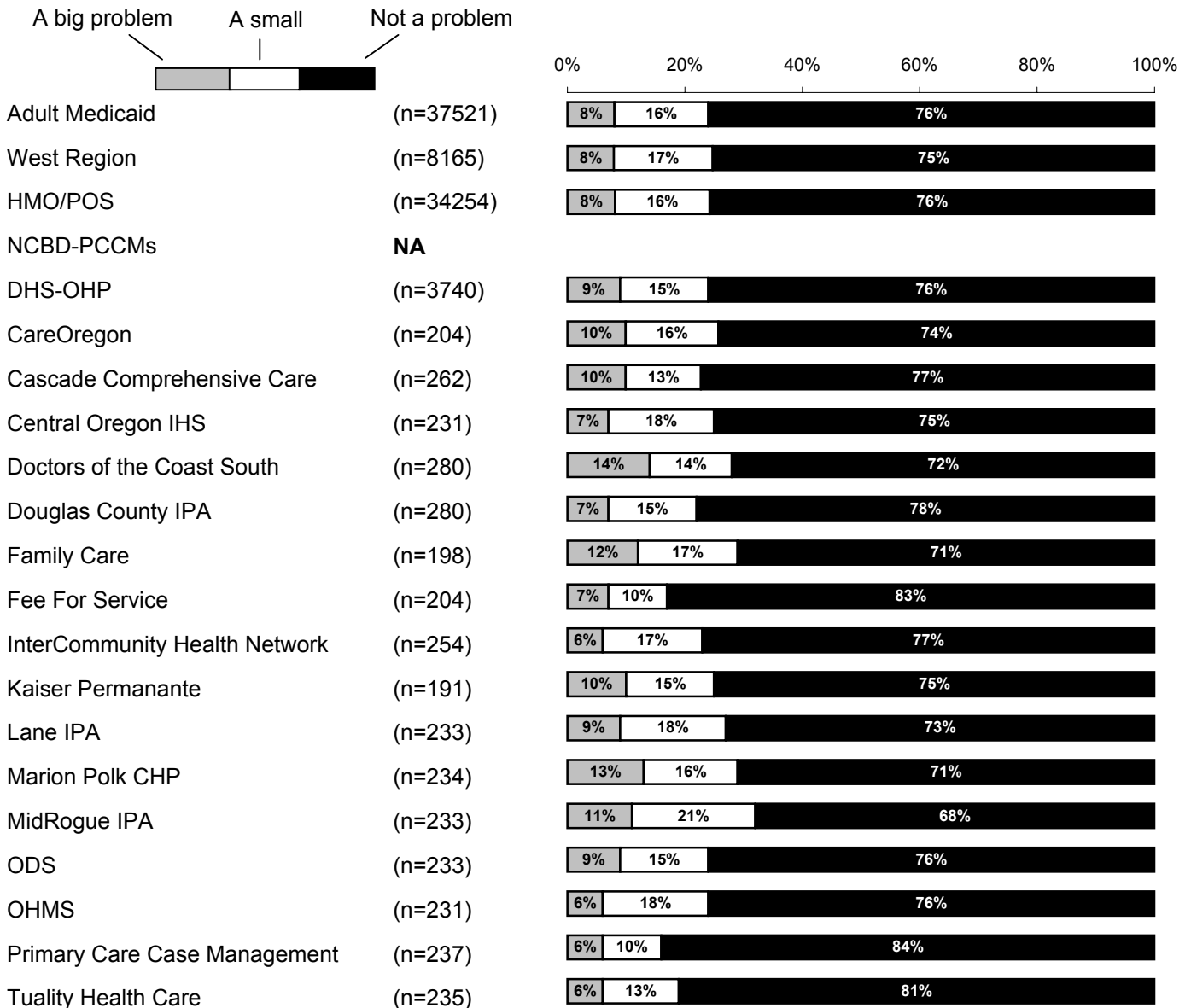
Access-Getting Needed Care

Q8. Of those respondents who thought they needed to see a specialist: "In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?"



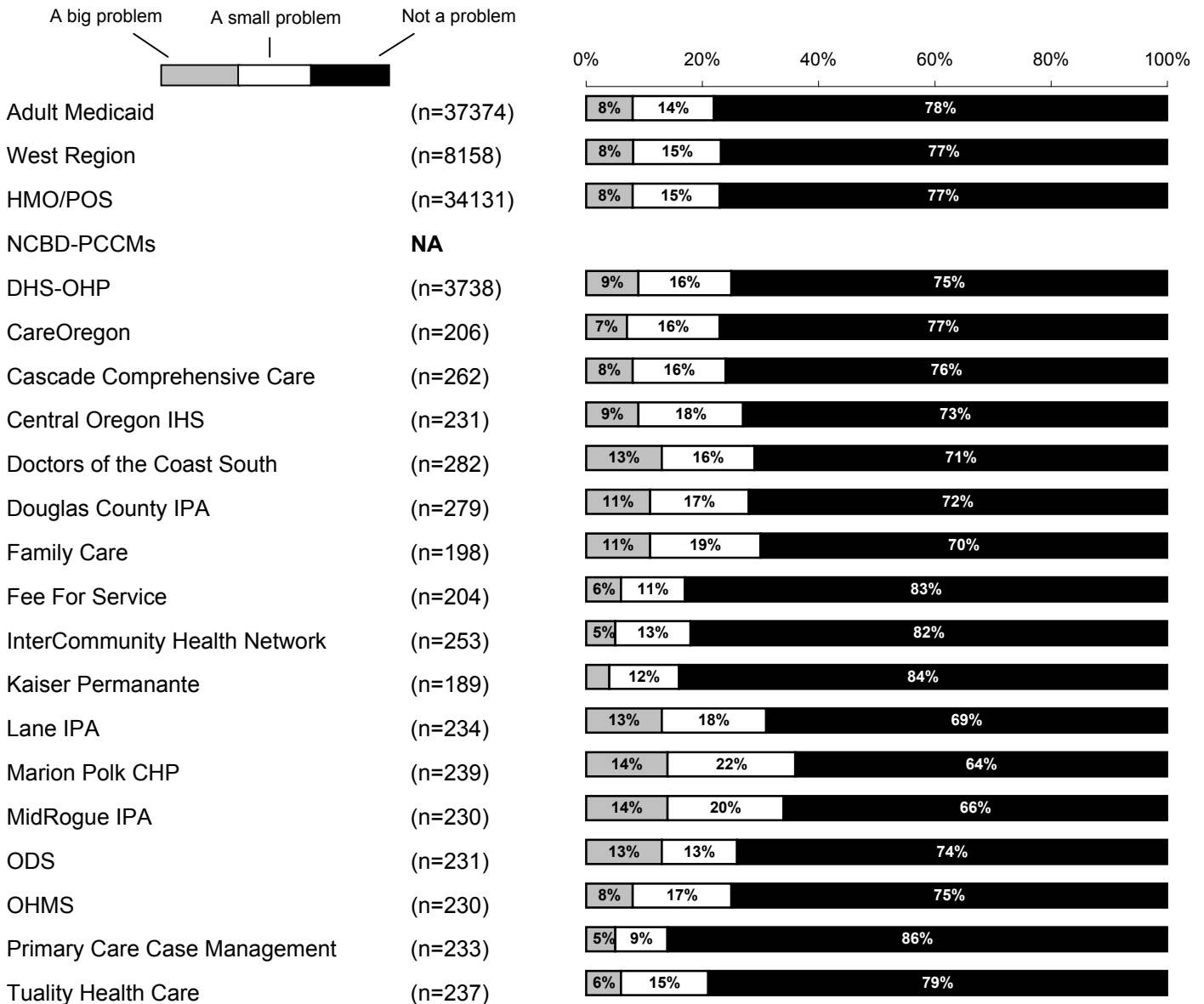
Access-Getting Needed Care

Q22. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how much of a problem, if any, was it to get the care you or a doctor believed necessary?"



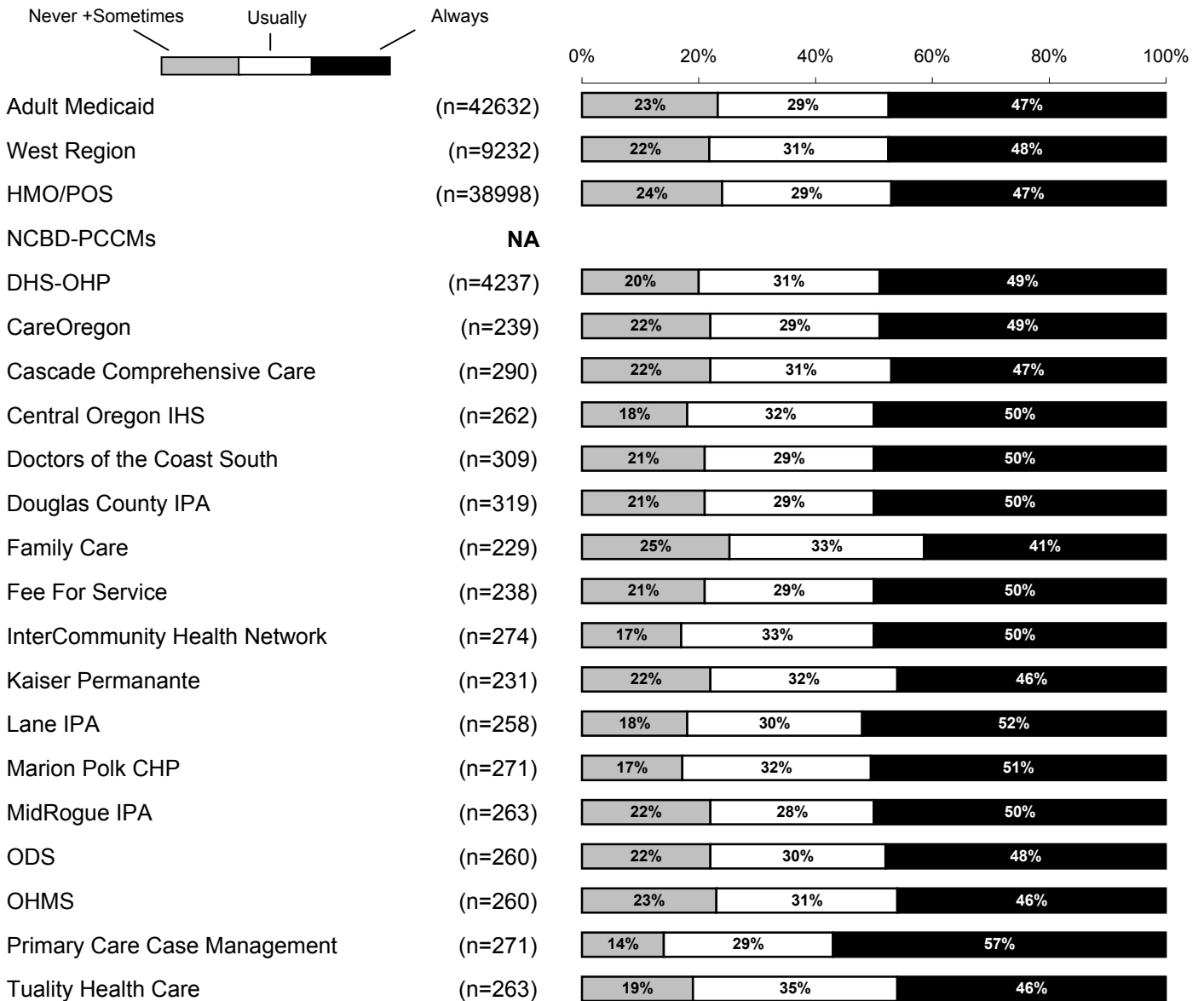
Access-Getting Needed Care

Q23. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?"



Access-Getting Care Without Long Waits

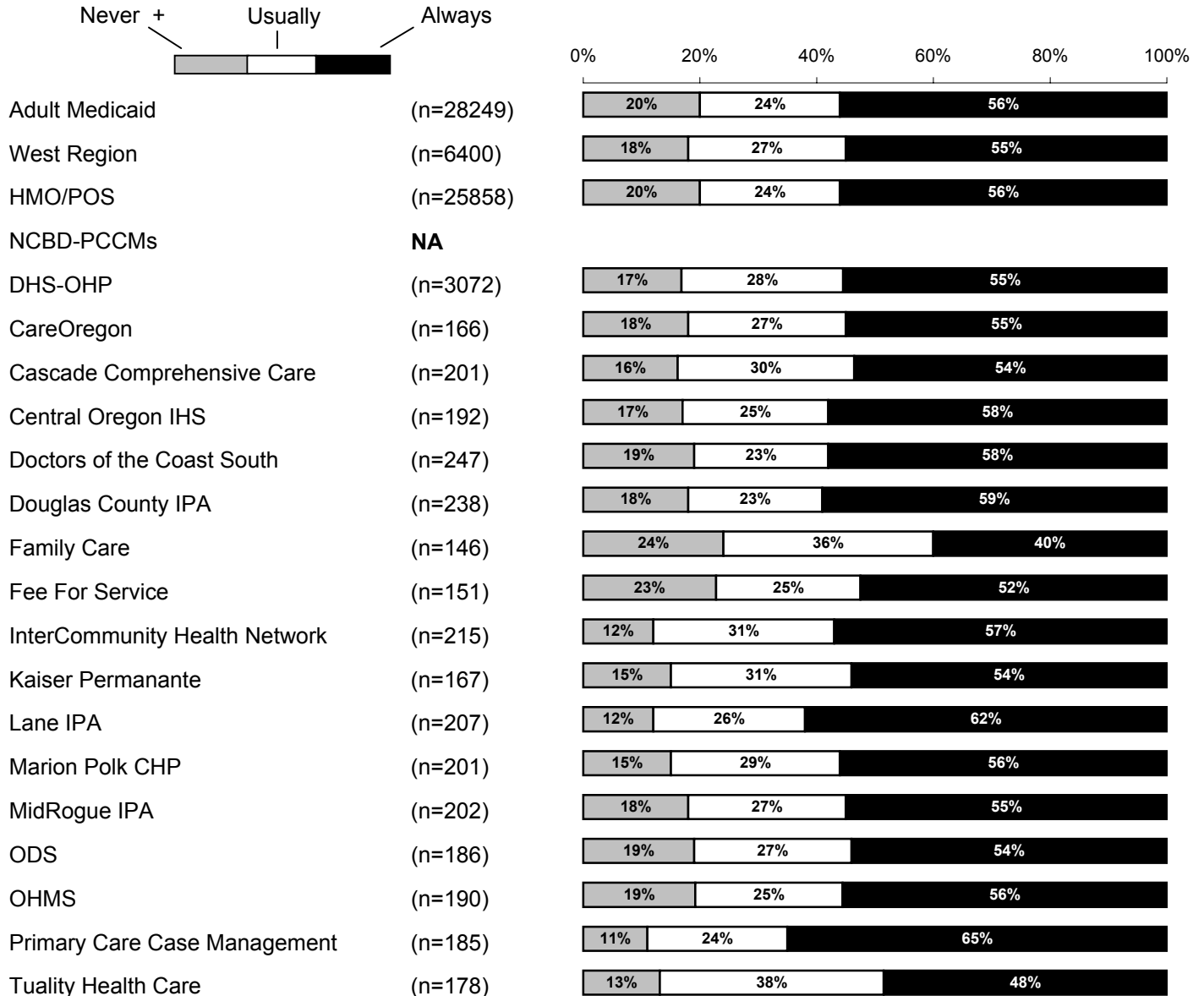
This chart displays the data for "Getting Care Without Long Waits", an aggregate of survey questions 13, 15, 18, and 24. Results for the individual questions are displayed on each of the following pages.



* Reader note: see methodology section for a discussion of limitations on the significance test presented. For example: question responses have been case-mix adjusted; the sample size, response rates, and sampling methods will affect the comparability of the data. This will limit the precision of the significance test. The designation of a significant differences should be only used as a summary and general guide. Individual questions show more detailed comparative information.

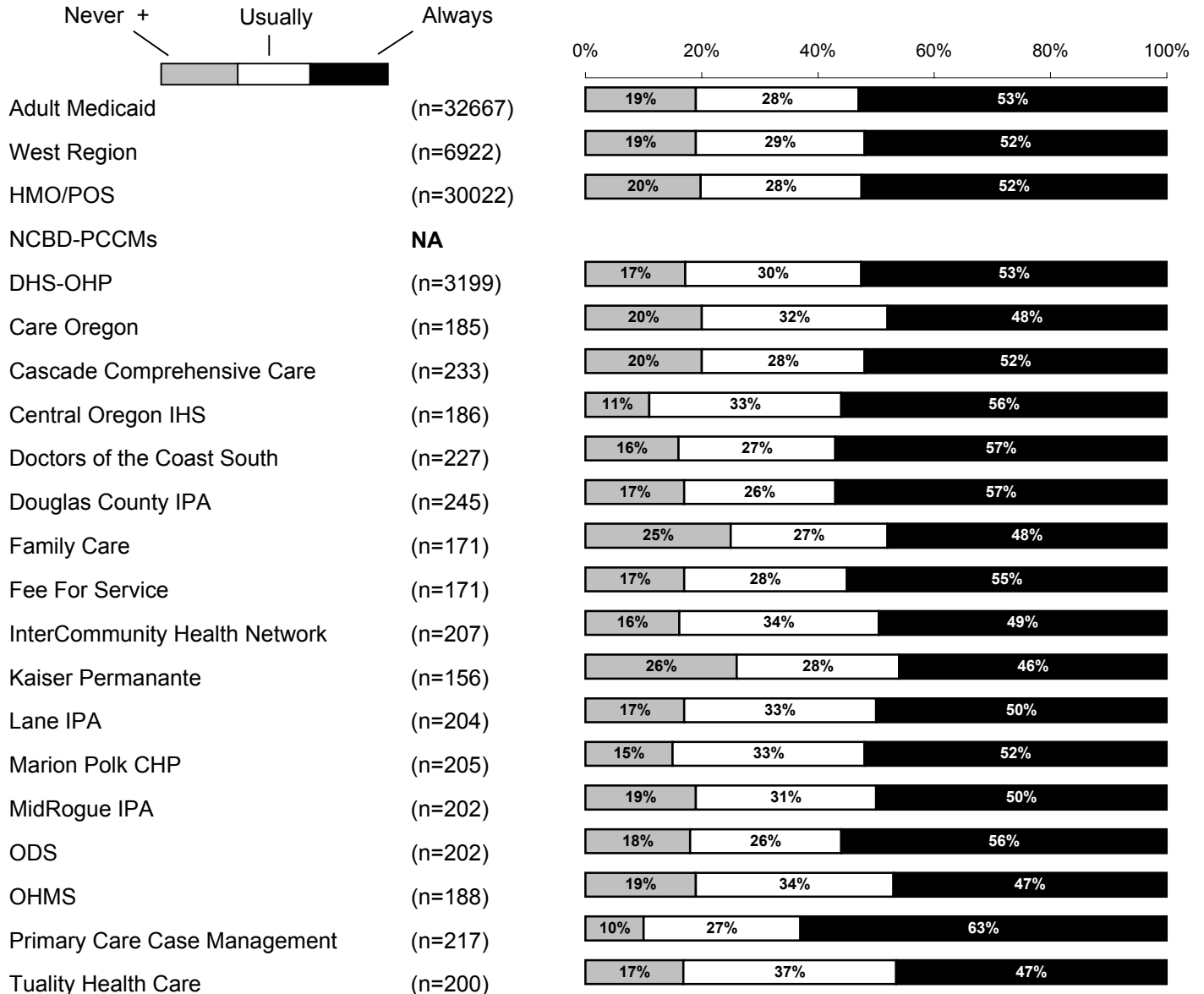
Access-Getting Care Without Long Waits

Q13. Of those respondents who called a doctor's office or clinic to get help or advice: "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?"



