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## 2013 ECHO Adult Survey

Oklahoma Health Care Authority  
(SoonerCare Choice)

June 2013



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# Executive Summary

## Background

### Background

- Telligen, the Oklahoma External Quality Review Organization, was selected to conduct the state fiscal year 2013 Experience of Care and Health Outcomes (ECHO®) Adult Behavioral Health Survey on behalf of the Oklahoma Health Care Authority (OHCA) for SoonerCare Choice members. This survey is designed to support efforts to measure, evaluate and improve the experiences of members with various aspects of mental health and substance abuse treatments, as well as counseling services.

### Protocol

- SoonerCare Choice chose the mixed methodology, which consisted of both mail and telephone protocol. This protocol included mailing a questionnaire with a cover letter, followed by a reminder postcard which was mailed a week later. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent, followed by a second reminder postcard a week later. If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.
- In February, 1,754 SoonerCare Choice members were randomly selected to participate in the 2013 ECHO Adult Survey. A total of 750 surveys were completed. Of these 750 respondents, 590 responded “Yes” to Q1, indicating that they had received counseling, treatment, or medicine for the reasons listed on the survey tool.
- **This report is compiled from the responses of the 590 SoonerCare Choice members who responded to the survey and have been categorized as Behavioral Health Service users (36% response rate).**

# Executive Summary

## Disposition Summary

- A response rate is calculated for those members who were eligible and able to respond. According to protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, or are either mentally or physically incapacitated. Non-responders include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

### SoonerCare Choice 2013 Disposition Summary

Ineligible	Number
Deceased (M20/T20)	1
Does not meet criteria (M21/T21)	92
Language barrier (M22/T22)	0
Mentally/physically incapacitated (M24/T24)	0
<b>Total Ineligible</b>	<b>93</b>

Non-response	Number
Bad address/phone (M23/T23)	184
Incomplete (M31/T31)	0
Refusal (M32/T32)	4
Maximum attempts made (M33/T33)	883
<b>Total Non-response</b>	<b>1,071</b>

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\text{Completed mail and telephone surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from SoonerCare Choice's ECHO Adult survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\text{Mail completes (455)} + \text{Phone completes (135)}}{\text{Total Sample (1,754)} - \text{Total Ineligible (93)}} = \frac{590}{1,661} = \text{Response Rate} = \mathbf{36\%}$$

# Executive Summary

## Summary of Key Measures

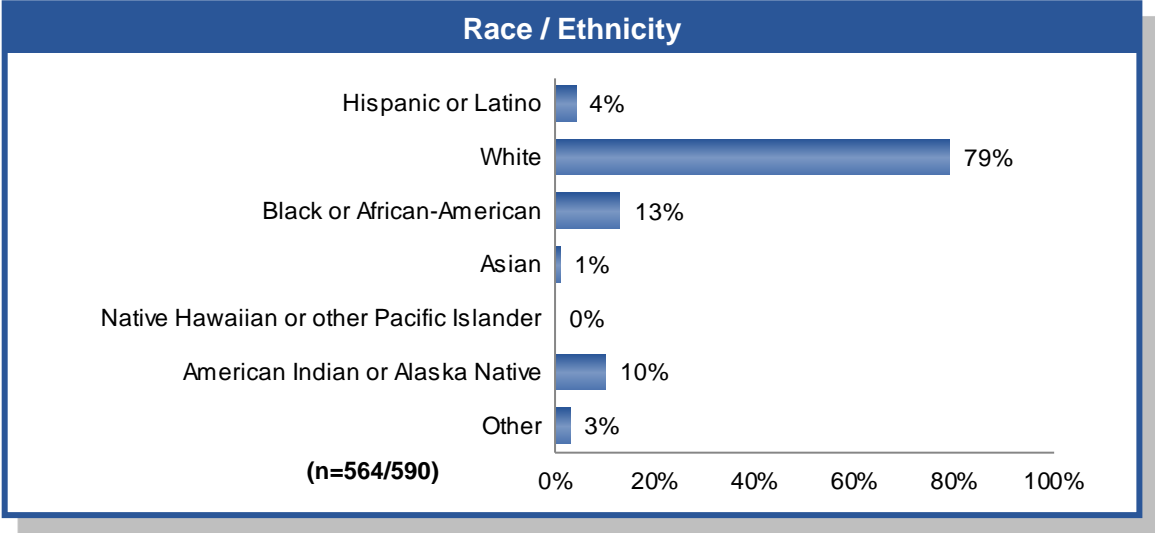
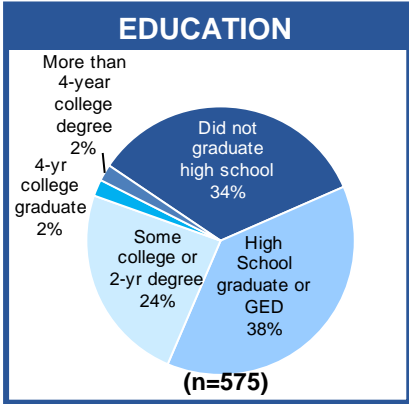
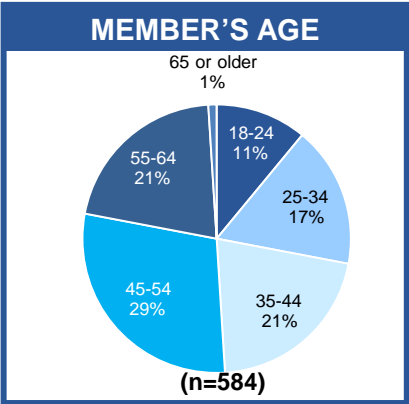
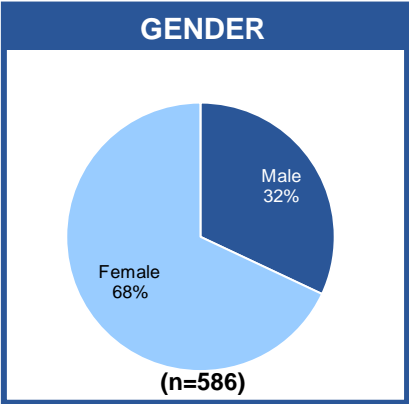
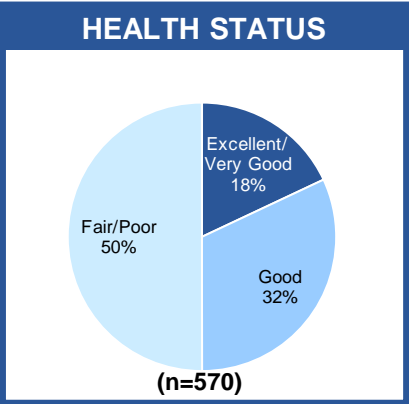
- Seven in ten SoonerCare Choice members rate their “Treatment” and “Health Plan” an 8, 9, or 10. Rating of Health Plan is significantly higher when compared to 2011.
- Nearly all the composite measures’ scores remain the same when compared to the prior survey – one exception is Getting Treatment & Information from the Health plan”, which is lower than the prior results.
- “Delays in Treatment” is significantly worse than the prior survey (‘Not a Problem’ response - 60% in 2013, 85% in 2011) (Q44). In addition, clinicians are rated significantly lower for “Listen carefully to you” since the prior survey (Q12).
- Members rated SoonerCare Choice significantly higher in “Providing Information on How to Get Treatment Post Benefit Usage” (Q40).

Oklahoma Health Care Authority (SoonerCare Choice)		
	Trended Data	
Composite Measures	2011	2013
Getting Treatment Quickly	69%	68%
How Well Clinicians Communicate	86%	86%
Getting Treatment & Information from Plan	72%	64%
Perceived Improvement	53%	55%
Information About Treatment Options	73%	73%
Overall Rating Measures		
Treatment	66%	71%
Health Plan	67%	70% ↑
<i>Sample Size</i>	1,750	1,754
<i># of Completes</i>	943	590
<i>Response Rates</i>	68%	36%

Legend: ↑↓ Statistically higher/lower compared to prior year results.

# Executive Summary

## Demographics



Data shown are self reported.



# Executive Summary

## Demographics

	2011	2013
<b>Q55. Health Status</b>	(n=863)	(n=570)
Excellent/very good	15%	18%
Good	30%	32%
Fair/poor	55%	50%
<b>Q56. Member's Age</b>	(n=871)	(n=584)
18 to 24	7%	11%
25 to 34	13%	17%
35 to 44	18%	21%
45 to 54	39%	29%
55 to 64	23%	21%
65 or older	1%	1%
<b>Q57. Gender</b>	(n=863)	(n=586)
Male	32%	32%
Female	68%	68%
<b>Q58. Education</b>	(n=862)	(n=575)
Did not graduate high school	41%	34%
High school graduate or GED	38%	38%
Some college or 2-year degree	18%	24%
4-year college graduate	1%	2%
More than 4-year college degree	1%	2%
<b>Q59/60. Race/Ethnicity</b>	(n=834/860)	(n=564/590)
Hispanic or Latino	4%	4%
White	80%	79%
Black or African American	12%	13%
Asian	1%	1%
Native Hawaiian or other Pacific Islander	1%	0%
American Indian or Alaska Native	12%	10%
Other	4%	3%

Data shown are self reported.



# Executive Summary

## General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Hispanics, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings.  Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Note: If a health plan's population differs from Quality Compass<sup>®</sup> in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass<sup>®</sup>. For example, if a plan's population rates themselves in better health than the Quality Compass<sup>®</sup> population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass<sup>®</sup> population, the plan's scores could be negatively impacted.





# Executive Summary

## Composite & Rating Scores by Demographics

Demographic	Gender		Age			Race				Ethnicity		Educational Level		Health Status		
	Male	Female	18-34	35-54	55+	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/Poor
Sample size	(n=187)	(n=399)	(n=164)	(n=294)	(n=126)	(n=467)	(n=74)	(n=8)	(n=74)	(n=25)	(n=539)	(n=412)	(n=163)	(n=103)	(n=183)	(n=284)
<b>Composites (% Always/Usually)</b>																
Getting Treatment Quickly	71%	68%	64%	69%	75%	67%	75%	54%	65%	75%	68%	70%	65%	71%	71%	66%
How Well Clinicians Communicate	84%	87%	85%	85%	89%	86%	85%	70%	87%	91%	86%	86%	86%	90%	91%	82%
Getting Treatment & Information from Plan	64%	64%	63%	63%	70%	62%	64%	54%	72%	73%	63%	65%	62%	76%	70%	56%
Perceived Improvement	51%	57%	58%	55%	50%	54%	55%	54%	63%	72%	53%	53%	60%	82%	65%	38%
Information About Treatment Options	75%	72%	67%	76%	75%	73%	76%	56%	82%	83%	73%	74%	70%	81%	79%	66%
<b>Ratings (% 8,9,10)</b>																
Treatment	69%	72%	69%	70%	75%	70%	68%	71%	76%	76%	70%	70%	71%	83%	73%	64%
Health Plan	67%	71%	64%	69%	78%	70%	63%	57%	71%	83%	69%	70%	69%	82%	73%	63%

\*Plan Information on Costs is calculated using a Rolling Average methodology.