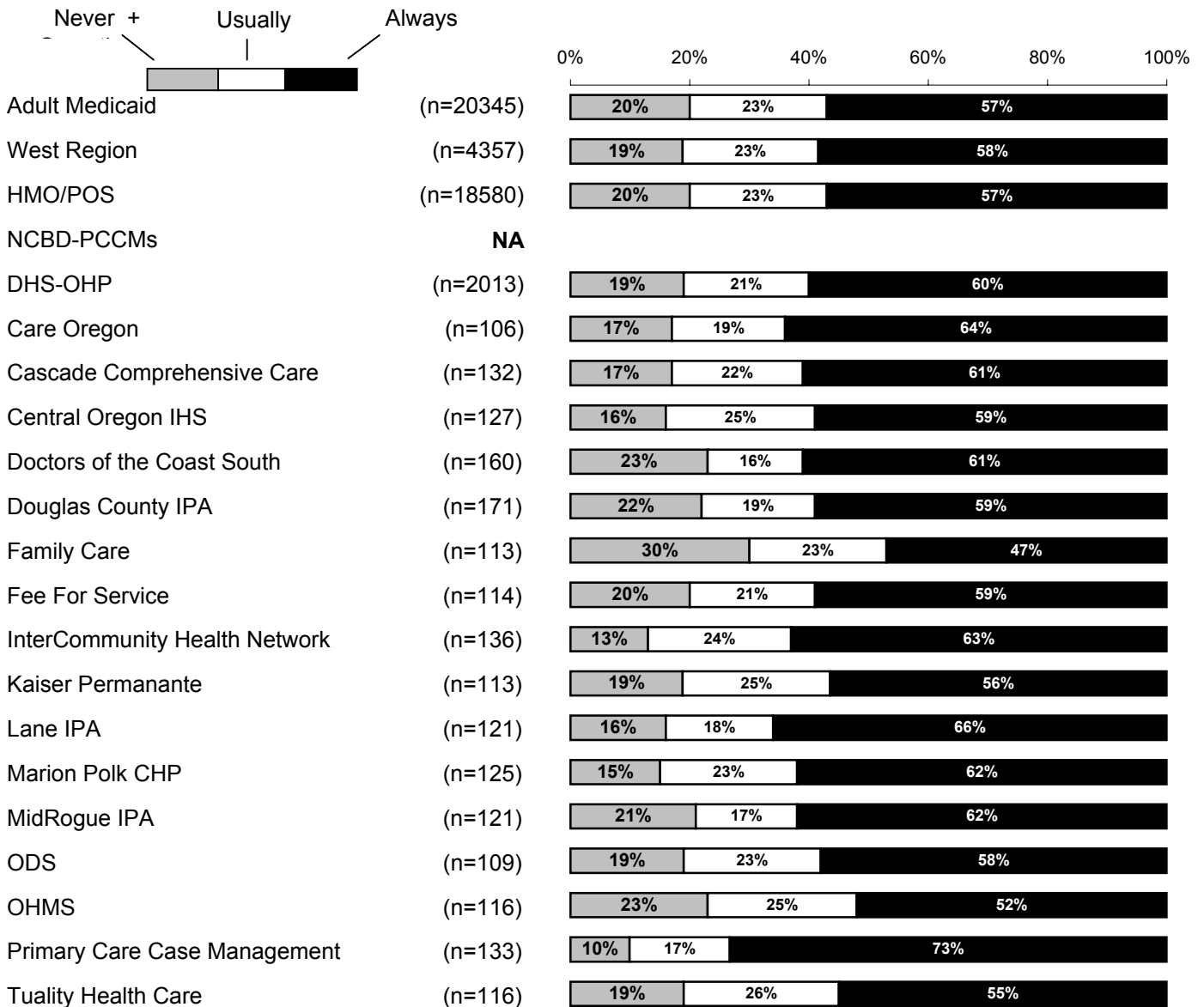
Access-Getting Care Without Long Waits

Q15. Of those respondents who made an appointment for regular or routine care: "In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"



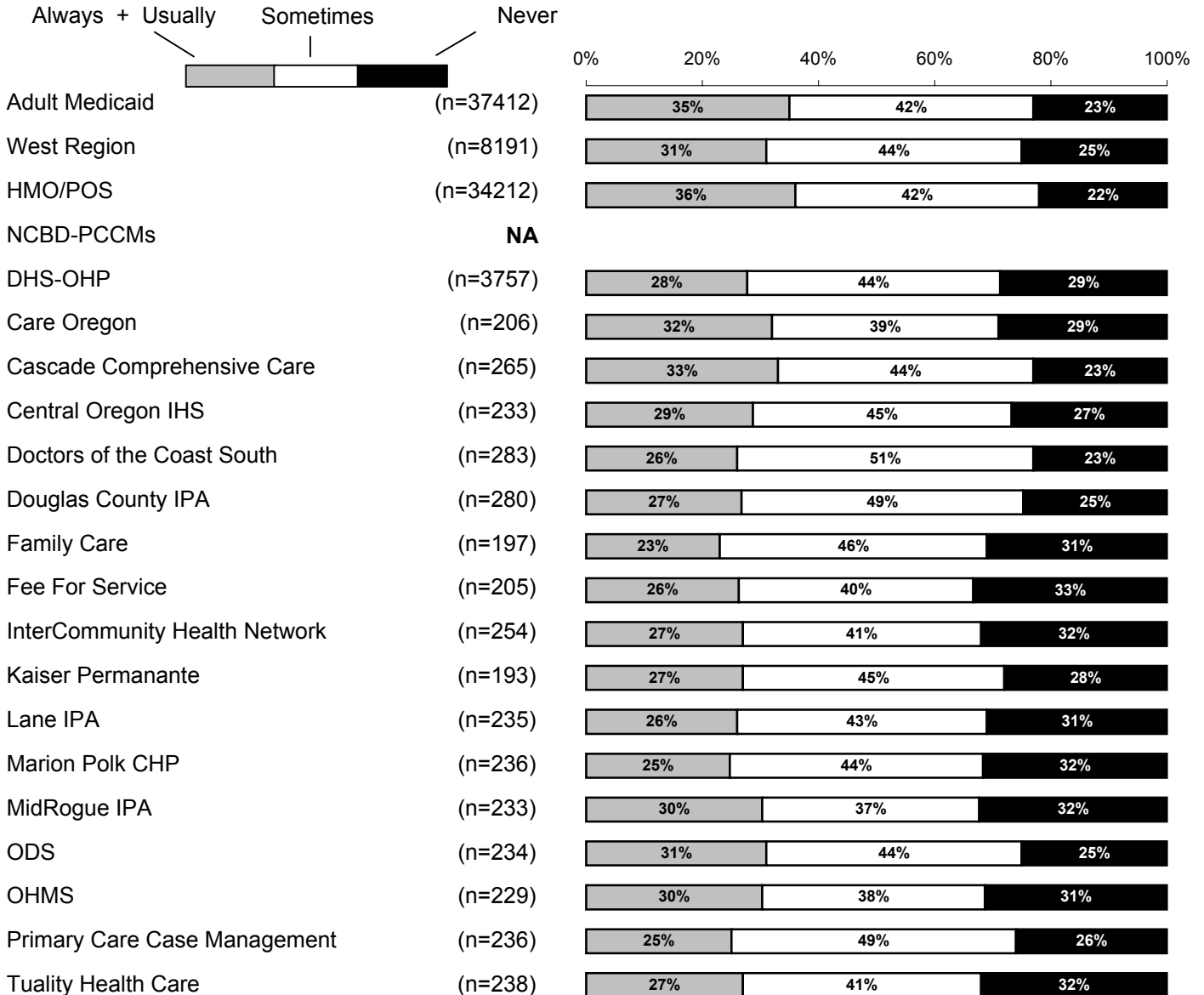
Access-Getting Care Without Long Waits

Q18. Of those respondents who had an injury or illness that needed care right away: "In the last 6 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"



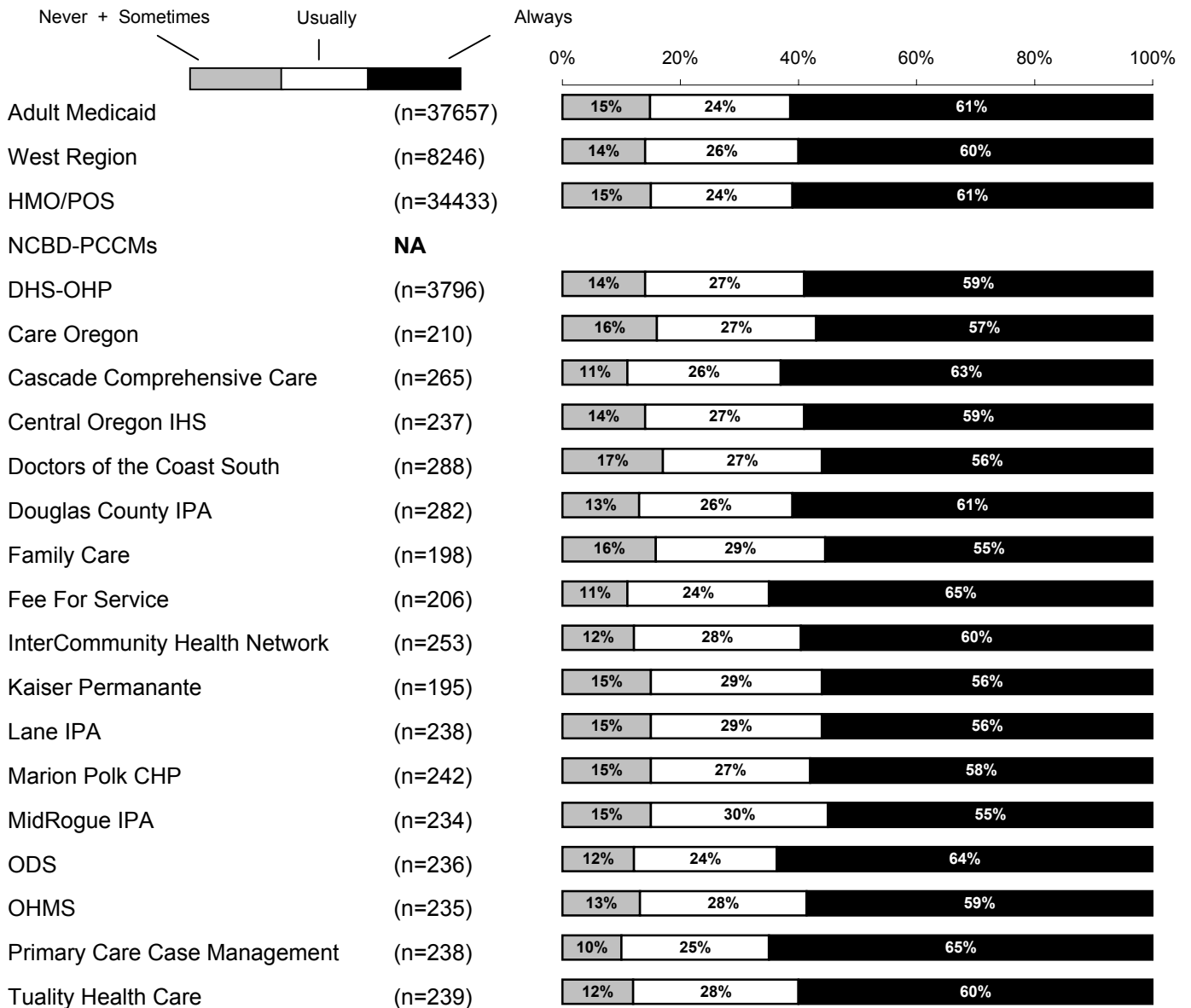
Access-Getting Care Without Long Waits

Q24. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you went to see?"



Doctors Who Communicate Well

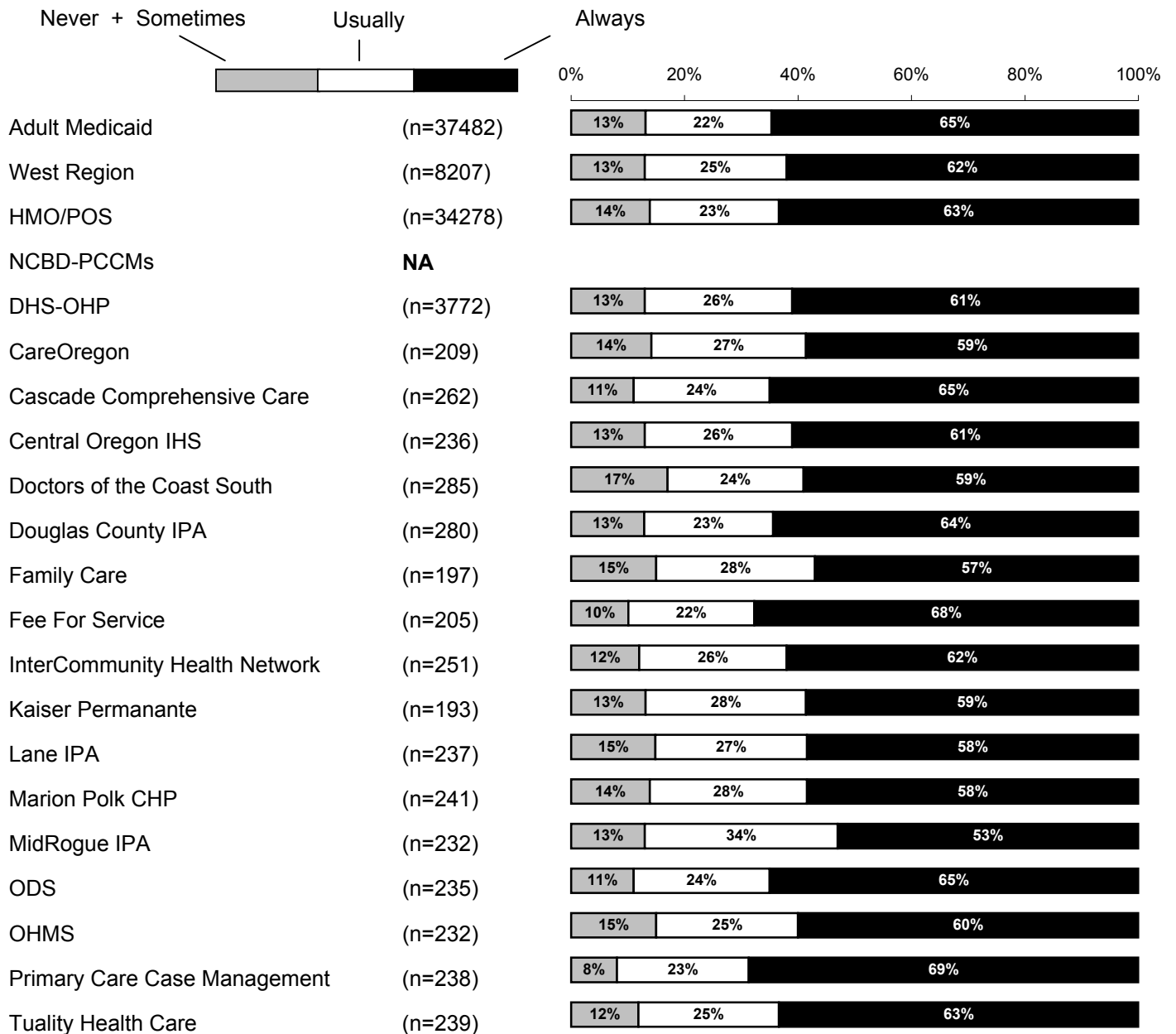
This chart displays the data for "Doctors Who Communicate Well", an aggregate of survey questions 27, 29, 30 and 31. Results for the individual questions are displayed on each of the following pages.



* Reader note: see methodology section for a discussion of limitations on the significance test presented. For example: most question responses have been case-mix adjusted; the sample size, response rates, and sampling methods will affect the comparability of the data. This will limit the precision of the significance test. The designation of a significant differences should be only used as a summary and general guide. Individual questions show more detailed comparative information.