# Detailed Results

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Getting Treatment

How Well Clinicians Communicate

Getting Treatment and Information

Perceived Improvement

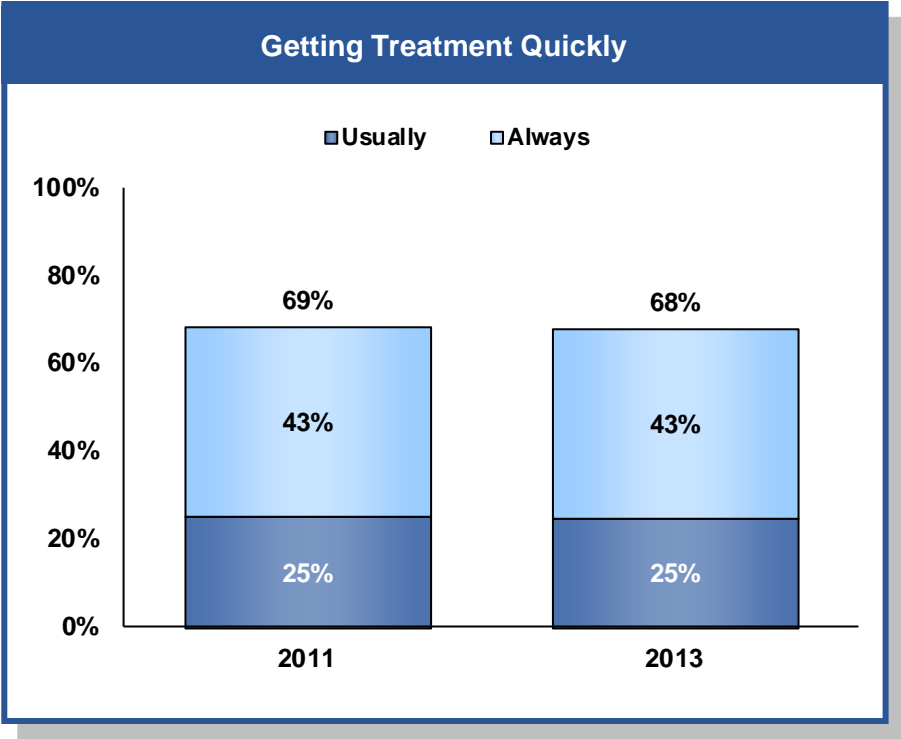
Information About Treatment Option

Health Promotion and Education/Coordination of Care

Overall Rating Scores for Counseling/Treatment and Health Plan

# Getting Treatment Quickly

Composite



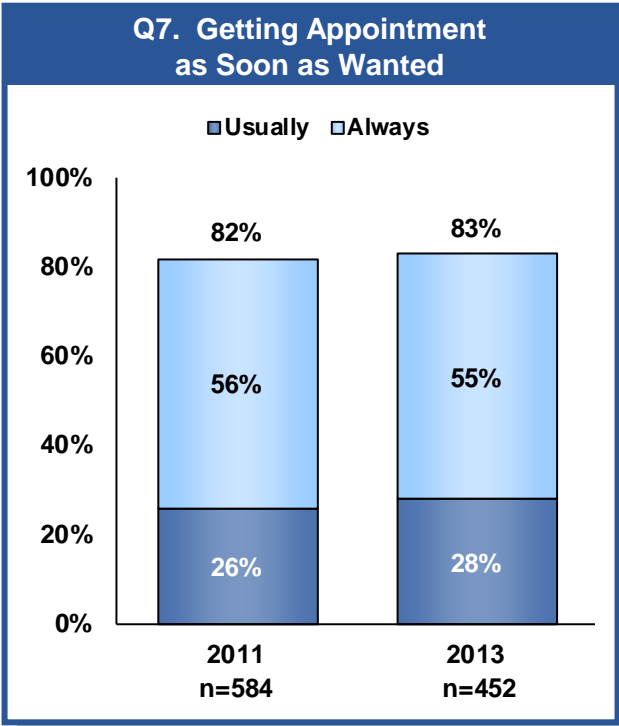
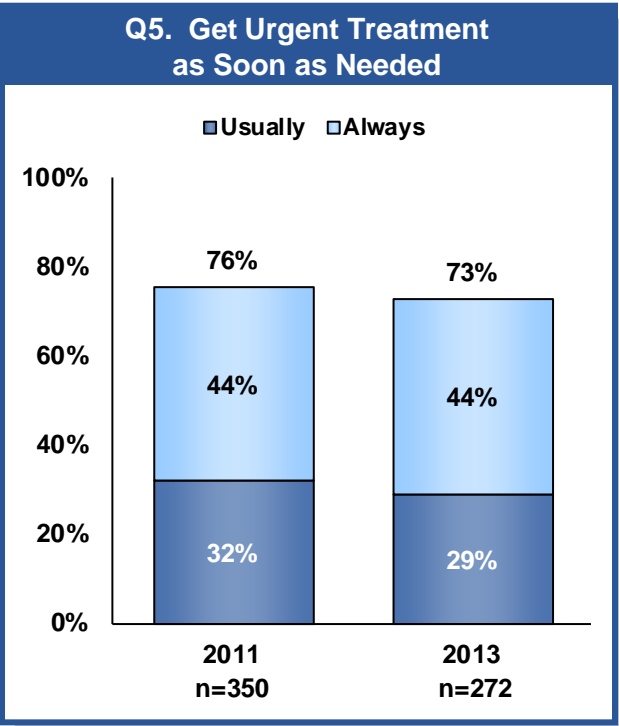
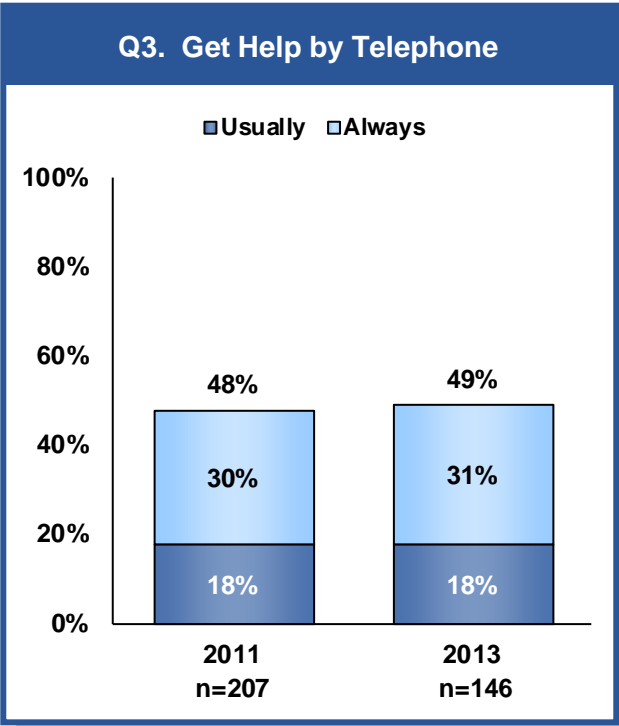
This composite measure is comprised of Q3, Q5, & Q7 (refer to next page for individual measures).

Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number.  
Percents may not add up due to rounding.



# Getting Treatment Quickly

## Composite Measures

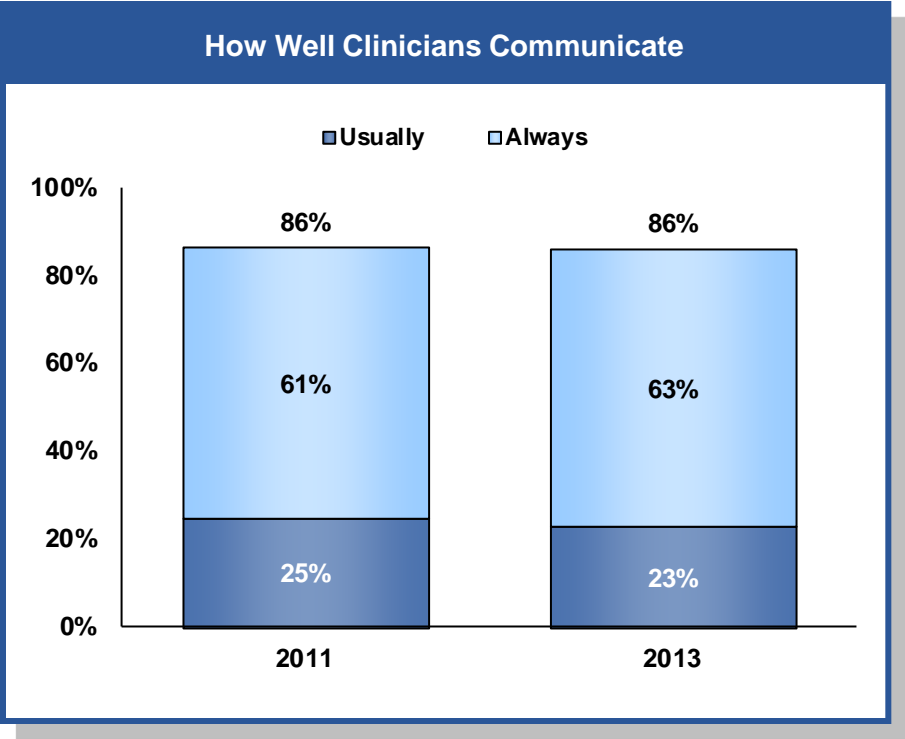


Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
 NOTE: Numbers are rounded to the nearest whole number