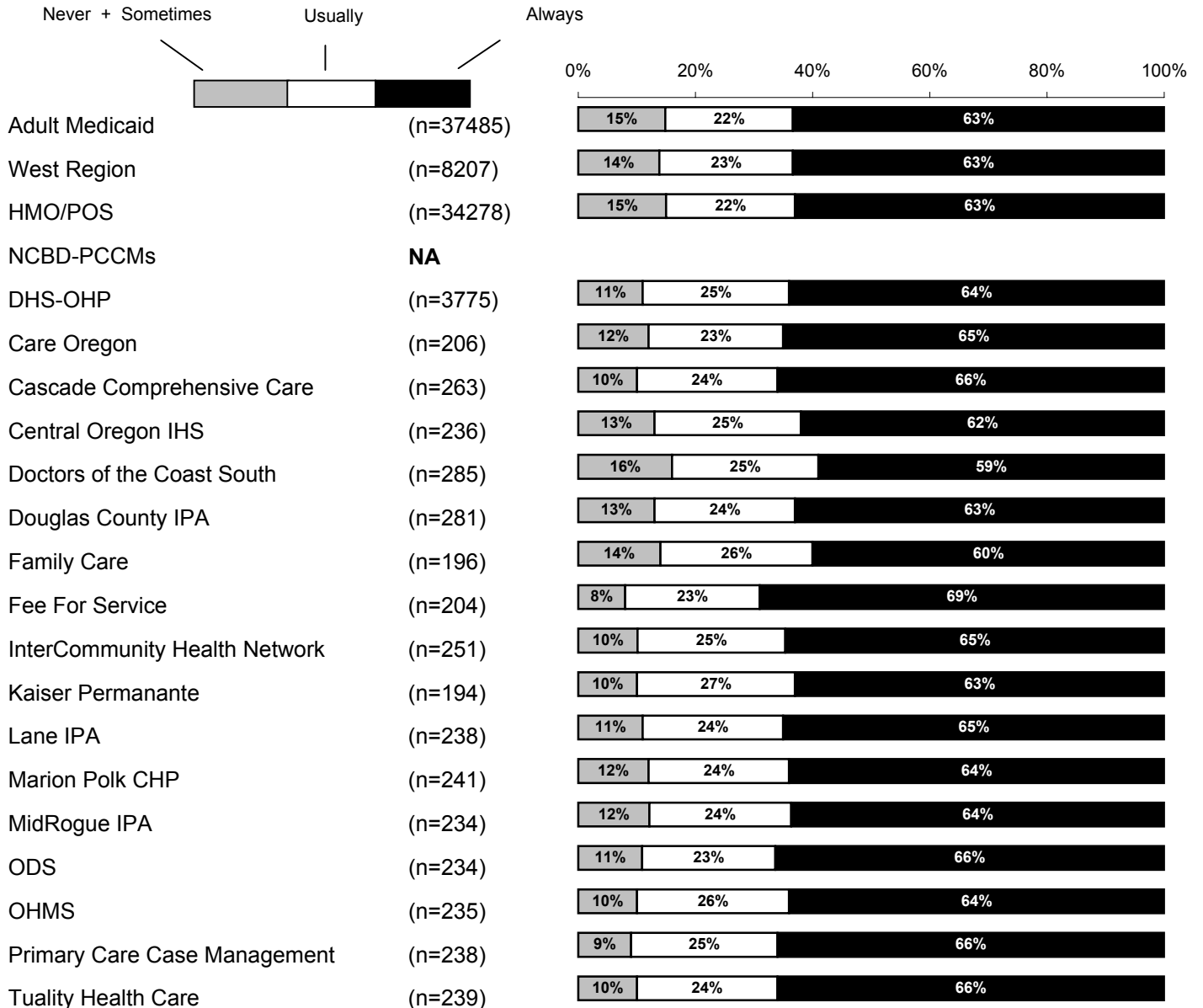
Doctors Who Communicate Well

Q27. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did doctors or other health providers listen carefully to you?"



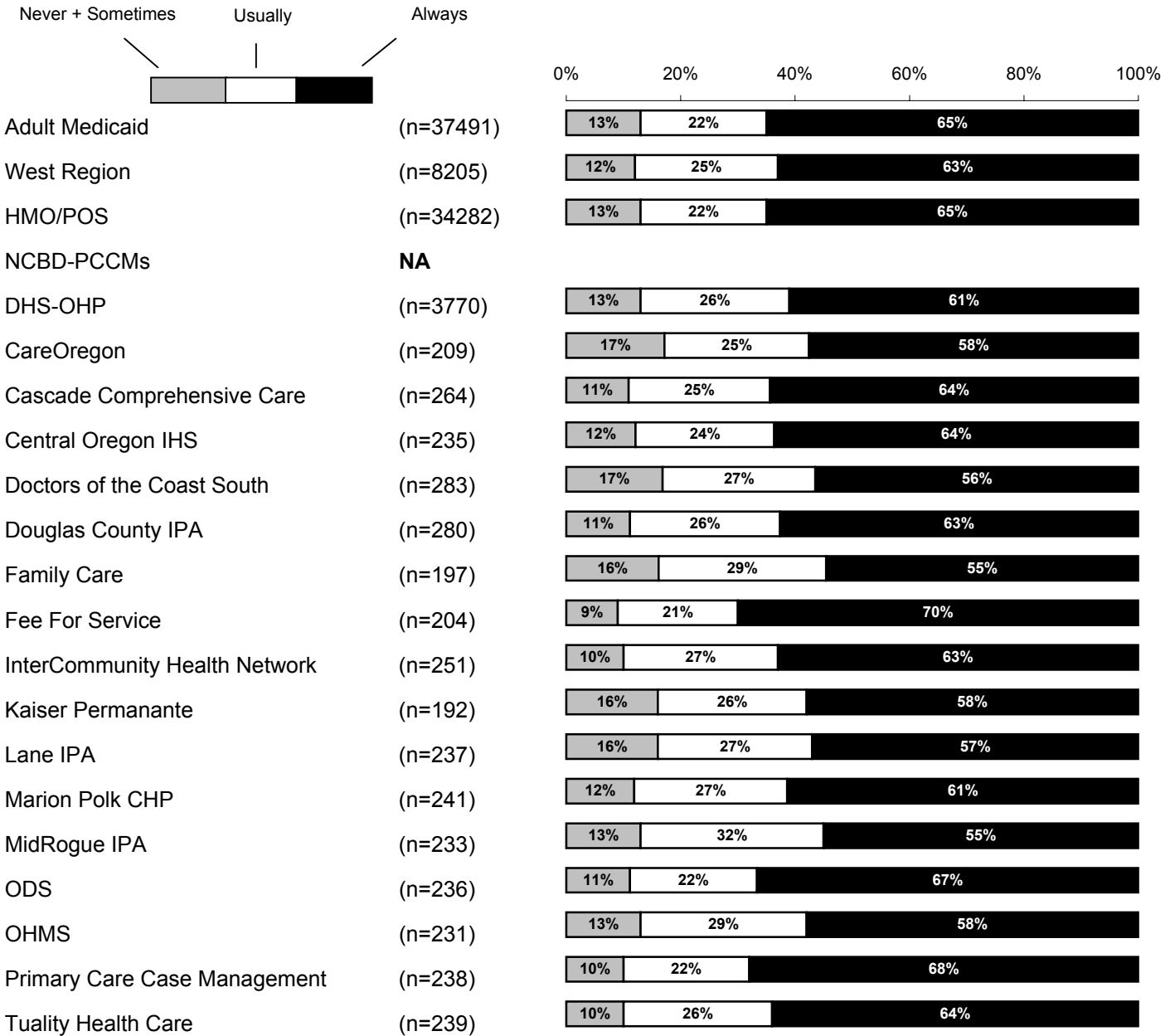
Doctors Who Communicate Well

Q29. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?"



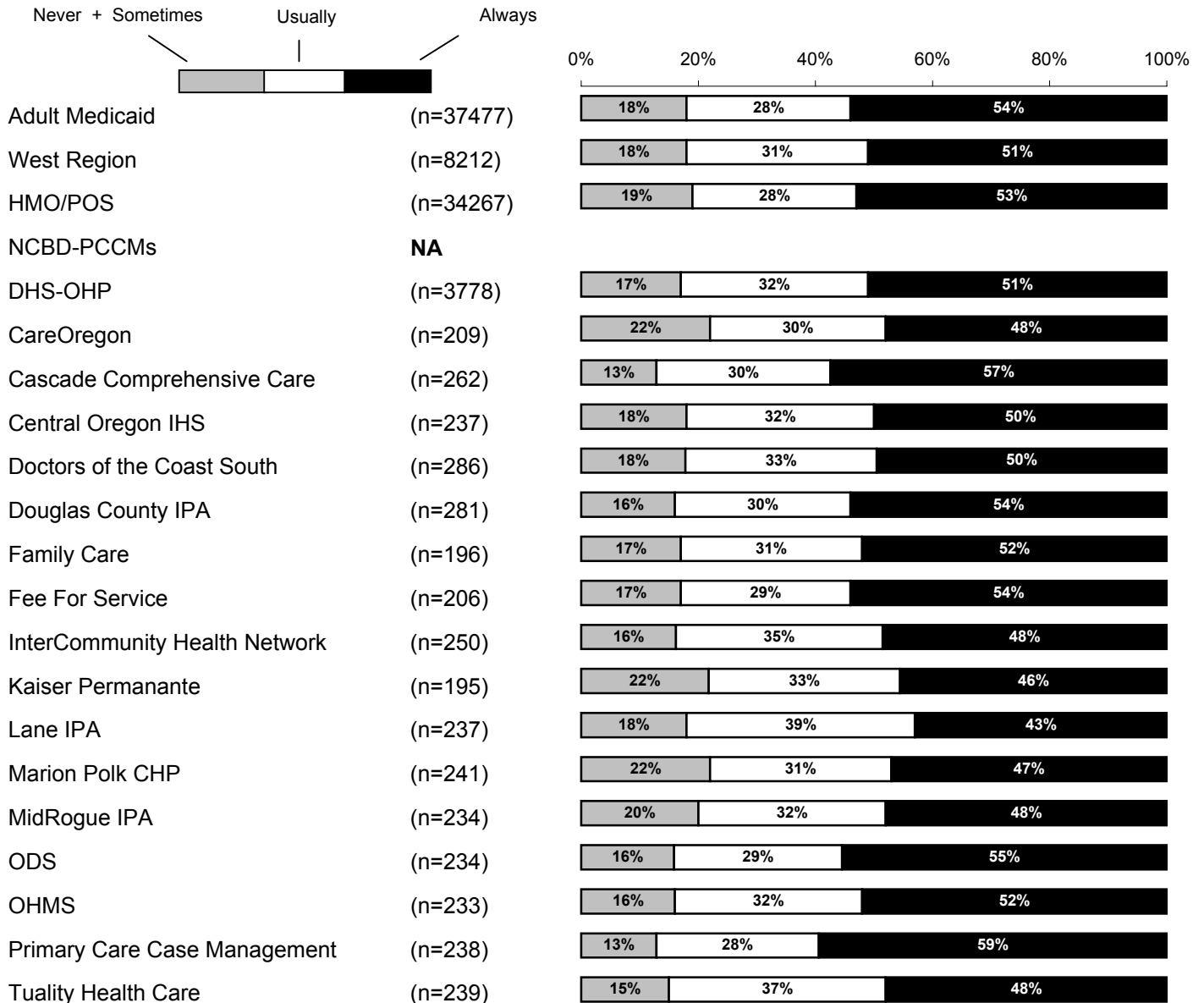
Doctors Who Communicate Well

Q30. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did doctors or other health providers show respect for what you had to say?"



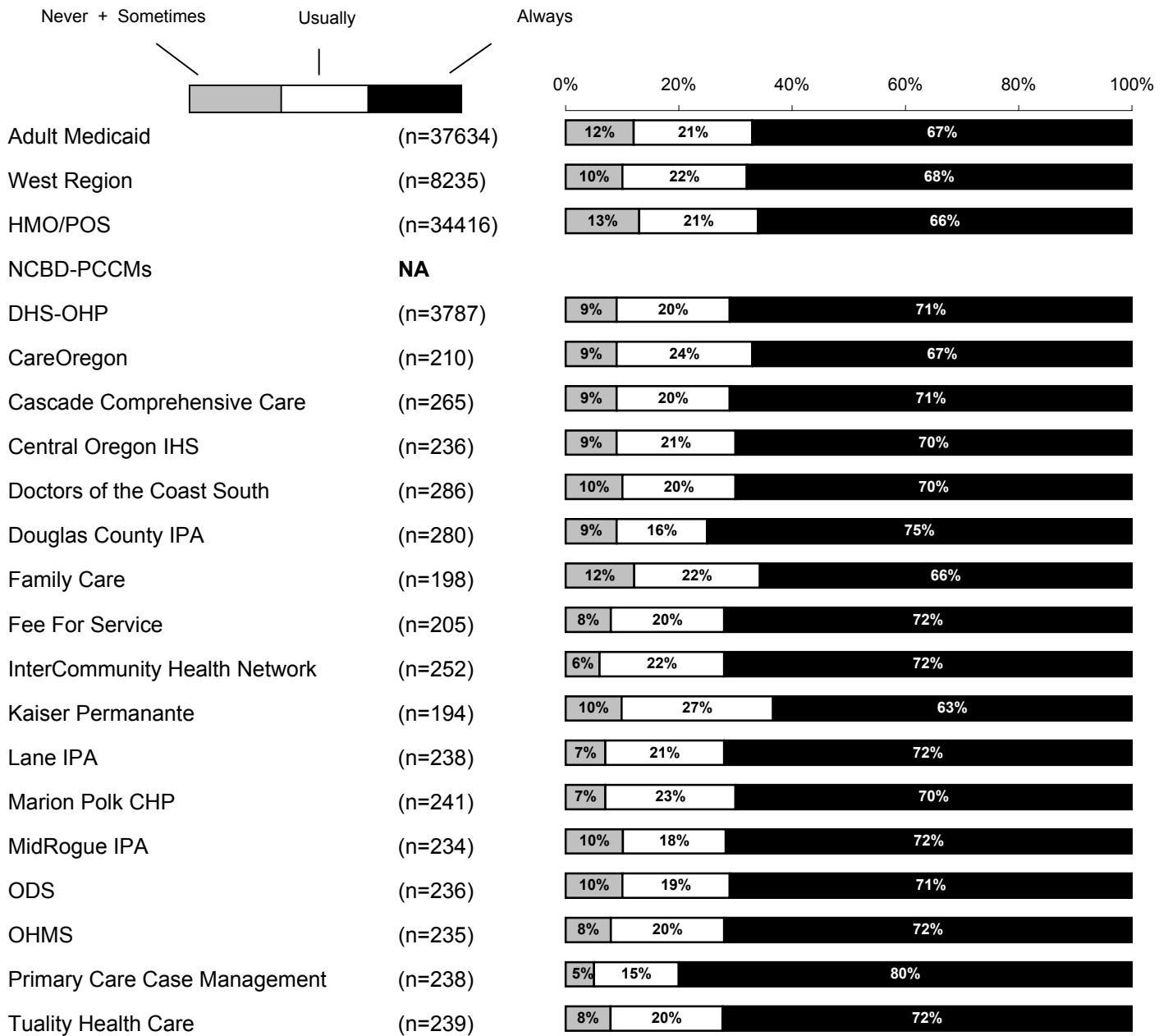
Doctors Who Communicate Well

Q31. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did doctors or other health providers spend enough time with you?"



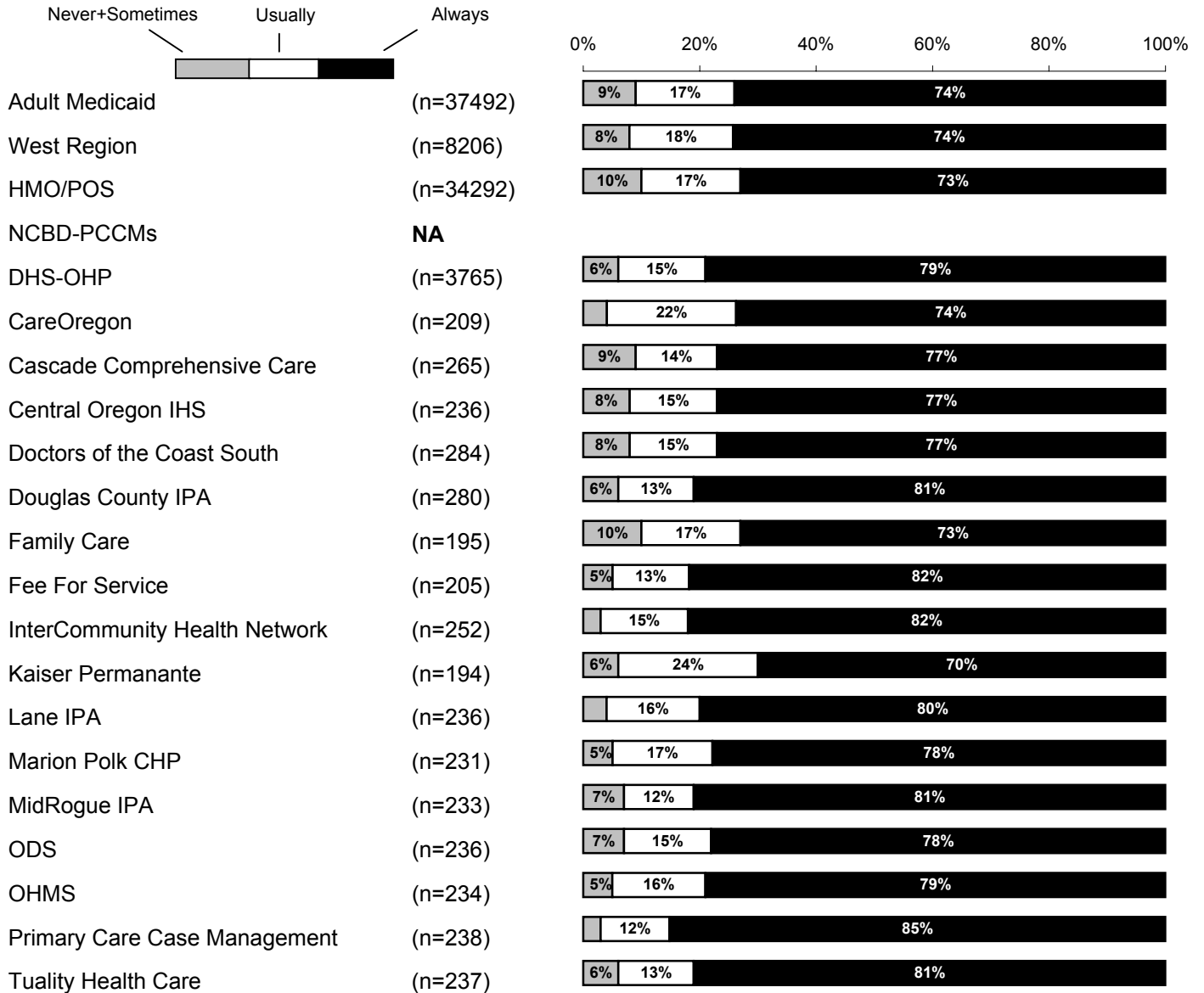
Courteous and Helpful Office Staff

This chart displays the data for "Courteous and Helpful Office Staff", an aggregate of survey questions 25 and 26. Results for the individual questions are displayed on each of the following pages.



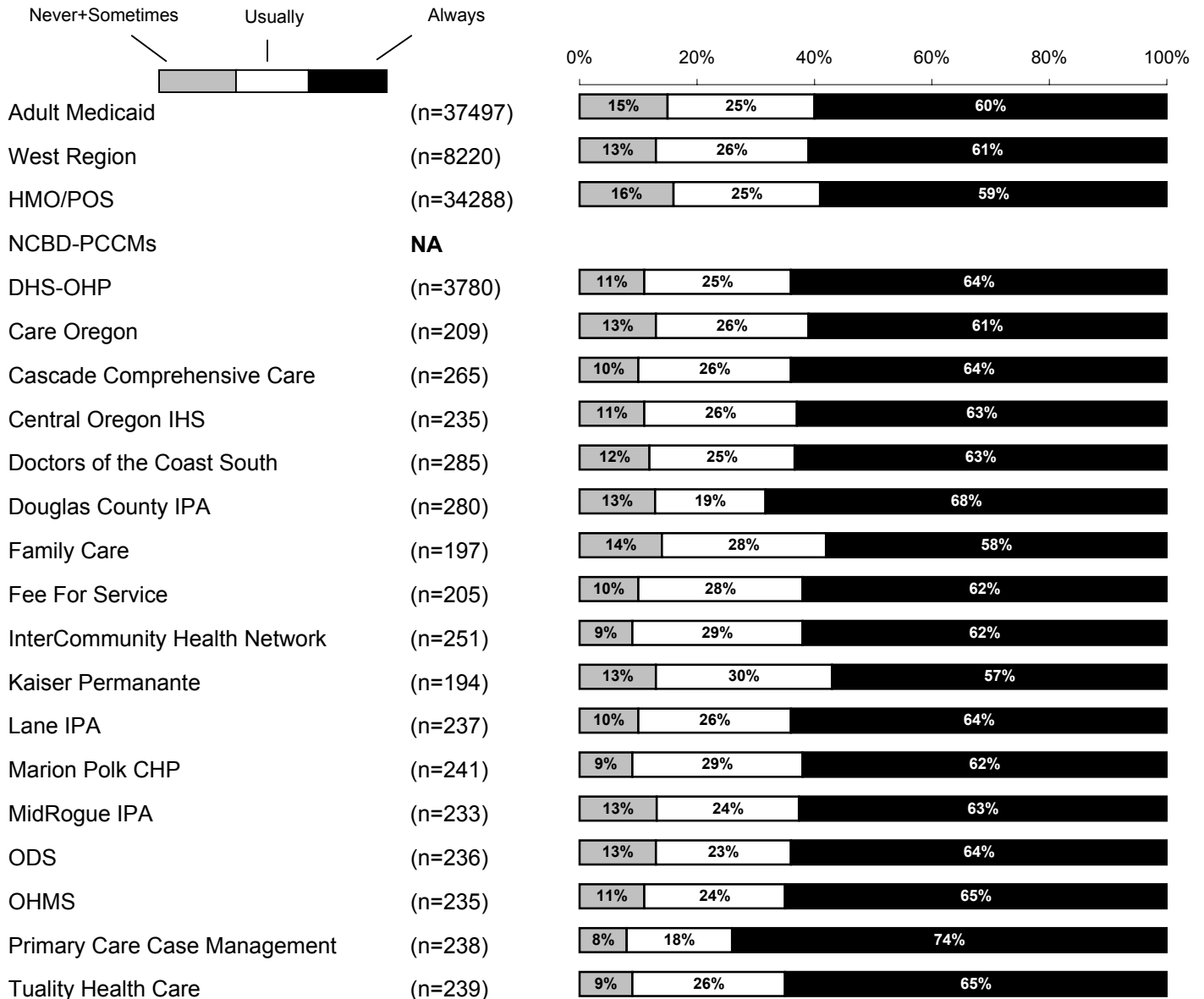
Courteous and Helpful Office Staff

Q25. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often did office staff at a doctors office or clinic treat you with courtesy and respect?"



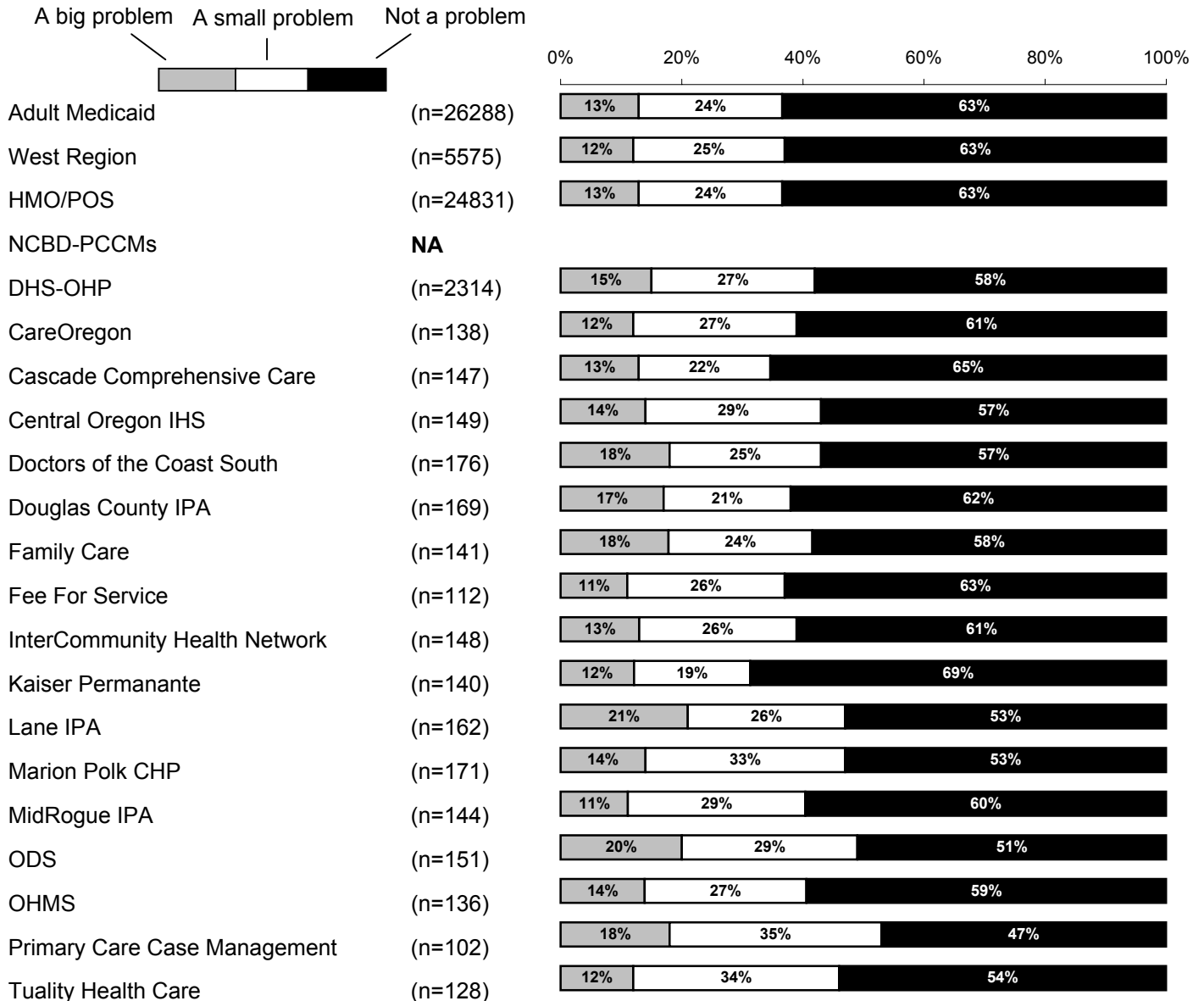
Courteous and Helpful Office Staff

Q26. Of those respondents who went to a doctor's office or clinic: "In the last 6 months, how often were office staff at a doctors office or clinic as helpful as you thought they should be?"



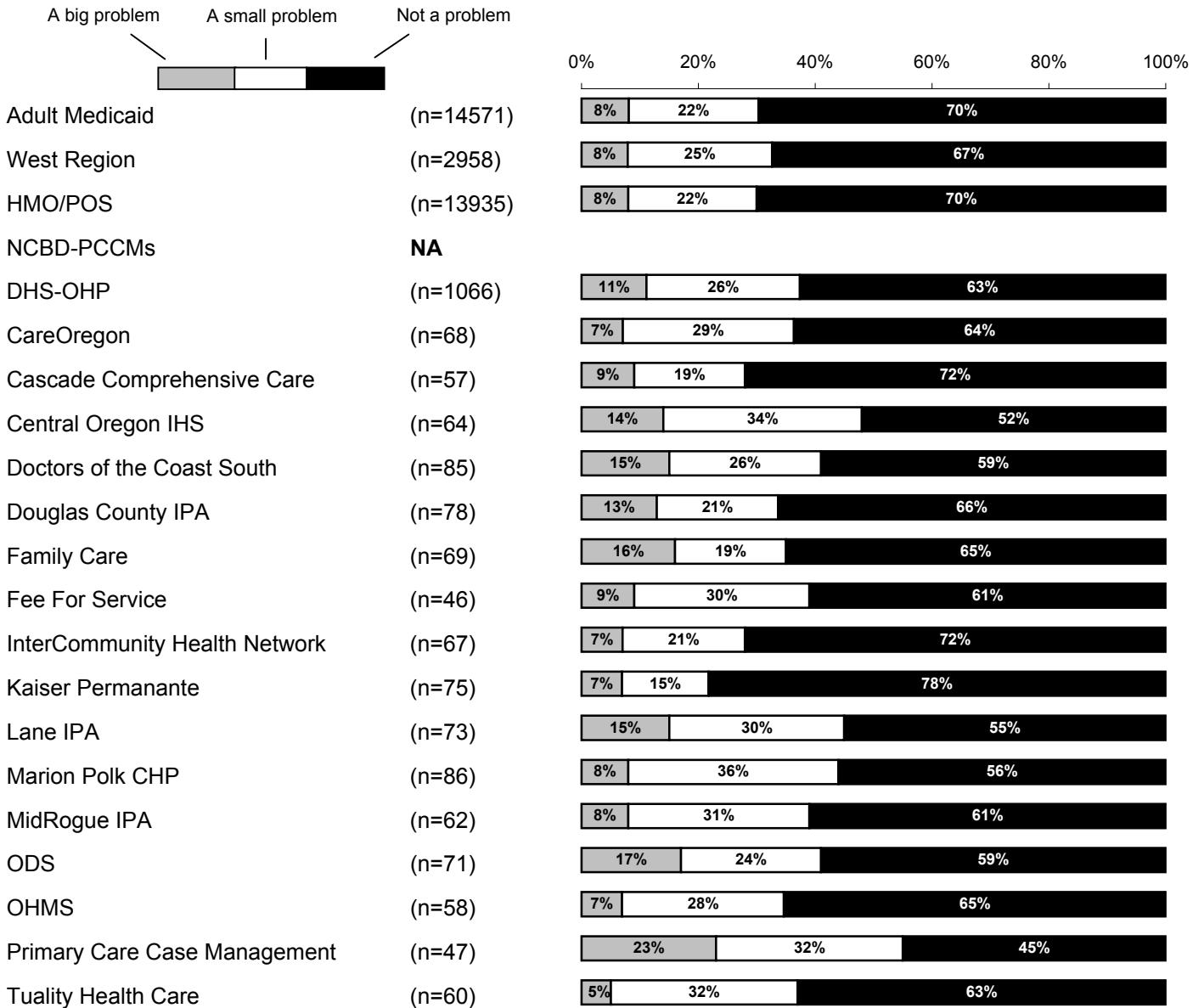
Customer Service

This chart displays the data for "Health Plan Customer Service", an aggregate of survey questions 42, 44, and 49. Results for the individual questions are displayed on each of the following pages.



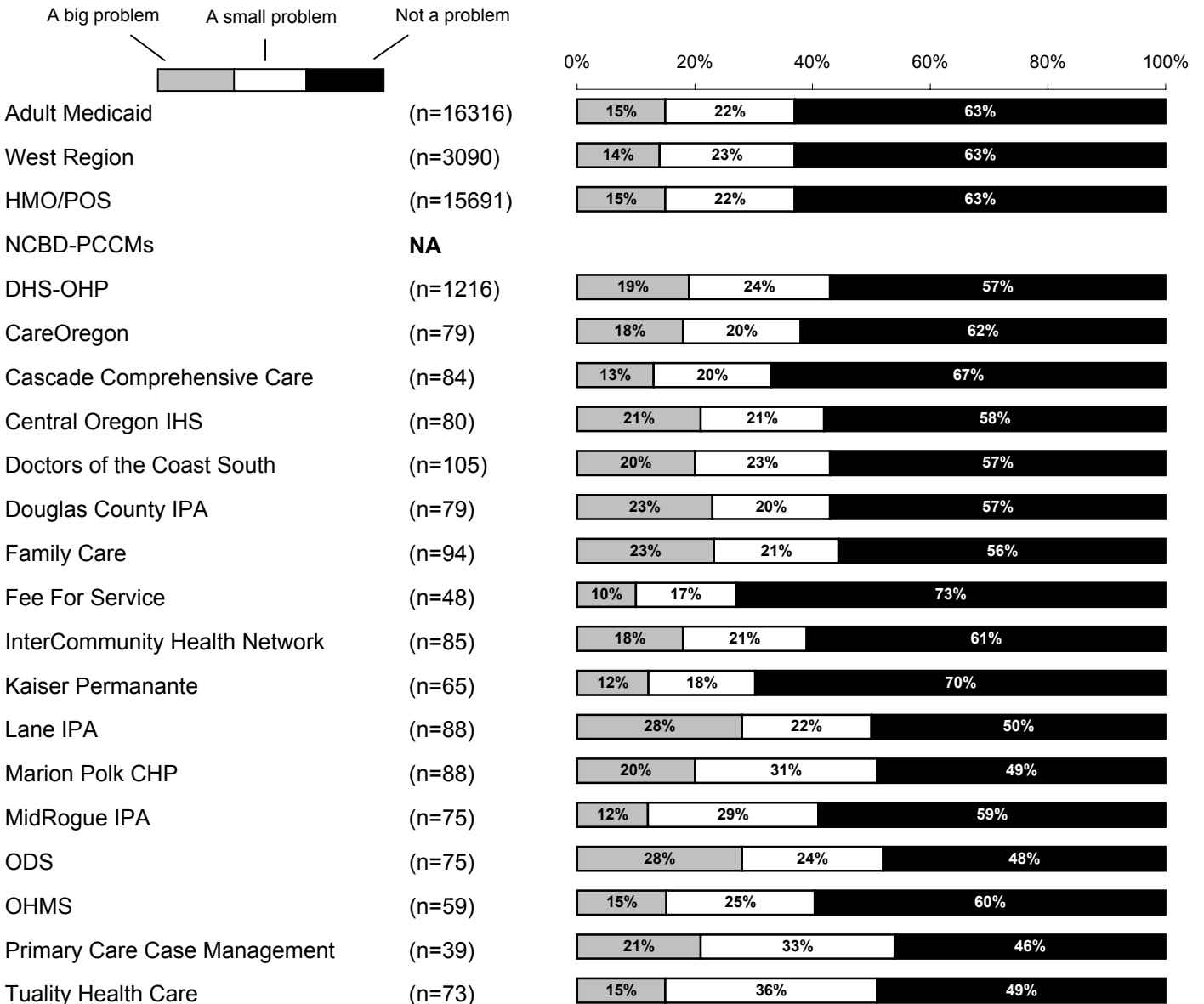
Customer Service

Q42. Of those respondents who looked for information in written materials: "In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?"