# How Well Clinicians Communicate

## Composite



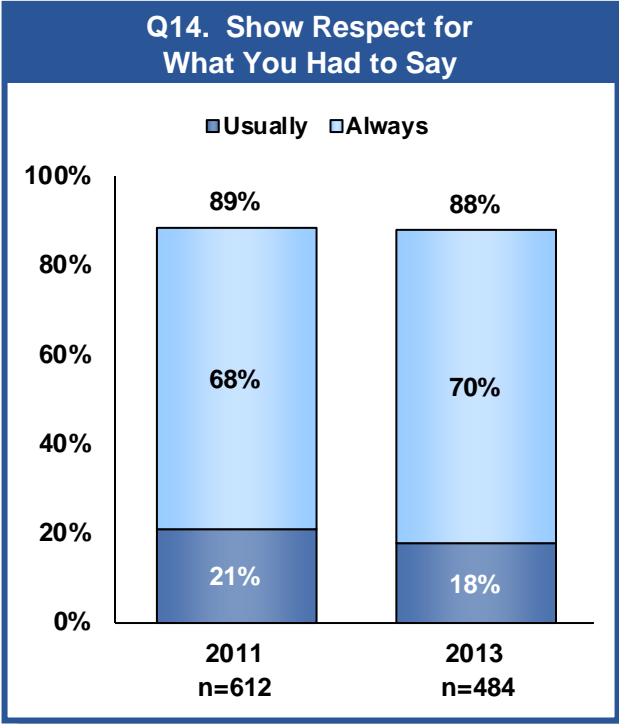
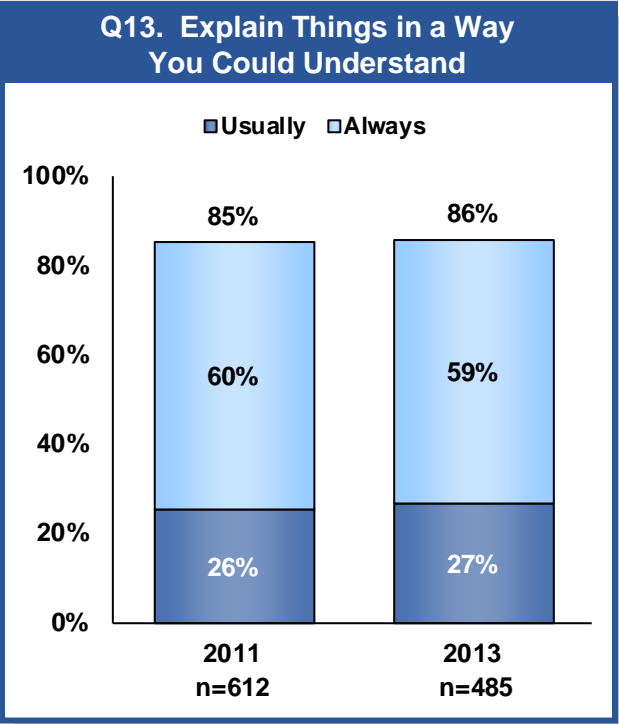
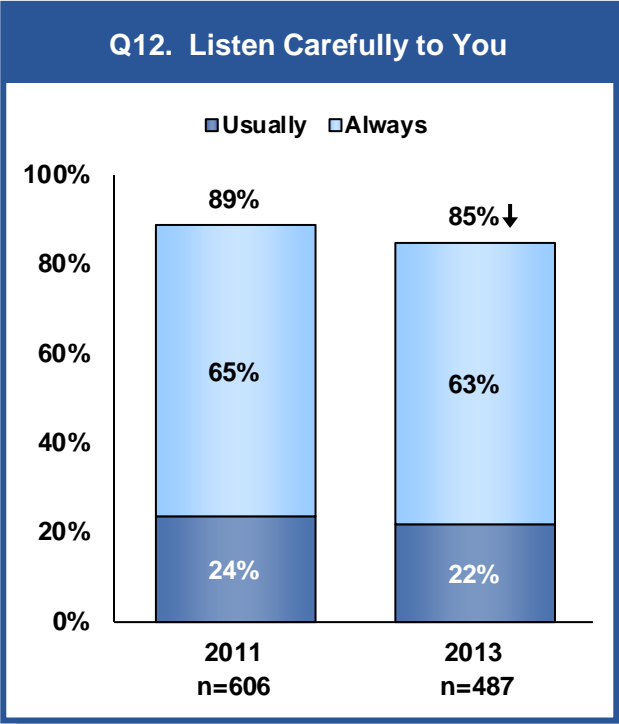
This composite measure is comprised of Q12, Q13, Q14, Q15, & Q18 (refer to next two pages for individual measures).

Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



# How Well Clinicians Communicate

## Composite Measures

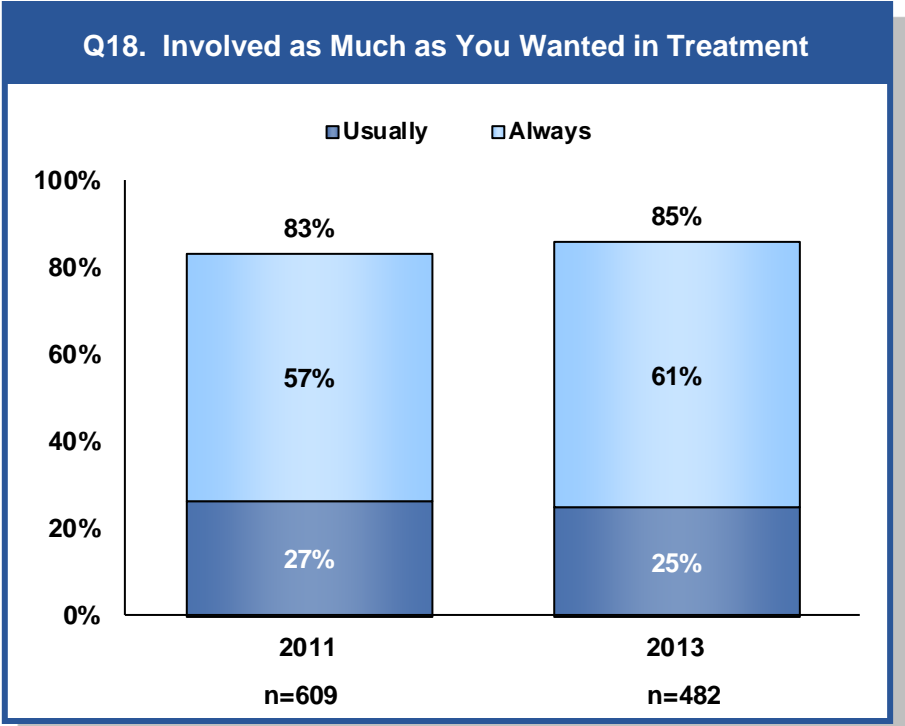
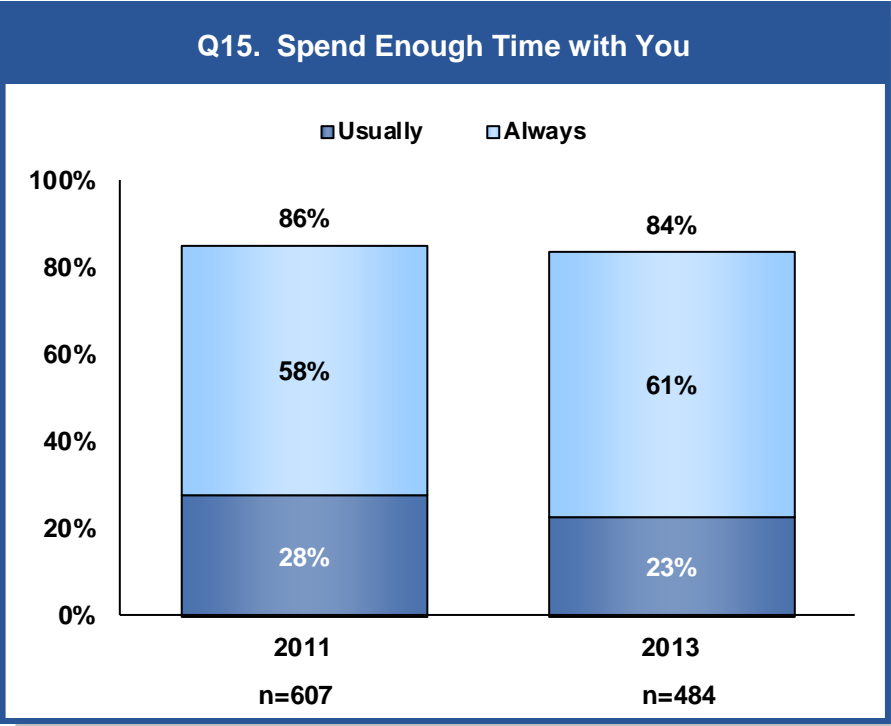


Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
 NOTE: Numbers are rounded to the nearest whole number  
 Percents may not add up due to rounding.