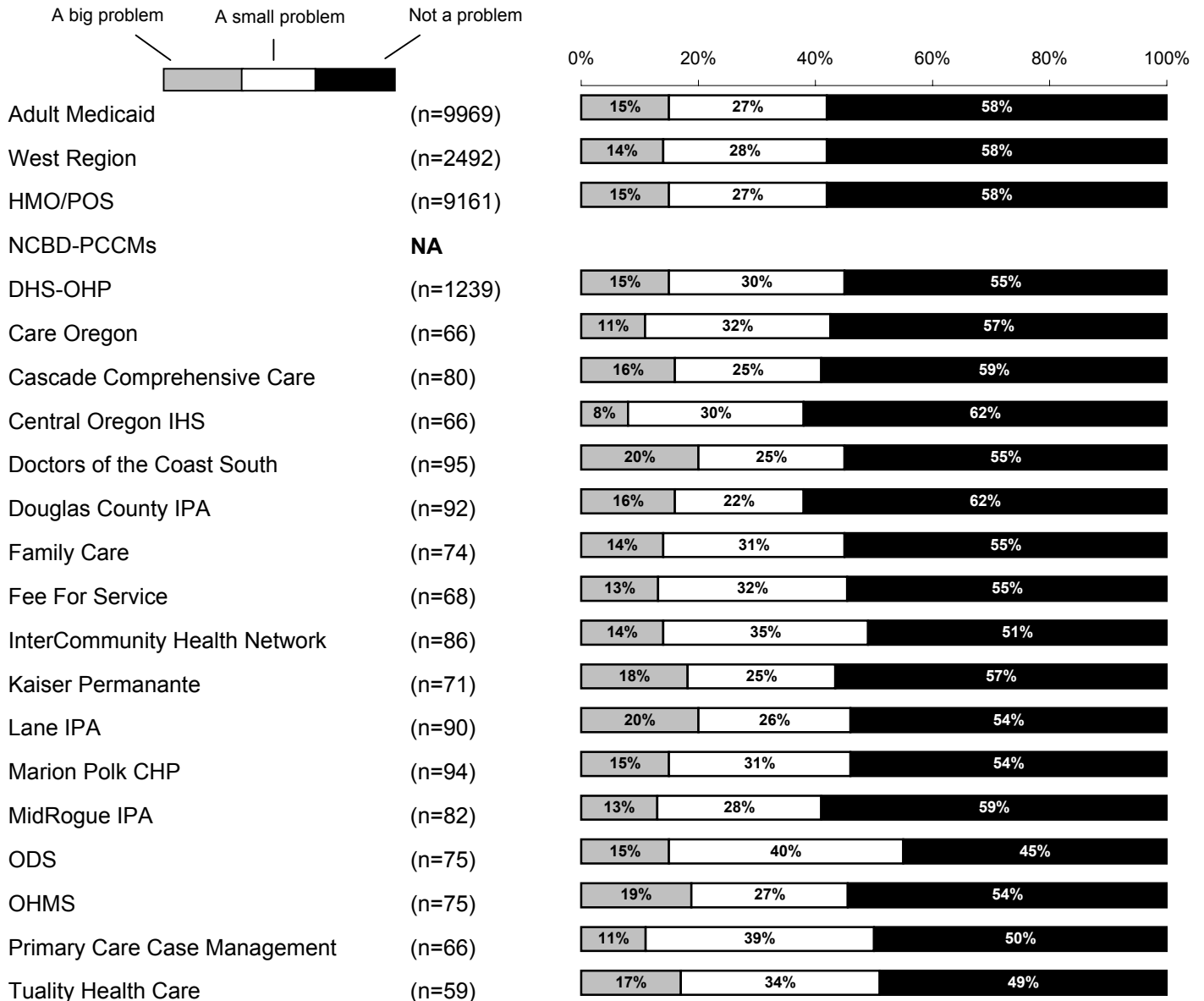
Customer Service

Q44. Of those respondents who called their health plan's customer service to get information or help: "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"



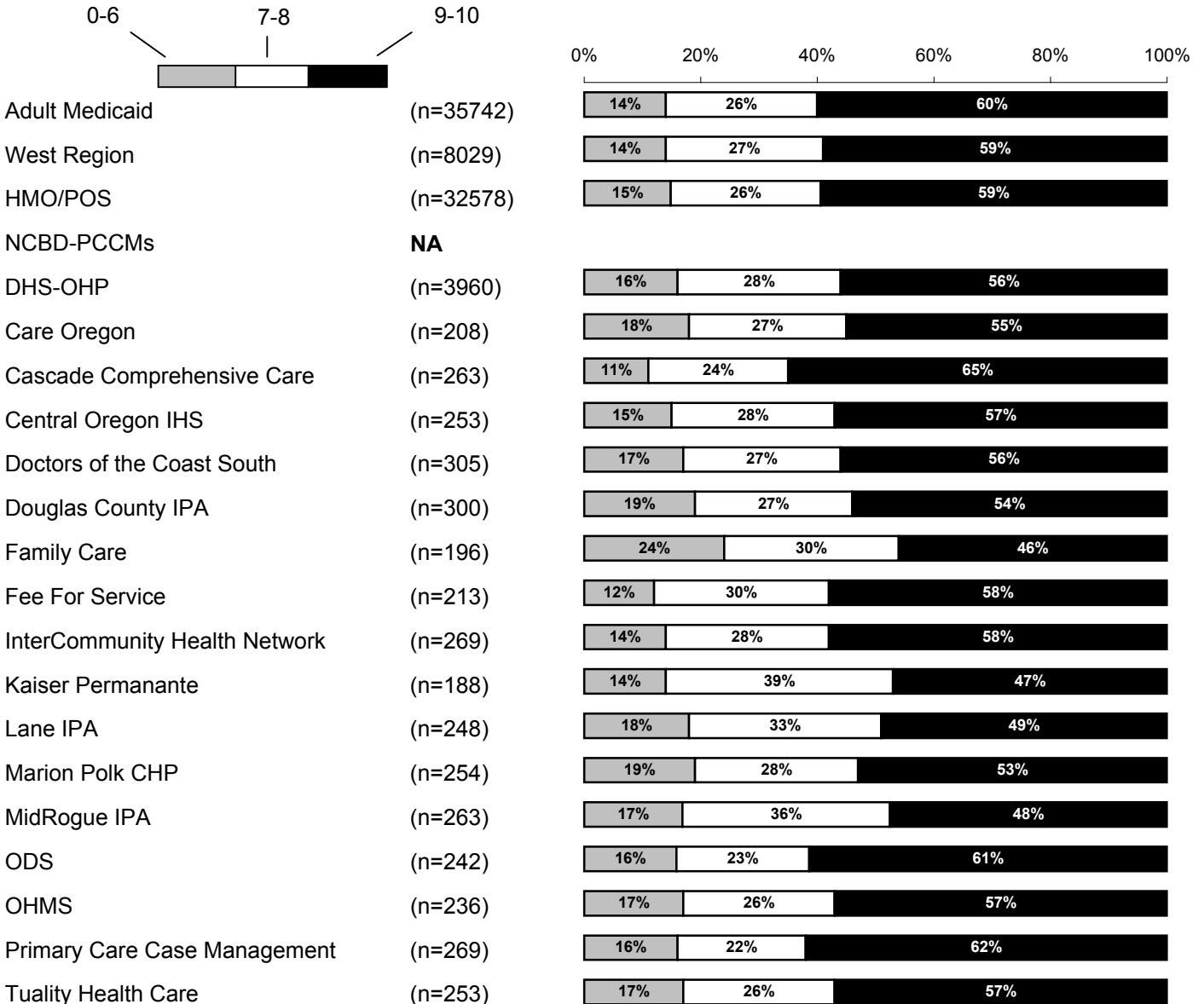
Customer Service

Q49. Of those respondents who had experiences with paperwork for their health plan: "In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?"



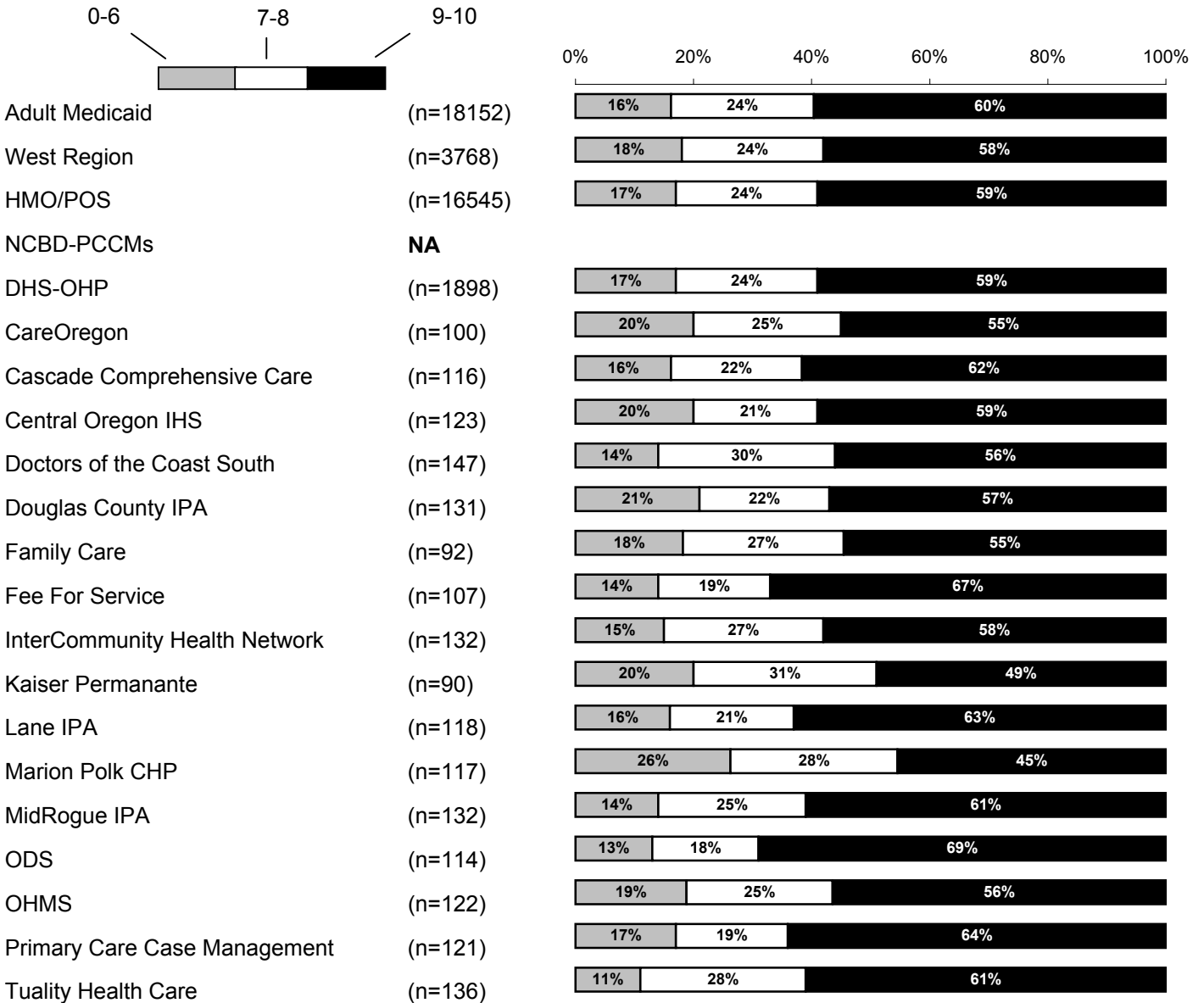
Overall Rating of Personal Doctor

Q6. Of those respondents who reported having a personal doctor or nurse: "Use any number from 0 to 10, where 0 is the worst personal doctor or nurse possible, and 10 is the best. How would you rate your personal doctor or nurse now?"



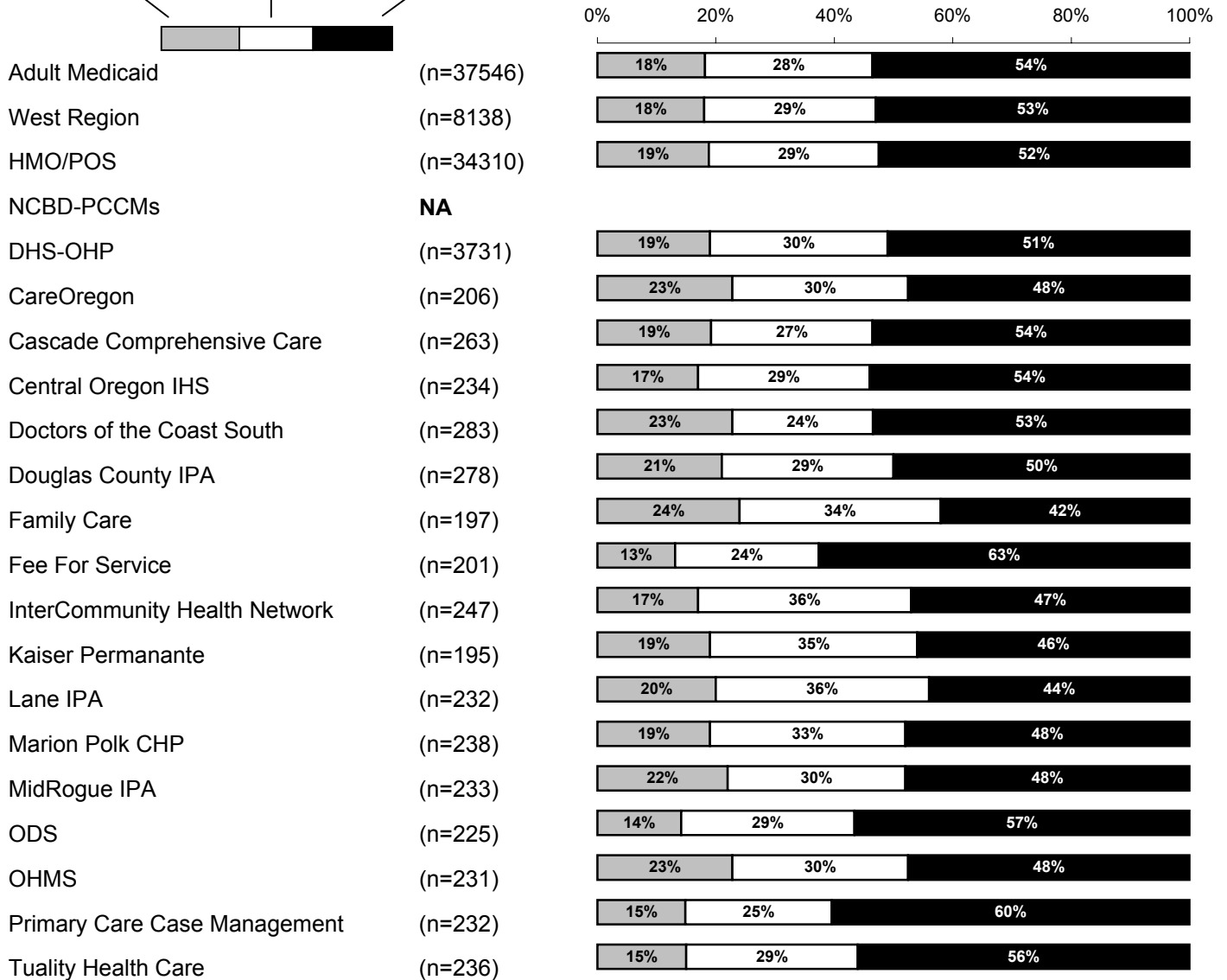
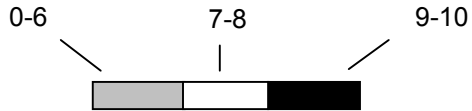
Overall Rating of Specialists

Q10. Of those respondents who reported seeing a specialist: "Use any number from 0 to 10, where 0 is the worst specialist possible, and 10 is the best personal specialist possible. How would you rate the specialist?"



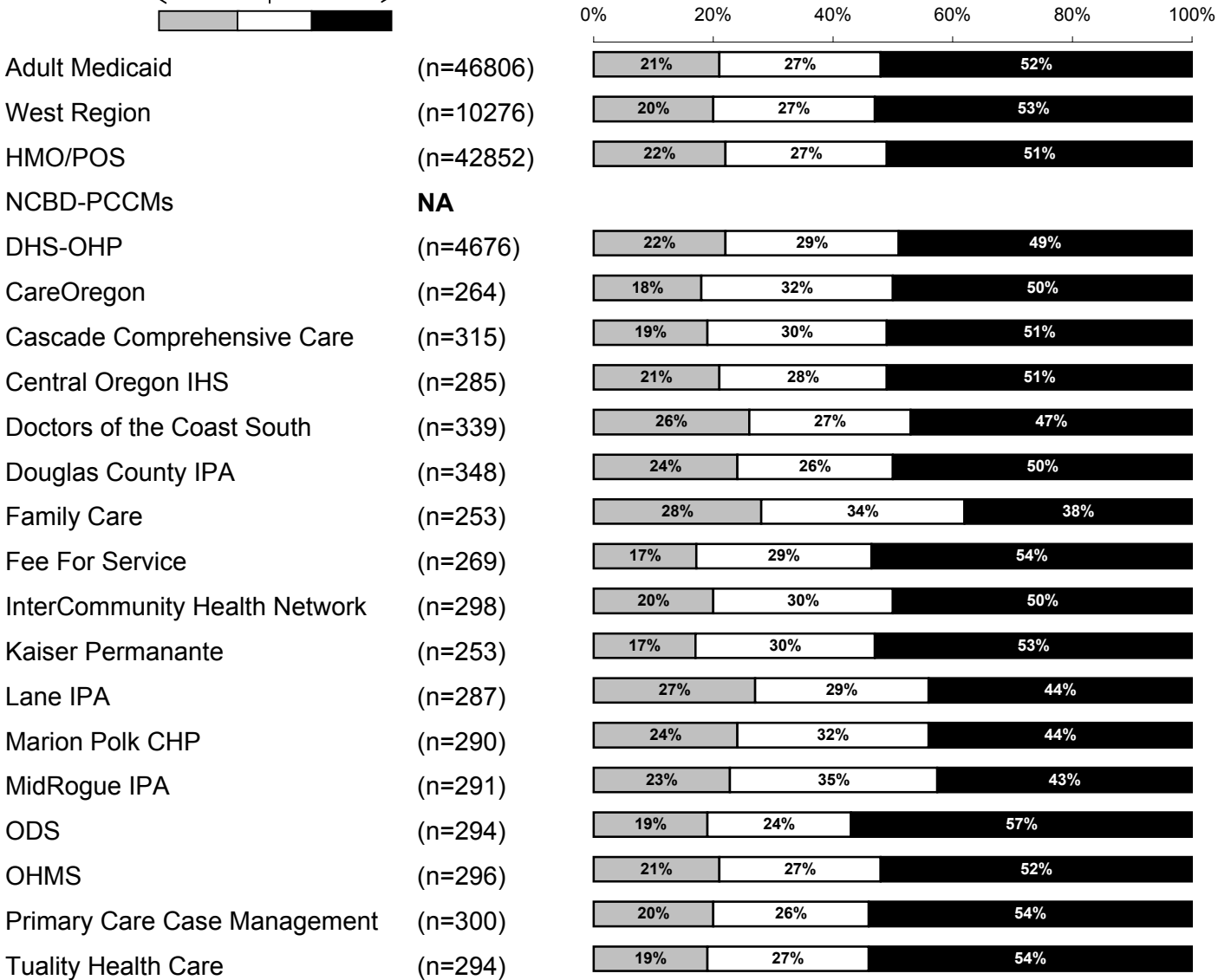
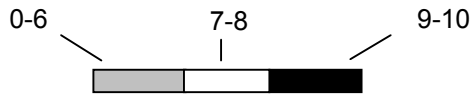
Overall Rating of Health Care

Q32. Use any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all of your health care?



Overall Rating of Health Plan

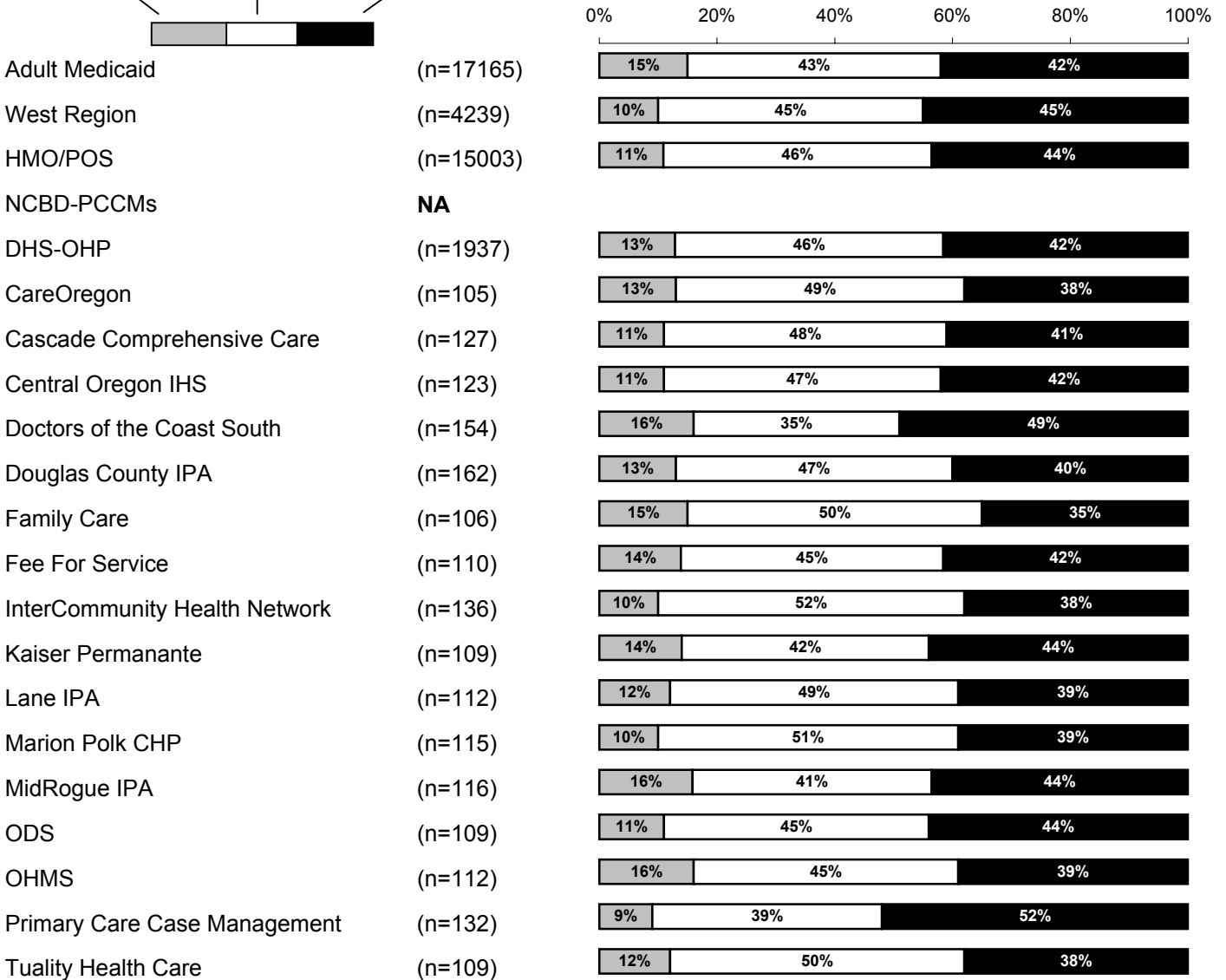
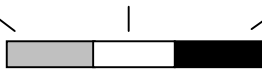
Q50. Use any number from 0 to 10, where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?



HEDIS Survey Item

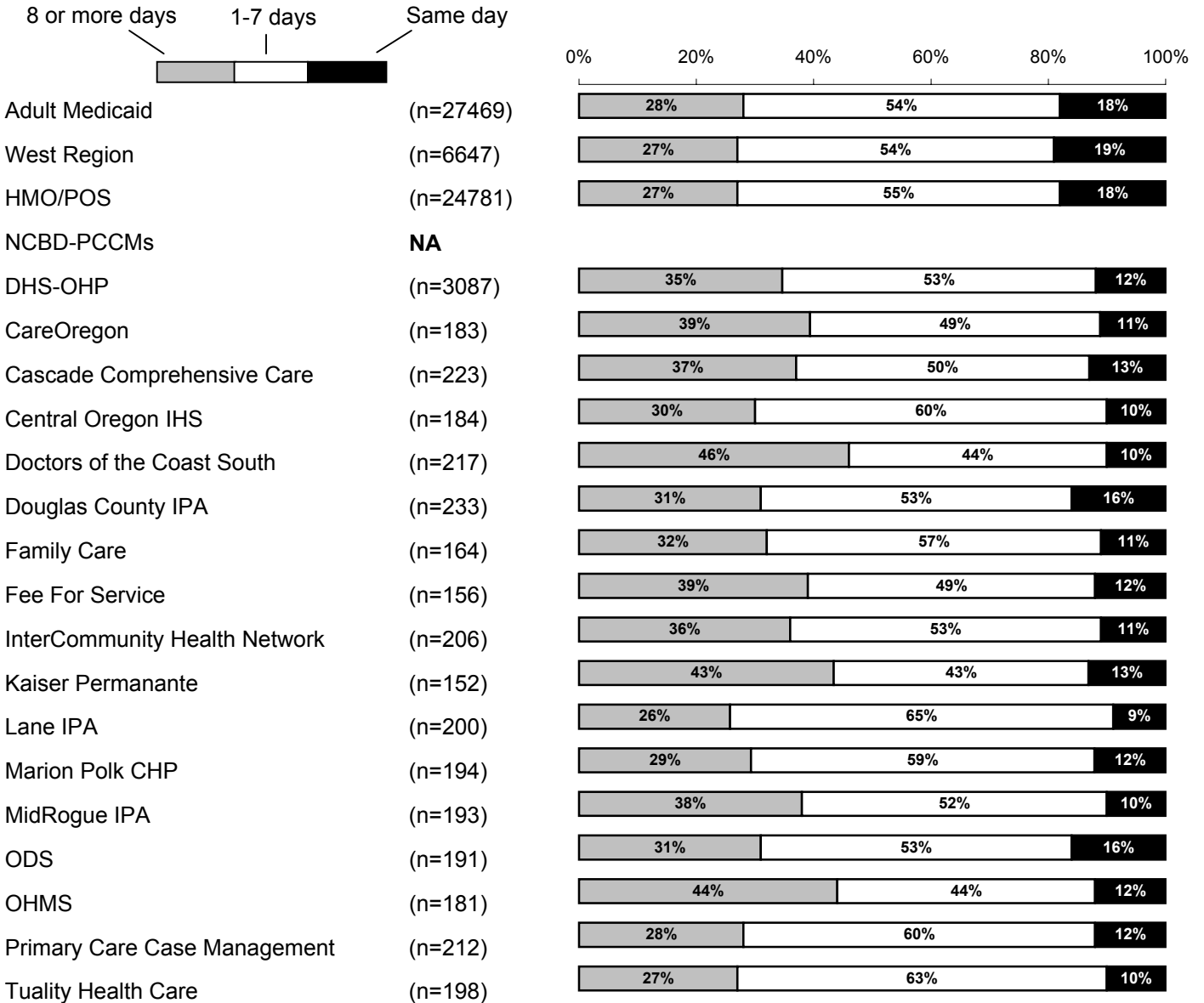
Q19. Of those respondents who had an injury or illness that needed care right away: "In the last 6 months, how long did you usually have to wait between trying to get care and actually seeing a provider for an illness or injury?"

8 or more days 1-7 days Same day



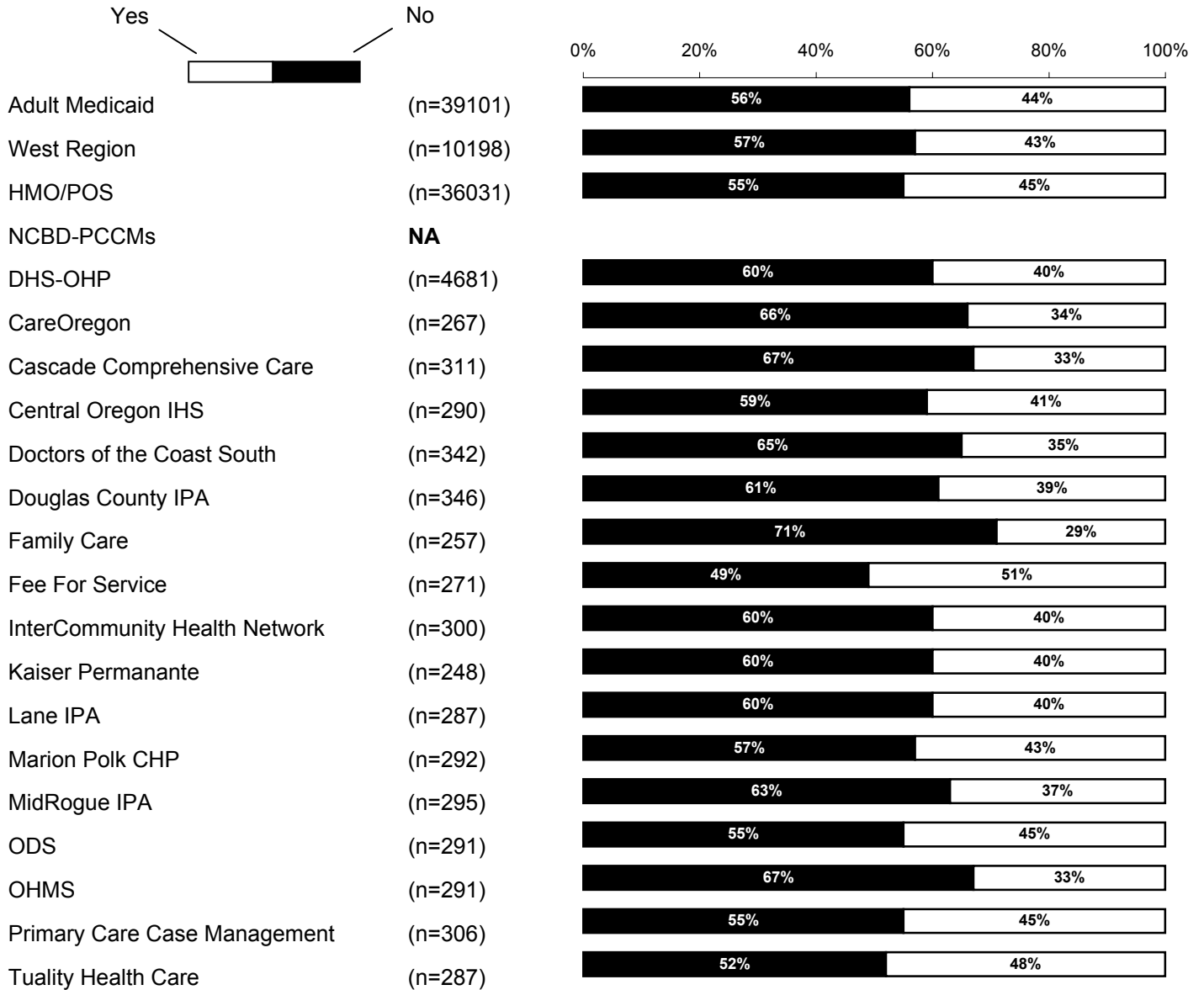
HEDIS Survey Item

Q16. Of those respondents who made an appointment for regular or routine health care: "In the last 6 months, how many days did you usually have to wait between making an appointment for regular or routine care and actually seeing a provider?"



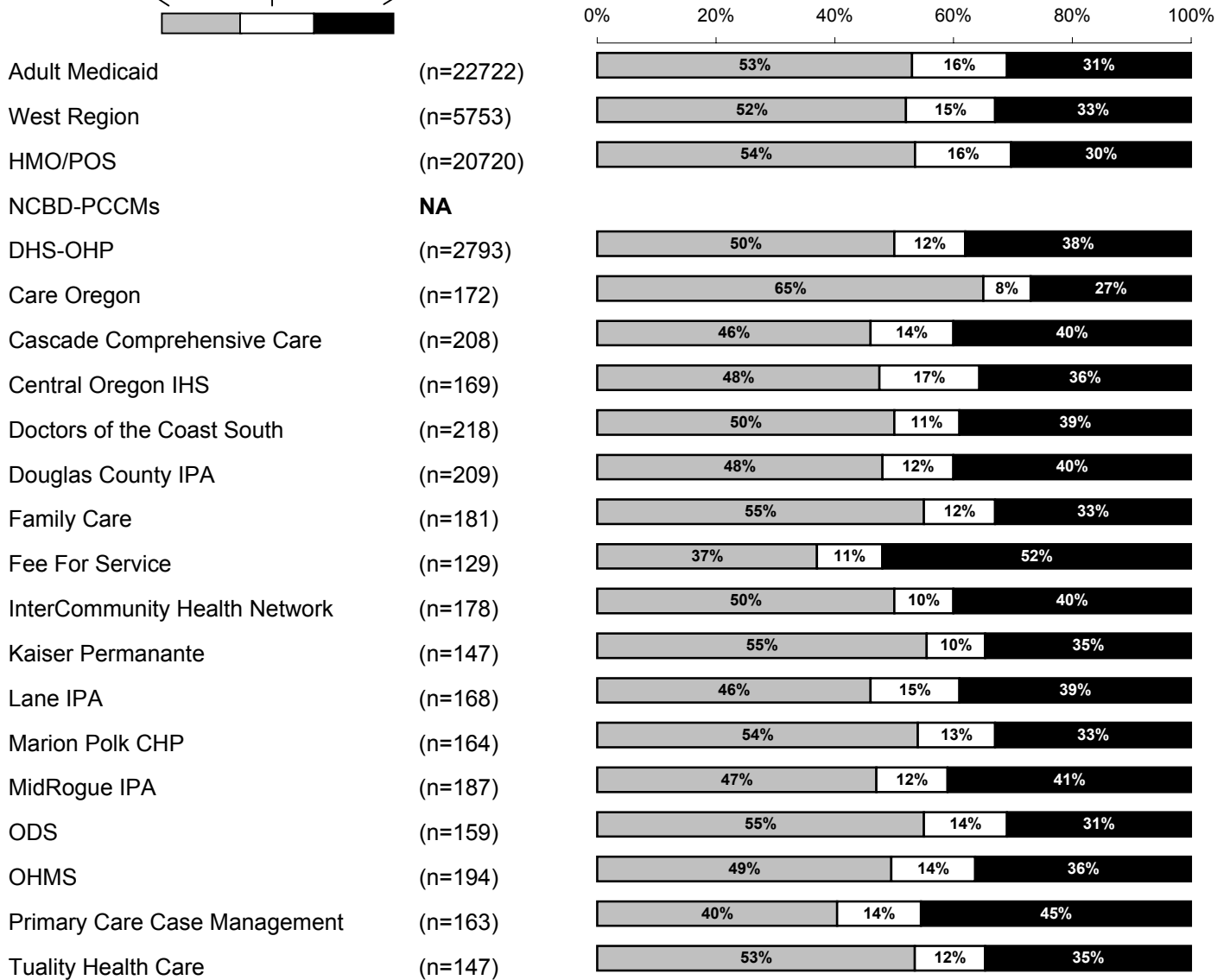
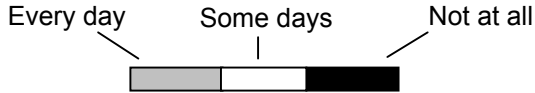
HEDIS Survey Item

Q52. Have you ever smoked at least 100 cigarettes in your lifetime?



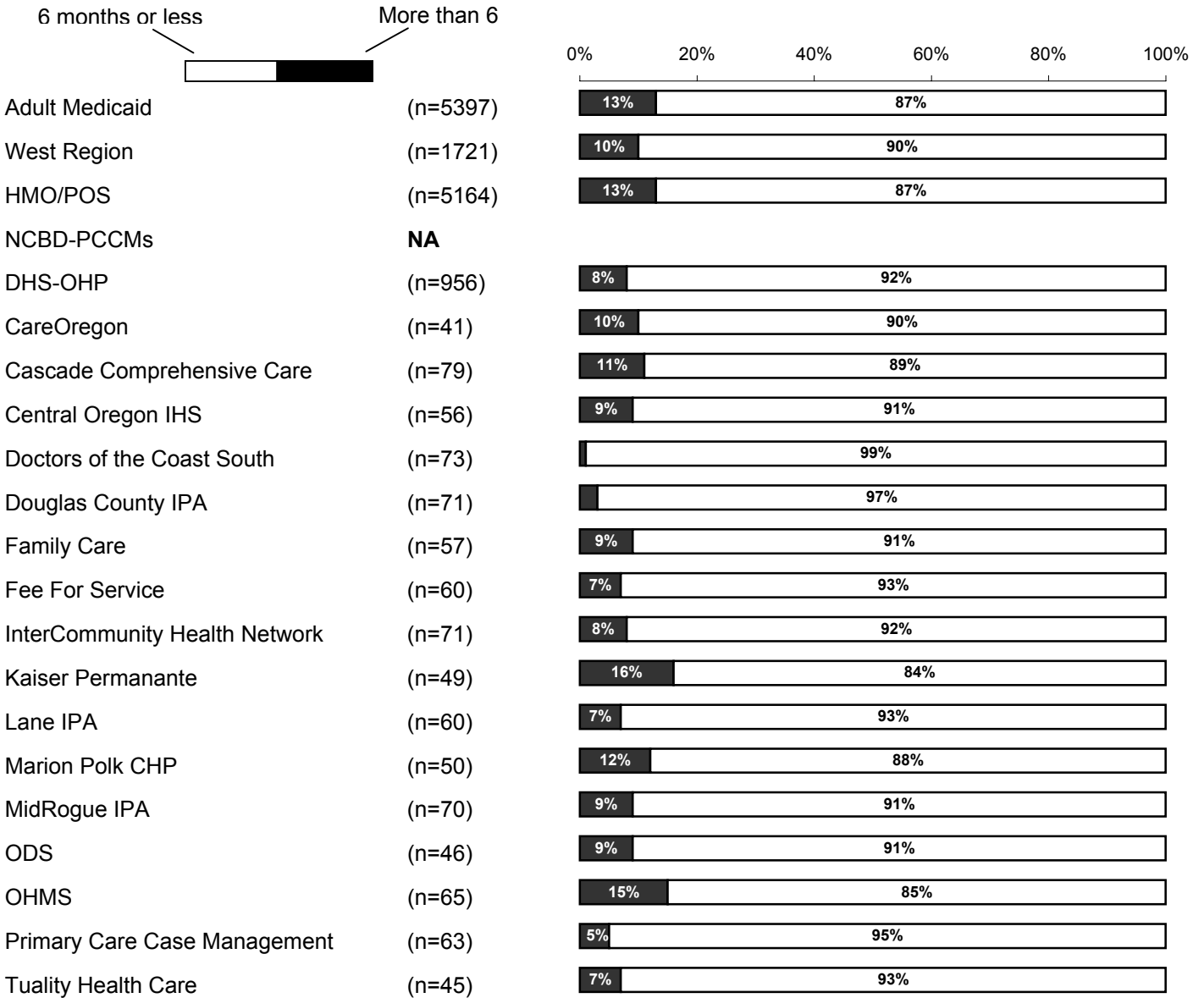
HEDIS Survey Item

Q53. Of those respondents who have smoked at least 100 cigarettes: "Do you now smoke every day, some days, or not at all?"