# How Well Clinicians Communicate

## Composite Measures (continued)

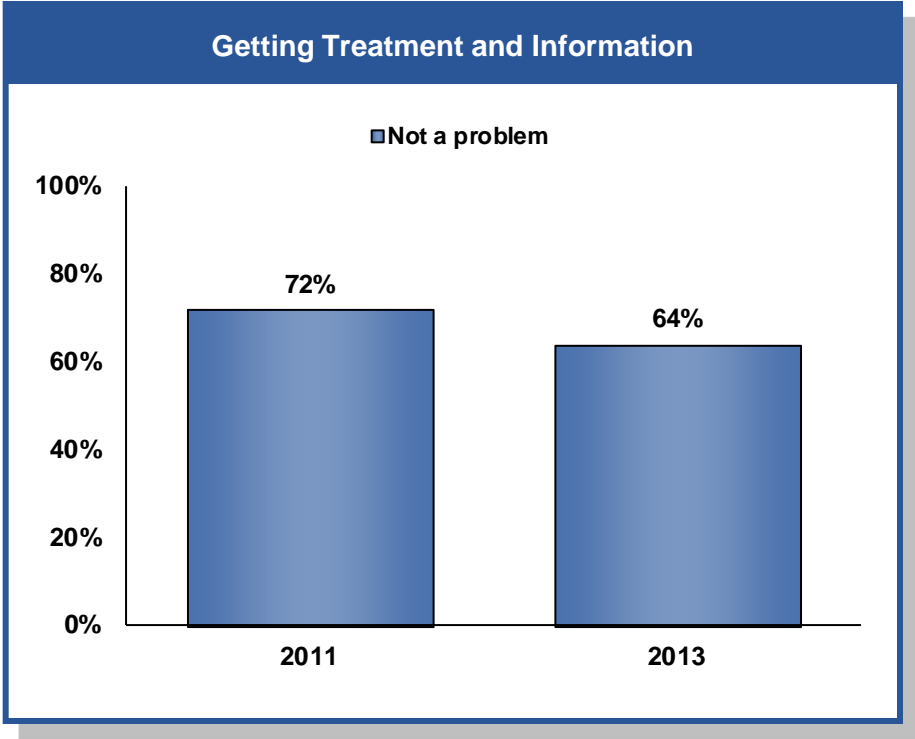


Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
 NOTE: Numbers are rounded to the nearest whole number  
 Percents may not add up due to rounding.



# Getting Treatment and Information

## Composite



This composite measure is comprised of Q44 & Q49 (refer to next page for individual measures).

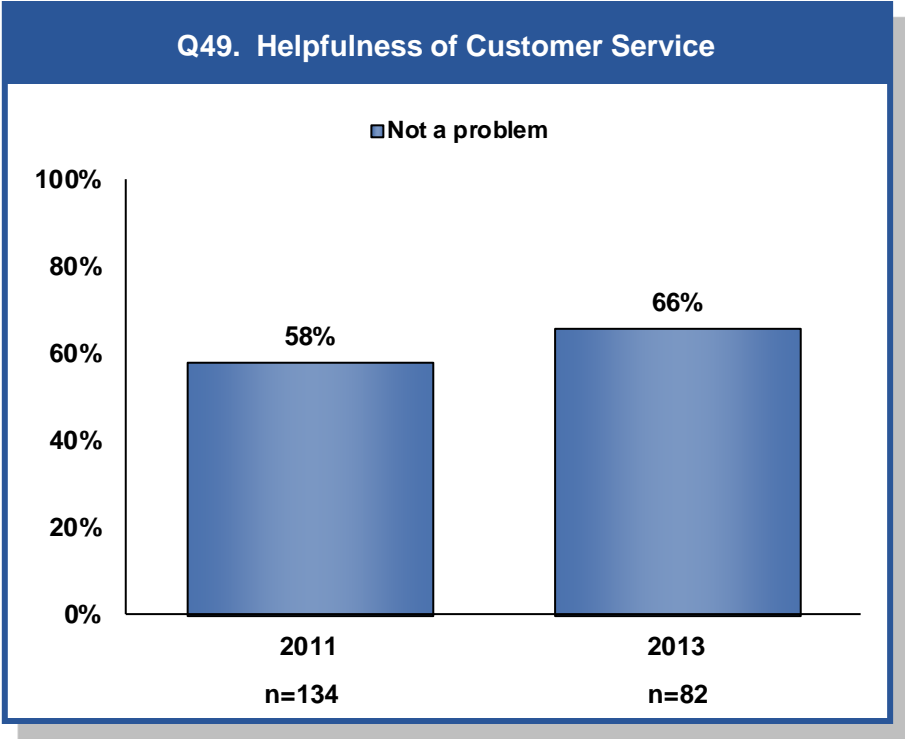
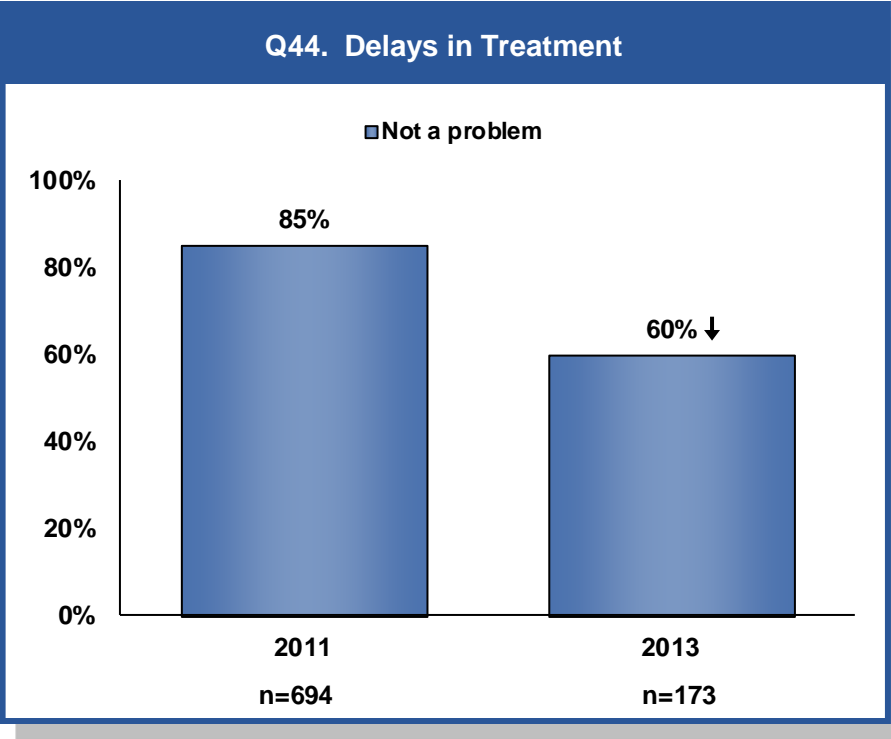
Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number