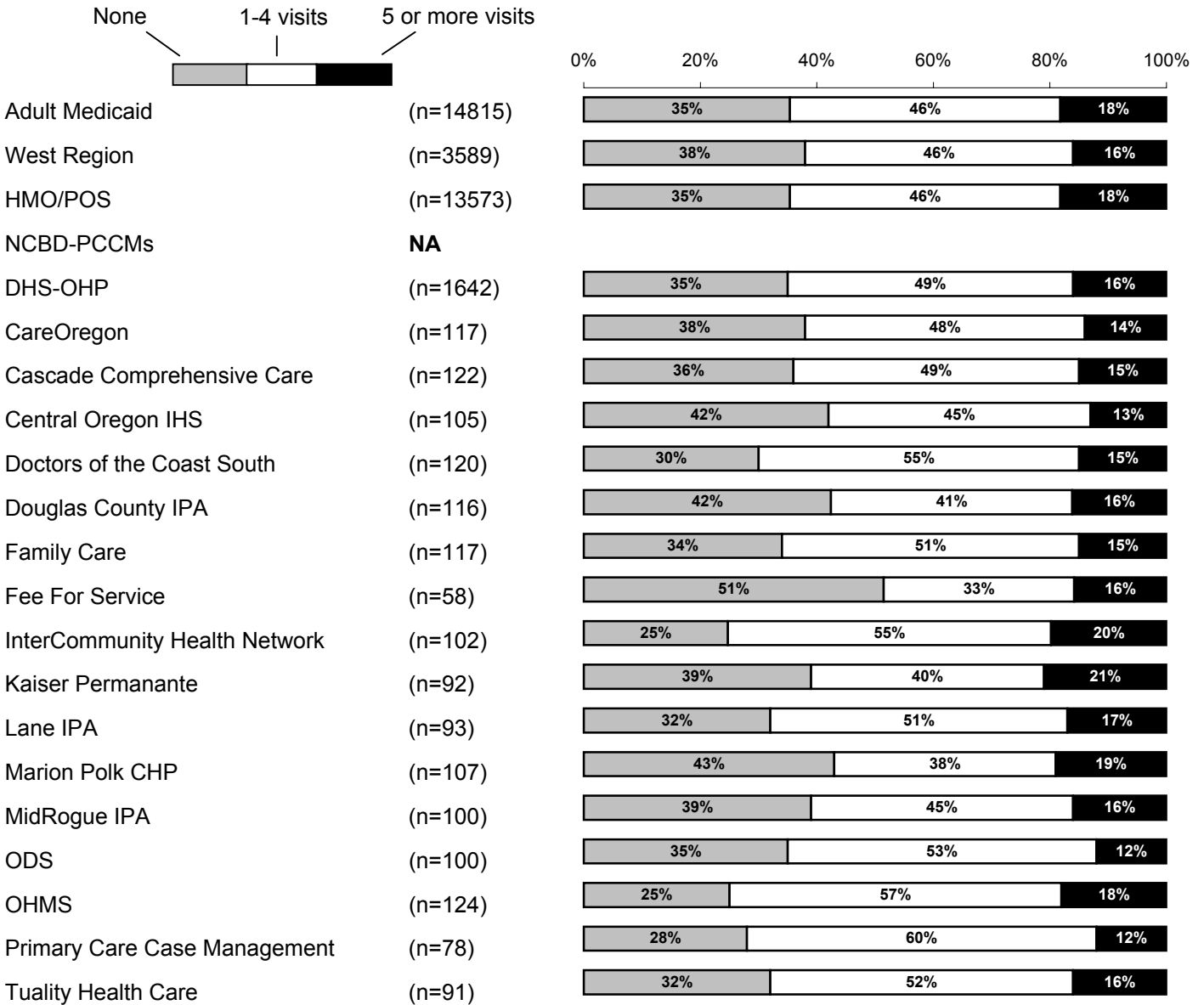
HEDIS Survey Item

Q54. Of those respondents who have smoked at least 100 cigarettes and no longer smoke: "How long has it been since you quit smoking cigarettes?"



HEDIS Survey Item

Q55. Of those respondents who have smoked at least 100 cigarettes and have not quit smoking: "In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?"



CAHPS® & NCBD methods

Definitions:

NCBD Medicaid – The aggregate distribution of results for all participating Medicaid surveys in the NCBD 2002.

Region – The regional benchmarks were calculated according to the United States Census Bureau Regions. The table below lists the regions and included states:

Region	States
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
South	Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia
West	Alaska, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

- **HMO** – The distribution of results for all Medicaid surveys of managed care plans in the NCBD 2002.
- **Primary Care Case Management (PCCM) Average** – The distribution of results for all Medicaid surveys of PCCM programs in the NCBD 2002.
- **DHS - OHP** – The distribution of results for the Oregon Health Plan.

Sampling Methodology

The CAHPS sampling recommendation is to achieve a minimum of 300 completed responses per plan, with a 50 percent response rate. If there are multiple plans in a sponsor’s portfolio, the recommendation is to draw equal sample sizes from each of the plans, regardless of the size of the plan membership, so as to achieve 300 completed responses. And the plan samples are not adjusted for unequal probabilities of selection. This logic stems from the principle that the precision of the estimates depends primarily on the size of the sample and not on the size of the population from which it is drawn. Therefore, the given sample size will give the same precision for means or rates regardless of the overall size of the population.

Response Rate Calculation

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of respondents selected. Following CAHPS guidelines, NCBD adjusts response rates according to the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of respondents selected} - (\text{deceased} + \text{ineligible})}$$

In calculating the response rate, NCBD does not exclude respondents who refused, had bad addresses or phone numbers or were institutionalized or incompetent. The tables below present definitions of the categories included and excluded in the response rate calculation.

Numerator Definitions	
Inclusions	Exclusions
<p>Completed questionnaires - A questionnaire is considered complete if it was coded as complete by the sponsor and has at least one question completed. (For Sponsors that submitted to NCQA and NCBD, the NCBD will include those records marked with a disposition of M10, T10, or I10 – completed by mail, telephone, or internet, respectively).</p>	
Denominator Definitions	
Inclusions	Exclusions
<p>Refusals. The sample member refused in writing, or refused to be interviewed.</p> <p>Nonresponse. The sample member was always unavailable and is presumed to be eligible.</p> <p>Institutionalized or incompetent respondents. The caregiver or guardian received the survey or was contacted by phone, and the sample member was institutionalized or incompetent and could not be contacted directly.</p> <p>Bad addresses/phone numbers. The sample member was never located and is considered “nonlocatable.”</p>	<p>Deceased. Deceased sample members are excluded from the denominator. In some cases a household or family member may have provided information about the death of the sample member.</p> <p>Ineligible - not enrolled in the plan. The sample member disenrolled from the plan, was never in the plan, or was enrolled in the plan for less than 6 months.</p>

Case Mix Adjustment

Several methodological problems complicate the measurement and reporting of health care data, particularly when reports draw comparisons among health plans, as is the case in this report. Among these challenges is the need to adjust appropriately for case-mix differences. Case mix refers to the proportion of health plan enrollees with serious health conditions and other demographic characteristics that have been demonstrated to affect respondents’ reports and ratings of the quality of care received. Case-mix takes into account individual characteristics that are not under the control of the plan but may affect measures of outcomes or processes, such as demographic and social characteristics or health status.

Many of the CAHPS questions ask about aspects of access or processes of care that should not vary by member characteristics. Therefore, case-mix adjustment may be less important for CAHPS data than for outcomes of care, which are known to be influenced by individual characteristics in a way that is independent of plan performance. Nonetheless, there are at least two reasons why case-mix adjustment might still be necessary. First, there are certain processes that one would expect to vary according to the characteristics of respondents. For example, one CAHPS question is “how much of a problem did you have finding or understanding the information from your health plan?” Although it is desirable to communicate clearly to all enrollees, it probably is harder to do so with enrollees who have less education than with other enrollees.

Second, individual characteristics might influence the response to questions, even if the process of care is the same for different respondents. For example, individuals' expectations might strongly influence their response to questions asking for evaluations, such as “how often did you get an appointment as soon as you wanted.” If a health plan member has very low expectations for the quality of care, he or she might be very satisfied with poor quality. Also, certain types of respondents may have a general tendency to give positive ratings or have biases that are not associated with the quality of care. For example, some groups of individuals may generally have more trust and confidence in authority figures and institutions, even if there are no differences in their care. This may be more evident in the non-English speaking populations.

In this report, NCBDB case mixed adjusted some ratings results, but not item level data and frequencies. Mean scores for consumer reports and consumer ratings measures were adjusted using a linear regression model. The case mix adjustment model included respondents age, education, and health status (of the child for the child survey) These variables were entered into the adjustment model as ordered categories. The resulting case-mix adjusted means were tested for significance as described in the next section.

Testing for Statistical Differences

This report omits the references to significance tests comparisons on the question level and the star ratings that NCBDB develop to show percentile categorizations for several reasons. By way of a background, the NCBDB Report tested for statistically significant differences between mean consumer report scores and ratings of individual health plans and the mean of all plan means in the NCBDB using the t-test. A significance level of 0.05 or less is considered statistically significant. As described in the previous sections, the mean scores are adjusted for case-mix differences before the statistical tests are applied.

To compute the means, reports and rating responses are grouped into three categories and assigned a score of 1, 2 or 3. Then, significance tests for both the reports and ratings are conducted on the mean scores. Individual plan results that differ significantly from the overall mean are denoted by arrows, either pointing up (significantly higher than the overall mean) or down (significantly lower than the overall mean).

Readers should note that sampling affects significance tests in several important ways. First, due to the large sample pool in the NCBDB, not all statistically significant differences may reflect meaningful differences in plan performance. For example, consider the following data:

Customer Service overall
Plan A - 54.2% vs. NCBDB - 56.4%

Because of the large data pool size for the NCBD, it is possible for Plan A to be statistically below the NCBD distribution. However, purchasers and consumers may not consider a difference of 2.2 percentage points to be an important or meaningful difference in performance.

Second, differences in sample size among health plans may mean those two plans with an identical result, but different sample sizes, may produce different results on the statistical significance tests. This is because smaller sample sizes at the plan level yield less precise measures of performance and may be insufficient to achieve statistical significance.

Third, non-response bias becomes a factor in the generalizability of the surveys. This is more of a factor in low response rates, in general, of the Medicaid population. The lower the response rates the less likely it that the people who do response may reflect the populations from which the sample is drawn.

Fourth, Oregon used a random stratified sampling by plan and child and adult. Most other states did not; instead they used a simple random sample for the entire state. NCBD did not reweigh responses as a proportion of the total enrollees to determine the distribution of the entire Medicaid population. The margins of error were not recalculated for composite scores nor were the levels of confidence or confidence intervals. This means the means are relative and may not mean much, although NCBD used the t-test to compare differences in distribution, the ratings, at least have been collapsed first and the variation may be diminish or emphasize more than what the data actually reveal.

Weighting Items Within a Consumer Report

Each item of a consumer report is given equal weight in calculating the scores. Computationally, this implies calculating the mean of each item within the plan and then taking an unweighted average of the item means to obtain the mean. Equal weighting flows from the fact that there is no evidence to suggest that any item is more important than another. For example, the number of members who have a personal doctor is likely to be larger than the number of members who receive care from a specialist. Therefore, survey results will likely include more responses for question number Q4 in the above table than for question number Q13. Despite this difference, the item about specialty care is included in the result with equal weighting because it is regarded as potentially important to every member.

NCBD Compared to NCQA Quality Compass®

While NCBD is the national database for CAHPS results, the National Committee for Quality Assurance (NCQA) also collects CAHPS results from health plans. NCQA is an independent, non-profit organization that evaluates and reports on the quality of the nation's managed care organizations. NCQA evaluates health care through Accreditation (a rigorous on-site review of key clinical and administrative processes) and through the Health Plan Employer Data and Information Set (HEDIS -- a tool used to measure performance in key areas like immunization and mammography screening rates).

Before the development of CAHPS, NCQA collected plan satisfaction data using a HEDIS Member Satisfaction Survey. In 1998, NCQA worked with AHRQ to develop CAHPS 2.0H, a version of the survey with a specified protocol for managed care plans to use to report results to NCQA for accreditation or HEDIS®. Detailed information on the requirements for CAHPS 2.0H is available directly from NCQA (www.ncqa.org).

Because almost 90 percent of all health plans measure their performance using HEDIS, there is substantial overlap between the NCBD and NCQA's Quality Compass[®], a national database of plan specific performance information. However, because NCQA's purposes for the data differ from NCBD's, there are corresponding differences in survey administration, analysis methods, and presentation of the data.

CAHPS Development Chronology

1994 - AHRQ researchers reviewed existing consumer health care surveys and found:

- while many surveys were well-designed, there was no widely applicable standard set of consumer-based measures,
- the surveys were meant for health plans and purchasers, not consumers; and,
- what consumers wanted to know is not always equivalent to what plans and purchasers wanted to know.

The results of basic health care survey research were discussed in a 1994 conference, sponsored by AHRQ and the Robert Wood Johnson Foundation. They developed criteria for the survey: able to be conducted by almost any interested health care purchaser; be useful not only to commercially insured people but also to those with Medicare or Medicaid coverage; and be relevant regardless of the specific geographic area, type of insurance, or health delivery system.

1995 - AHRQ built a set of standardized questionnaires and reporting formats. AHRQ committed more than \$15 million to Harvard Medical School, Research Triangle Institute, and RAND, along with AHRQ and Westat, to focus on questionnaire development, reporting products development, and evaluation for a 5-year effort to develop surveys and reports that inform consumers about health care quality from their own perspective. The investigations concluded that the information most useful *to* consumers is information that comes *from* consumers.

1997 - CAHPS[®] 1.0 versions of questionnaires and consumer reports were released and used by employers and State Medicaid programs, including Oregon. CAHPS[®] questionnaires and reports were assessed in a process and outcome evaluation.

1998 - AHRQ and the CAHPS[®] Consortium updated and improved CAHPS[®] based on data from their demonstration sites, cognitive testing results, and feedback from sponsors.

1999 - The Centers for Medicare and Medicaid Services (CMS, formerly The Health Care Financing Administration, HCFA) also has used a specially developed version of CAHPS[®] to survey 130,000 Medicare enrollees in managed care plans. The results of the Medicare survey were released in February 1999 to aid CMS' 39 million beneficiaries who will be selecting a health plan.

2001 - NCBD produced an annual report that included cross-sector comparisons of CAHPS survey results for the current year's data between the Commercial (adult and child), Medicaid (adult and child) and Medicare populations. In 2002, NCBD replaced the annual report with a Chartbook that Sponsors can use to assess plan performance and identify opportunities for improvement by comparing their survey results to national distributions. The 2002 Chartbook provides comparative data to Sponsors in a rapid timeframe and is posted on the NCBD Web site (<http://ncbd.cahps.org>).

2002 - AHRQ began the second phase of CAHPS, which will last until 2007. CAHPS II will continue to expand the survey instruments and reports as well as develop quality improvement tools using the survey instruments. Research teams from the American Institutes for Research, Harvard Medical School and RAND will work to develop instruments and reports for the following areas of health care:

- Group practice/individual provider level CAHPS
- Behavioral health care CAHPS (ECHO)
- Nursing home
- Persons with mobility impairments

For survey design and reports, CAHPS II will focus on a more systematic approach to developing reporting guidelines and dissemination strategies for the surveys listed above and to expanding reporting tools to languages other than English.

CAHPS Evaluation

Assessing the utility and impact of the survey is integral to CAHPS. Users of the survey participate in a voluntary network that routinely provides feedback to AHRQ. Users' suggestions are incorporated when the CAHPS tools are modified.

The experiences of State employees in Kansas and Washington and Medicaid enrollees in New Jersey, who were among the first to use CAHPS, was formally evaluated by the three centers involved in developing CAHPS. Based on these assessments, evaluations from other sites, and other reports from users, CAHPS is being further refined to improve the way information is presented to consumers. These studies will also assess how providing information on health plan quality affects the way consumers choose health plans.

Participants in NCBD 2002

The table below shows the participation and composition of the NCBD 2002 **Adult Medicaid** database.

Sponsor Name	# of Plans Surveyed	Total Number Sampled	Total Number of Completed Surveys ¹	Range of Response Rates
AMERIGROUP Corporation	7	8,925	1,979	12% - 33%
FirstGuard Health Plan	1	1,275	387	31%
Florida Agency for Health Care Administration	14	20,394	4,585	N/A
Health Net Inc.	2	2,550	620	24% - 26%
Health Plan of Nevada	1	1,339	355	27%
Iowa Department of Human Services	4	2,578	952	31% - 44%
Kansas Foundation for Medical Care Inc.	1	1,275	637	50%
Massachusetts Division of Medical Asst.	5	3,000	1,617	50% - 66%
Maryland Dept. of Health and Mental Hygiene	6	7,644	2,274	26% - 36%
Med-QUEST	5	6,375	2,903	43% - 50%
Michigan Department of Community Health	19	24,416	8,224	21% - 47%
Molina Healthcare Inc.	1	1,530	328	22%
Neighborhood Health Plan	1	1,275	330	27%
Neighborhood Health Plan of Rhode Island	1	1,275	475	38%
Nevada Care, Inc.	1	1,594	452	29%
New Mexico Health Policy Commission	3	3,825	1,141	25% - 36%
New York State Department of Health	29	20,851	7,488	39%
Ohio Dpt. of Job and Family Services	1	3,531	1,493	42%
Oklahoma Health Care Authority	5	4,110	1,744	41% - 49%
Oregon DHS	16	10,000	4,844	44% - 61%
Pennsylvania Department of Public Welfare	7	8,925	2,829	25% - 42%
PHP Companies Inc.	1	1,275	529	42%
Physicians Health Plan of Mid-Michigan	1	1,466	315	25%
Rocky Mountain HMO	1	1,403	534	43%
Sentara Health Management	1	1,275	468	38%
SummaCare Inc.	1	1,275	392	31%
Virginia Dept. of Medical Assistance	2	3,455	529	13% - 25%
Totals	137	146,836	48,424	N/A

¹ Total number of completed surveys includes those surveys coded as a "complete" by the sponsor or vendor(s).

The table below shows the participation and composition of the NCBD 2002 **Child Medicaid** database

Sponsor Name	# of Plans Surveyed	Total Number Sampled	Total Number of Completed Surveys²	Range of Response Rates
AMERIGROUP Corporation	7	8,925	1,992	11% - 31%
CO Dpt. of Health Care Policy & Finance	3	6,241	2,233	22% - 48%
Denver Health Medical Plan Inc.	1	726	202	43%
FirstGuard Health Plan	2	5,353	2,310	42% - 50%
Iowa DHS	4	2,936	1,225	35% - 51%
Kansas Foundation for Medical Care Inc.	1	2,926	1,331	46%
Massachusetts Div. of Medical Asst.	5	4,200	2,397	54% - 70%
MD Dpt. of Health and Mental Hygiene	6	13,109	5,311	21% - 48%
Michigan Department of Community Health	19	42,959	12,562	26% - 26%
Molina Healthcare Inc.	1	1,530	245	16%
New Mexico Health Policy Commission	3	5,475	1,697	26% - 35%
New York State Department of Health	29	20,911	7,540	41%
Office of Vermont Health Access	1	660	345	53%
Ohio Dpt. of Job and Family Services	1	3,921	1,688	43%
Oklahoma Health Care Authority	1	822	393	48%
Oregon Department of Human Services	17	10,624	4,962	42% - 56%
PA Department of Public Welfare	7	8,884	2,513	25% - 38%
Sentara Health Management	1	2,925	1,059	37%
Utah Dept. Office of Health Care Stats	4	6,599	2,481	24% - 48%
Virginia Dpt. of Medical Assistance	2	5,425	1,233	19% - 31%
WA Medical Assistance Administration	7	15,585	6,815	40% - 56%
Totals	122	170,736	60,534	N/A

² Total number of completed surveys includes only those surveys coded as a "complete" by the sponsor or vendor(s).

Appendix

Action Planning

CAHPS examines areas that have been deemed to be important to consumers. There is an assumption that improvement in each area is within the control of the health care organization. While that is not always the case because of market forces and other constraints, it is largely true. By itself, CAHPS does not produce systemic change. In order to undertake an organizational change, the data must first be incorporated into the organization.

It is possible, but it requires an organization that is willing and able to go through a self-examination, a mark of a health organization. Time, energy, and resources seldom create opportunities for this undertaking, they have to be created and that requires a commitment on the part of the organization's leadership and culture. This is one of the first areas organizational analysts examine- the willingness to change. It's great if an organization can begin this undertaking prior to a crisis or externally induced change, but that is also seldom the case.

In situations where there are concerns, then quality improvement group may wish to a look at the subject, and adopt the subject as an area of quality improvement. Below is a table that can be used as a starting point. It is by no means comprehensive, necessarily specifically applicable, or tested. It could be used for brainstorming 'root causes.' A graphic of the quality improvement process follows the table.

Issue	Possible causes	Potential actions
Provider Communication	Time constraints, perceptions of clients, difference in experience, education, culture and expectations.	Ask providers; Staff training, Mentoring or coaching; highlight effective actions, ask providers to spot check about the experience - ask the client directly if there is something that could be done better, foster an organizational culture of valuing clients, review and update performance expectations and guidelines
Office Staff Communication	Physical layout- non-verbal barriers; greeting and departure rituals, resources to assist client with procedures; Time constraints; perceptions of clients; difference in experience, education, culture and expectations	Ask office staff; empathy check-walk through the experience as if one were a client, trouble shoot with clients, suggestion boxes, client initiated reward or recognition system
Access-Getting Needed Care	Resource limits; Technical limits-telephone systems; Human Resource limits; Service expectations; not measured	Flow chart the process from the client's view from beginning to end, identify barriers or unnecessary steps; create passive systems of information (publications, KIOSKS)

A quality improvement process-

Plan

Describe the desired outcome and determine what resources will be needed, how they will be applied, who will undertake what actions, and by when. Create feedback loops and opportunities for learning. Try to have measurable goals or effectiveness criteria.

Do

Implement the plan. Deploy the resources and execute the plan.

Check

Evaluate the results. Did the plan work? If the results are not as expected, figure out why and change the plan.

Act

Institutionalize the lessons and changes that result from the process. Make sure the desired changes become permanent, that there are sufficient resources and the necessary energy to sustain the gains.

While there is no shortage of resources for health care quality improvement activities in general, a few are listed below.

Web Based Resources

AHRQ is the federal Agency for Healthcare Research and Quality	http://www.ahrq.gov/qual
The American Academy of Family Physicians practice management publication	http://www.aafp.org/fpm.xml
Institute for Healthcare Improvement is a non-profit organization and an example of the resources	http://www.ihl.org http://www.ihl.org/resources/qi/index.asp

Readings

Conversation Repair: Case Studies in Doctor-Patient Communication. Platt, F. Little Brown. 1995.

The Well-Managed Healthcare Organization Griffith & White. Health Administration Press July 2002

Human Resources and Organizational Behavior: Cases in Health Services Administration. Kilpatrick & Johnson. Health Administration Press 1999

Evaluation and Decision Making for Health Services Veney & Kaluzny, Health Administration Press. 1998

Re-engineering your practice: will all that effort really pay off? *Medical Economics*. 2000: 24:81

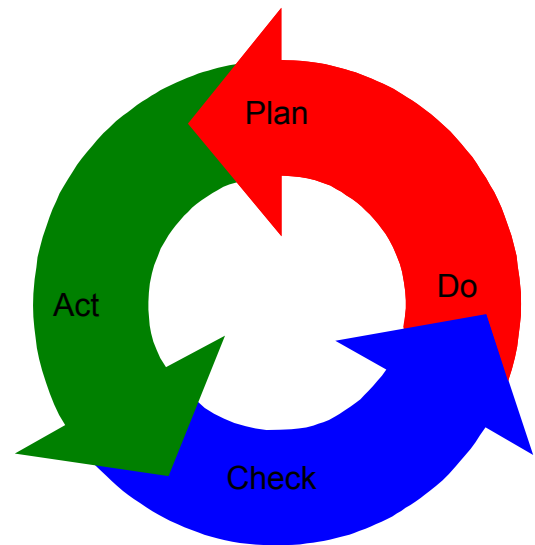
Making quality and service pay: Part 1, the internal environment. *Family Practice Management*. October 2000.

Making quality and service pay: Part 2, the external environment. *Family Practice Management*. November/December, 2000.

Medicine and Culture. Lynn Payer. Penguin Books. 1988

Strategic Issues in Health Care Management. Duncan, Ginter & Swayne. PWS-Kent Publishing 1992.

Service Quality Improvement: The Customer Satisfaction Strategy for Health Care



Sample Child's Survey

◆

All information that would let someone identify you or your family will be kept private. The Oregon Department of Human Services, Office of Medical Assistance Programs (OMAP) 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 your benefits. You may notice a 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, call Toll Free 1-888-XXX-XXX (or for the hearing impaired, call 1-888-XXX-XXXX).

✎ Please be sure to fill the response oval 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

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

1. The Oregon Health Plan is a state program run by the Office of Medical Assistance Programs. The Oregon Health Plan provides health insurance to low-income Oregonians. Our records show that your child is now in Medicaid or Plan name/the Oregon Health Plan. Is that right?

- Yes → *Go to Question 3*
- No → *Go to Question 2*



2. If your child is signed up with a different health plan than what our records show, please print the name of your child's specific health plan below (the name of your child's plan is printed on his or her medical ID card). (please print)
- _____

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next 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.

3. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

- Yes → *Go to Question 4*
- No → *Go to Question 5*



4. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- A big problem
- A small problem
- Not a problem
- I didn't get a new personal doctor or nurse for my child.

5. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- Yes → *Go to Question 6*
- No → *Go to Question 9*

6. In the last 6 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, and behaving?

- Never
- Sometimes
- Usually
- Always
- My child doesn't have a personal doctor or nurse.





7. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

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

My child doesn't have a personal doctor or nurse.

8. Does your child's personal doctor or nurse understand how any health conditions your child has affect his or her day-to-day life?

- Yes
- No
- My child doesn't have a personal doctor or nurse, or my child doesn't have any health conditions.



GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits in your answers.

9. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- Yes → *Go to Question 10*
- No → *Go to Question 11*

10. In the last 6 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- A big problem
- A small problem
- Not a problem
- My child didn't need to see a specialist in the last 6 months.

11. In the last 6 months, did your child see a specialist?

- Yes → *Go to Question 12*
- No → *Go to Question 14*





12. We want to know your rating of the specialist your child saw most often in the last 6 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

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

- My child didn't see a specialist in the last 6 months.

13. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?
- Yes
 - No
 - My child doesn't have a personal doctor or my child didn't see a specialist in the last 6 months.

CALLING DOCTORS' OFFICES

14. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?
- Yes → *Go to Question 15*
 - No → *Go to Question 16*



15. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- Never
- Sometimes
- Usually
- Always
- I didn't call for help or advice during regular office hours for my child in the last 6 months.

16. In the last 6 months, did you call a doctor's office or clinic outside of regular office hours to get help or advice for your child?

- Yes → *Go to Question 17*
- No → *Go to Question 18*

17. In the last 6 months, when you called outside of regular office hours, how often did you get the help or advice your child needed?

- Never
- Sometimes
- Usually
- Always
- I didn't call for help or advice outside of regular office hours in the last 6 months.



◆

**YOUR CHILD'S HEALTH CARE
IN THE LAST 6 MONTHS**

18. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 6 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?

- Yes → *Go to Question 19*
- No → *Go to Question 21*

19. In the last 6 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- My child didn't need an appointment for regular or routine care in the last 6 months.

20. In the last 6 months, how many days did your child usually have to wait between making an appointment for regular or routine care and actually seeing a provider?

- Same day
- 1 day
- 2-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- 31 days or longer
- My child didn't need an appointment for regular or routine care in the last 6 months.

21. In the last 6 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?

- Yes → *Go to Question 22*
- No → *Go to Question 24*

22. In the last 6 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

- Never
 - Sometimes
 - Usually
 - Always
 - My child didn't need care right away for an illness or injury in the last 6 months.
- ◆



23. In the last 6 months, how long did your child usually have to wait between trying to get care and actually seeing a provider for an illness or injury?

- Same day
- 1 day
- 2 days
- 3 days
- 4-7 days
- 8-14 days
- 15 days or longer
- My child didn't need care right away for an illness or injury in the last 6 months.

24. In the last 6 months, how many times did your child go to an emergency room?

_____ Number of times (Write in.)

- None

25. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- None → **Go to Question 43**
- 1 → **Go to Question 26**
- 2 → **Go to Question 26**
- 3 → **Go to Question 26**
- 4 → **Go to Question 26**
- 5 to 9 → **Go to Question 26**
- 10 or more → **Go to Question 26**



26. In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem
- My child had no visits in the last 6 months.

27. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval by your child's health plan?

- A big problem
- A small problem
- Not a problem
- My child had no visits in the last 6 months.

28. In the last 6 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.





29. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.

30. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.

31. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.



32. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.

33. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.

34. In the last 6 months, have any of your child's doctors or other health providers talked with you about the skills you need to take care of your child?

- Yes
- No
- My child had no visits in the last 6 months.





35. In the last 6 months, have any of your child's doctors or other health providers given you support about the care you are providing for your child?

- Yes
- No
- My child had no visits in the last 6 months.

36. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.

37. In the last 6 months, did a doctor or other health provider talk to you about how to prevent your child from getting tooth decay?

- Yes
- No
- My child had no visits in the last 6 months.

38. Is your child old enough to talk with doctors about his or her health care?

- Yes → *Go to Question 39*
- No → *Go to Question 41*



39. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- Never
- Sometimes
- Usually
- Always
- My child had no visits in the last 6 months or my child is not old enough to talk with doctors.

40. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months or my child is not old enough to talk with doctors.

41. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
- Sometimes
- Usually
- Always
- I don't know
- My child had no visits in the last 6 months.





42. We want to know your rating of all your child's health care in the last 6 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

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

○ My child had no visits in the last 6 months.

43. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

○ Yes → *Go to Question 44*
 ○ No → *Go to Question 45*

44. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

○ Never
 ○ Sometimes
 ○ Usually
 ○ Always
 ○ My child had no visits in the last 6 months or I didn't need an interpreter in the last 6 months.



45. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

○ Yes → *Go to Question 46*
 ○ No → *Go to Question 47*

46. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

○ Never
 ○ Sometimes
 ○ Usually
 ○ Always
 ○ My child had no visits in the last 6 months or my child didn't need an interpreter in the last 6 months.

47. Is your child 2 years old or younger?

○ Yes → *Go to Question 48*
 ○ No → *Go to Question 51*

48. Reminders from the office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

○ Yes
 ○ No





49. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?
- Yes → Go to Question 50
 - No → Go to Question 51
50. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?
- Yes
 - No
51. In the last 6 months, did your child need to get or replace any special medical equipment or devices such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?
- Yes → Go to Question 52
 - No → Go to Question 53
52. In the last 6 months, how much of a problem, if any, was it to get the special medical equipment your child needed through your child's health plan?
- A big problem
 - A small problem
 - Not a problem
 - My child didn't need to get any special medical equipment in the last 6 months.



53. In the last 6 months, did your child have any health conditions that needed special therapy, such as physical, occupational, or speech therapy?
- Yes → Go to Question 54
 - No → Go to Question 55
54. In the last 6 months, how much of a problem, if any, was it to get the special therapy your child needed through your child's health plan?
- A big problem
 - A small problem
 - Not a problem
 - My child didn't need any physical, occupational, or speech therapy in the last 6 months.
55. We want to know your rating of how well your child's health plan has done in providing the equipment, services, and help your child needs.
- Use any number from 0 to 10 where 0 is the worst your child's plan could do and 10 is the best your child's plan could do. How would you rate your child's health plan now?
-
- 0 1 2 3 4 5 6 7 8 9 10
- 0=Worst Possible 10=Best Possible
- My child did not need equipment, services or help through his/her health plan





56. **Exceptional Needs Care Coordination** is a program designed to help members with complex or special needs that also have disabilities, or are over age 65, or blind.

If your child has complex or special needs and disabilities or is blind, do you know if your child's plan has Exceptional Needs Care Coordination (ENCC)?

- Yes
- No
- Does not apply to my child

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

57. Is this the health plan you use for all or most of your child's health care?
- Yes
 - No
58. In the last 6 months, did you look for any information in written materials from your child's health plan?
- Yes → *Go to Question 59*
 - No → *Go to Question 60*



59. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?
- A big problem
 - A small problem
 - Not a problem
 - I didn't look for information from my child's health plan in the last 6 months.
60. In the last 6 months, did you call the health plan's customer service to get information or help for your child?
- Yes → *Go to Question 61*
 - No → *Go to Question 62*
61. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?
- A big problem
 - A small problem
 - Not a problem
 - I didn't call my child's health plan's customer service in the last 6 months.
62. In the last 6 months, have you called or written to your child's health plan with a complaint or problem?
- Yes → *Go to Question 63*
 - No → *Go to Question 65*





63. How long did it take for your child's health plan to resolve your complaint?
- Same day → Go to **Question 64**
 - 2-7 days → Go to **Question 64**
 - 8-14 days → Go to **Question 64**
 - 15-21 days → Go to **Question 64**
 - More than 21 days → Go to **Question 64**
 - I am still waiting for it to be settled → Go to **Question 65**
 - I haven't called or written with a complaint or problem in the last 6 months. → Go to **Question 65**
64. Was your complaint or problem settled to your satisfaction?
- Yes
 - No
 - I am still waiting for it to be settled
 - I haven't called or written with a complaint or problem in the last 6 months.
65. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child. In the last 6 months, did you have any experiences with paperwork for your child's health plan?
- Yes → Go to **Question 66**
 - No → Go to **Question 67**



66. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?
- A big problem
 - A small problem
 - Not a problem
 - I didn't have any experience with paperwork for my child's health plan in the last 6 months.
67. We want to know your rating of all your experience with your child's health plan. Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?
- ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
 0 1 2 3 4 5 6 7 8 9 10
 0=Worst Possible 10=Best Possible

ABOUT YOUR CHILD AND YOU

68. In general, how would you rate your child's overall health now?
- Excellent
 - Very Good
 - Good
 - Fair
 - Poor
69. In the last 12 months, has your child been a patient in a hospital overnight or longer?
- Yes
 - No





70. Does your child now have any medical conditions that have lasted or are expected to last for at least 3 months?

- Yes → *Go to Question 71*
- No → *Go to Question 73*

71. In the last 6 months, has your child seen a doctor or other health provider more than twice for any of these conditions?

- Yes
- No
- My child has no conditions that have lasted or are expected to last 3 months.

72. Has your child been taking prescription medicine regularly for any of these conditions?

- Yes
- No
- My child has no conditions that have lasted or are expected to last 3 months.

73. Does your child have a physical, emotional, or mental condition that seriously interferes with your child's ability to do the things most children that age can do?

- Yes
- No

74. Does your child have any kind of emotional, developmental, or behavior difficulty now for which he or she has received treatment or counseling?

- Yes
- No



75. What is your child's age now?

- Less than one year old
- _____ YEARS OLD (Write in.)

76. Is your child male or female?

- Male
- Female

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

- Hispanic or Latino
- Not Hispanic or Latino

78. 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

79. What is your age now?

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

80. Are you male or female?

- Male
- Female





81. 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

82. What language do you mainly speak at home?

- English
- Spanish
- Russian
- Vietnamese
- Some other language (please print)

83. How are you related to the child?

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

84. Are you listed as the child's payee or guardian on Medicaid records?

- Yes
- No

THANK YOU

Please return the completed survey in the postage-paid envelope.



Reader Feedback:

Would you please take a few minutes to answer the following questions and send your responses to the contact below?

- 1) What was the most beneficial/helpful information presented in this report?
- 2) What was the least beneficial/helpful information presented in this report?
- 3) What other information would you like to see presented or presented differently?
- 4) When did you review this report?
- 5) What was your reason for reviewing the report? For example was it work related?
- 6) How did you use the information?
- 7) Other comments or observations?

Thank you

Please send your comments to:

Charles Gallia
Evaluation Research Program Coordinator
Dept. Of Human Services
Office of Medical Assistance Programs
500 Summer Street NE E-35
Salem, Oregon 97301-1077
Telephone: 503-947-5280
Fax: 503-373-7689
Email: charles.a.gallia@state.or.us