# Getting Treatment and Information

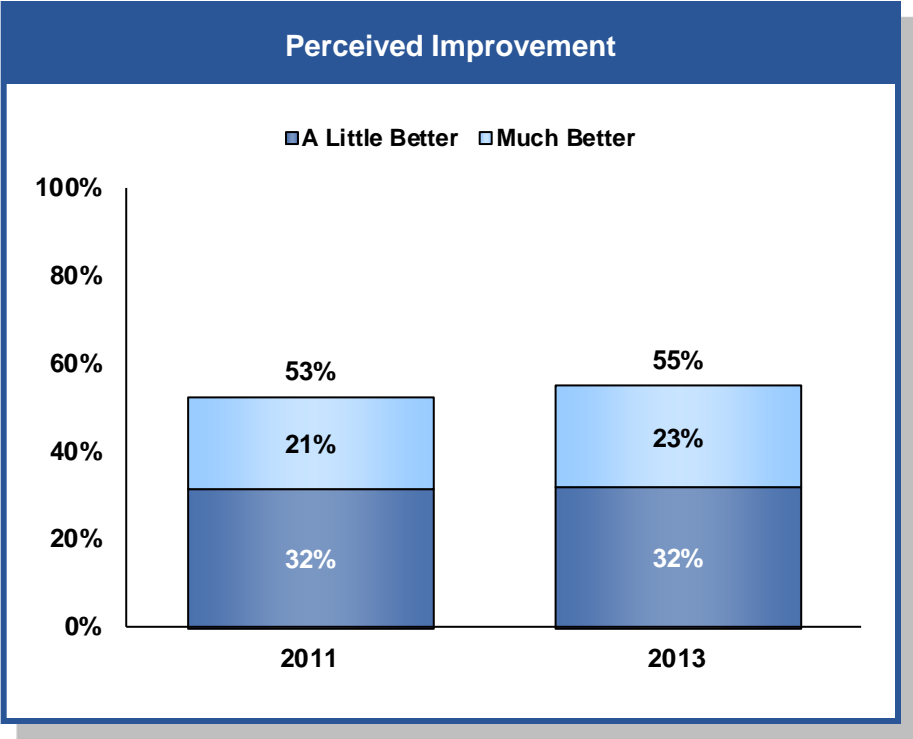
## Composite Measures



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



# Perceived Improvement Composite



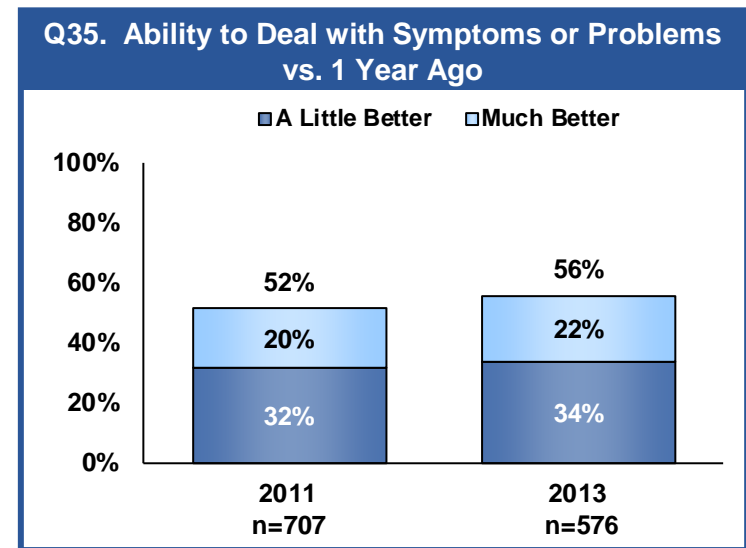
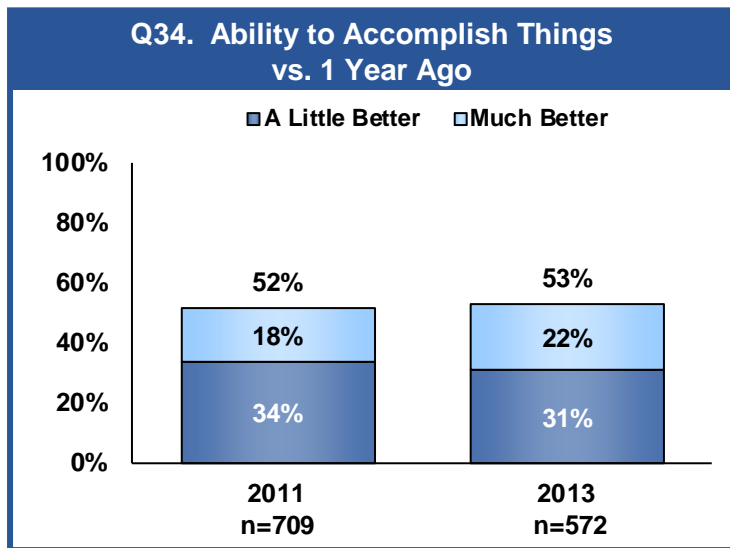
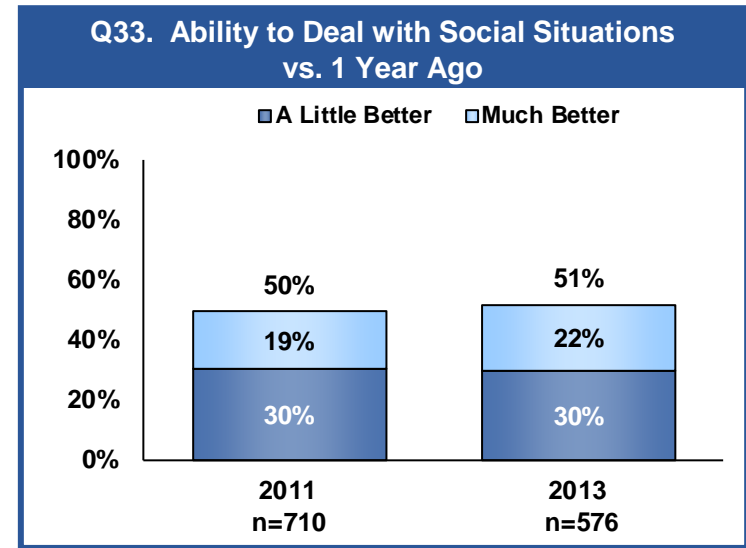
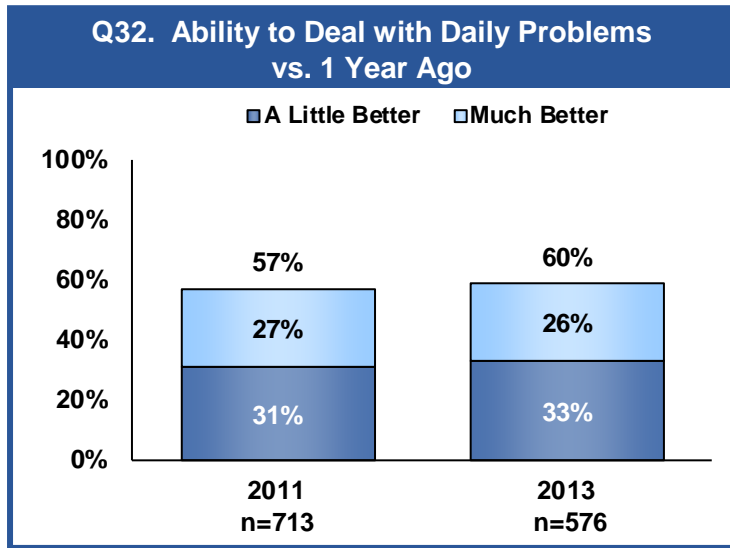
This composite measure is comprised of Q32, Q33 Q34 & Q35 (refer to next page for individual measures).

Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



# Perceived Improvement

## Composite Measures

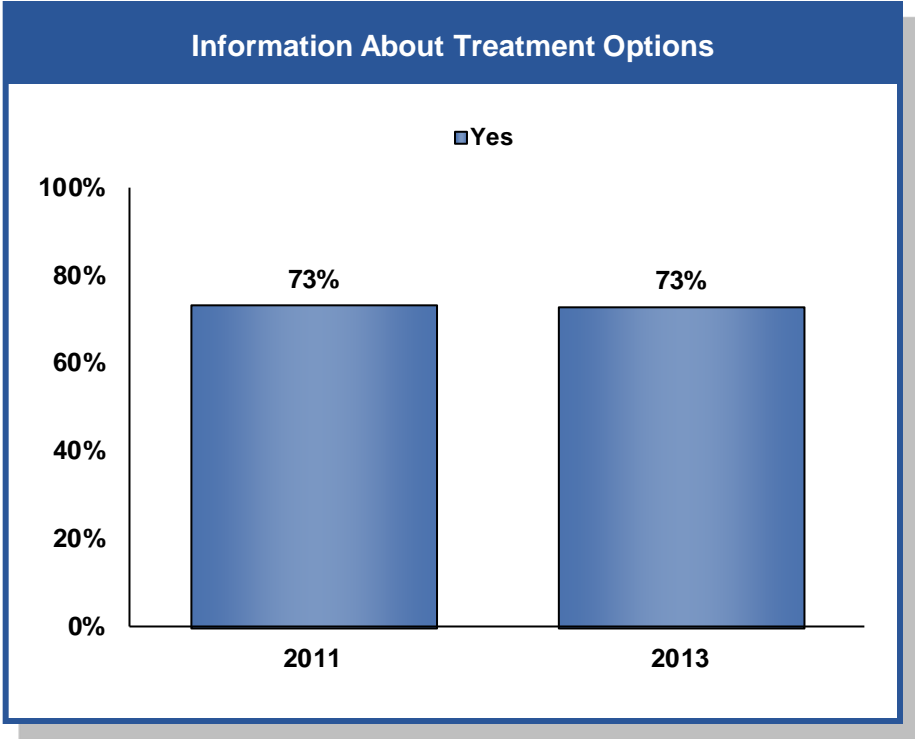


Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.

NOTE: Numbers are rounded to the nearest whole number  
Percents may not add up due to rounding.

# Information About Treatment Options

## Composite



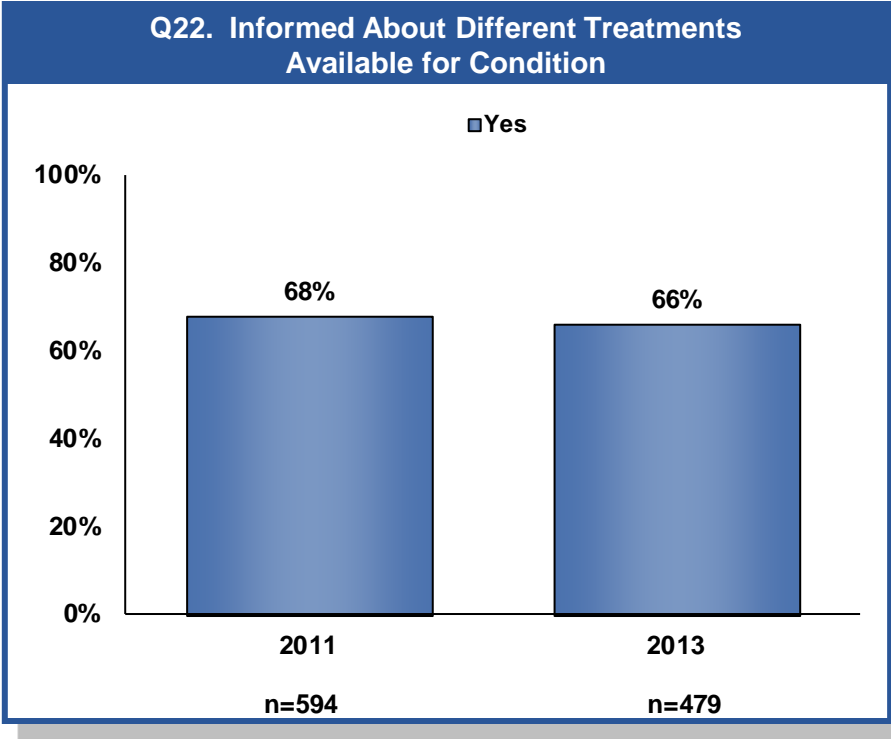
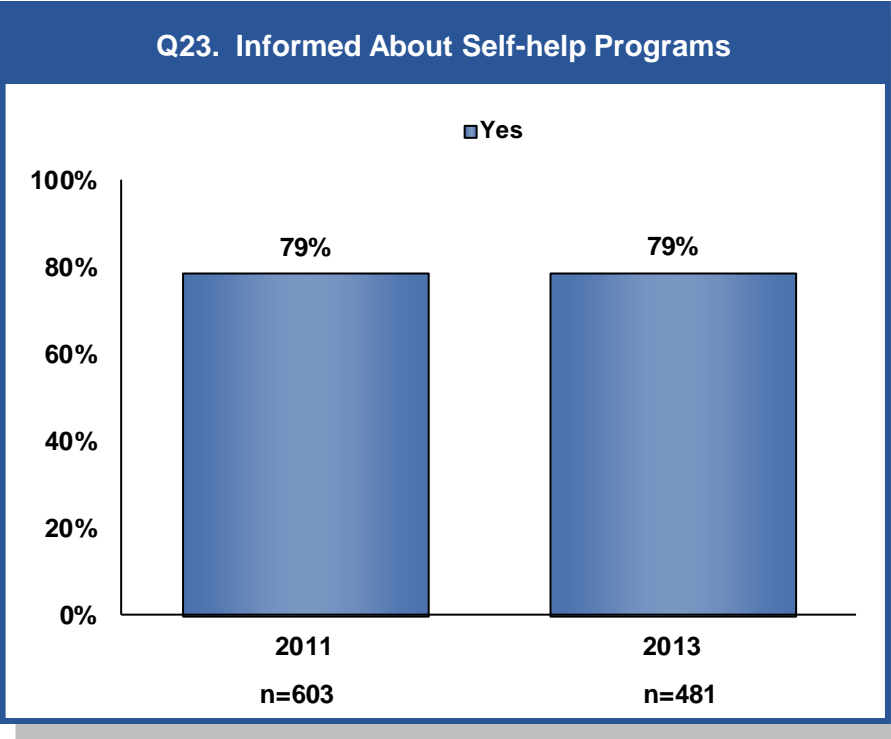
This composite measure is comprised of Q22 & Q23 (refer to next page for individual measures).

Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



# Information About Treatment Options

## Composite Measures



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



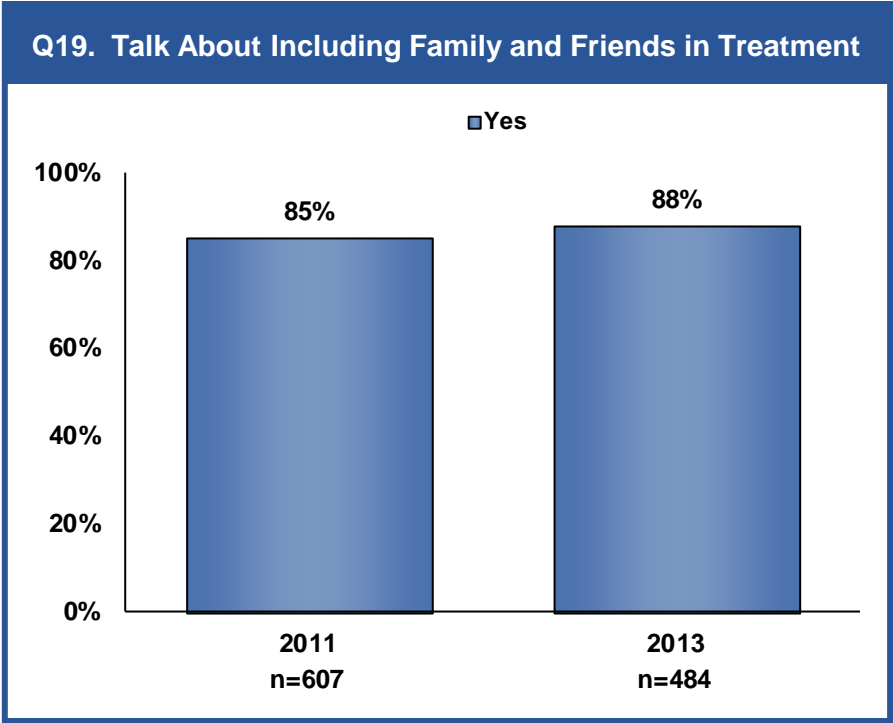
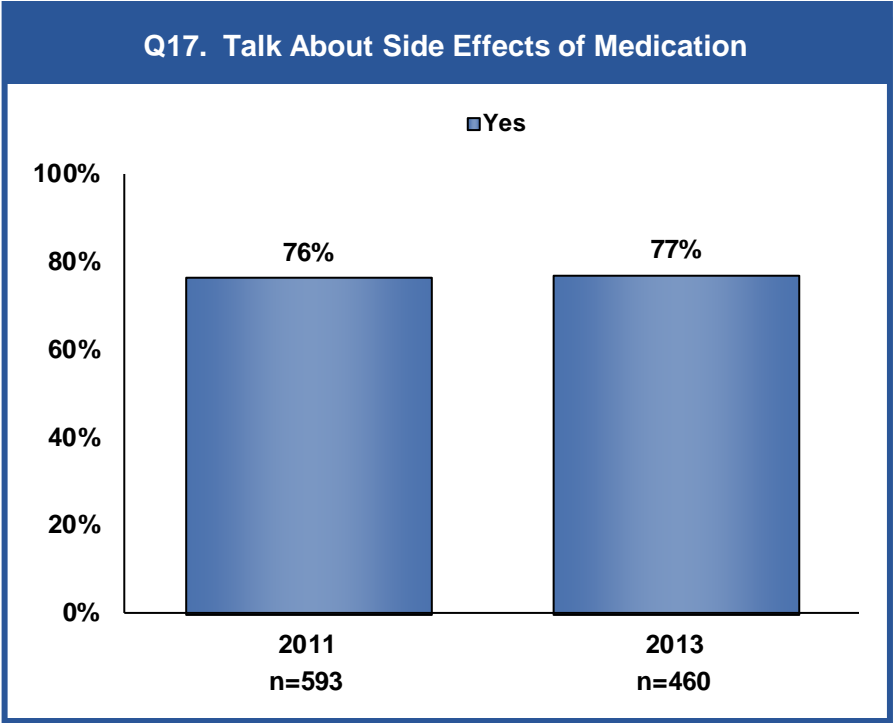
# Other Measures

Health Promotion & Education

Coordination of Care

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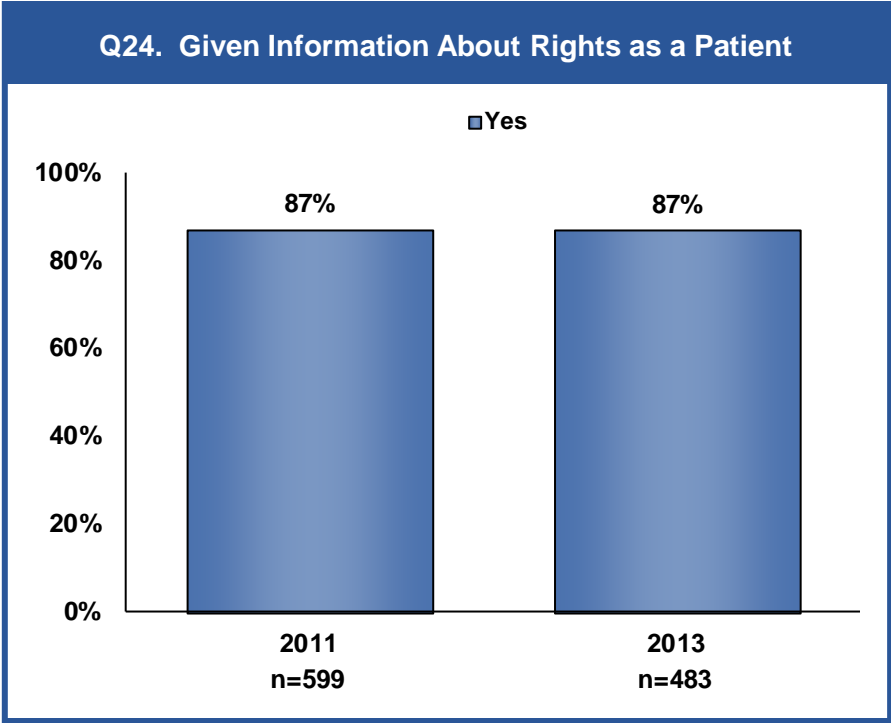
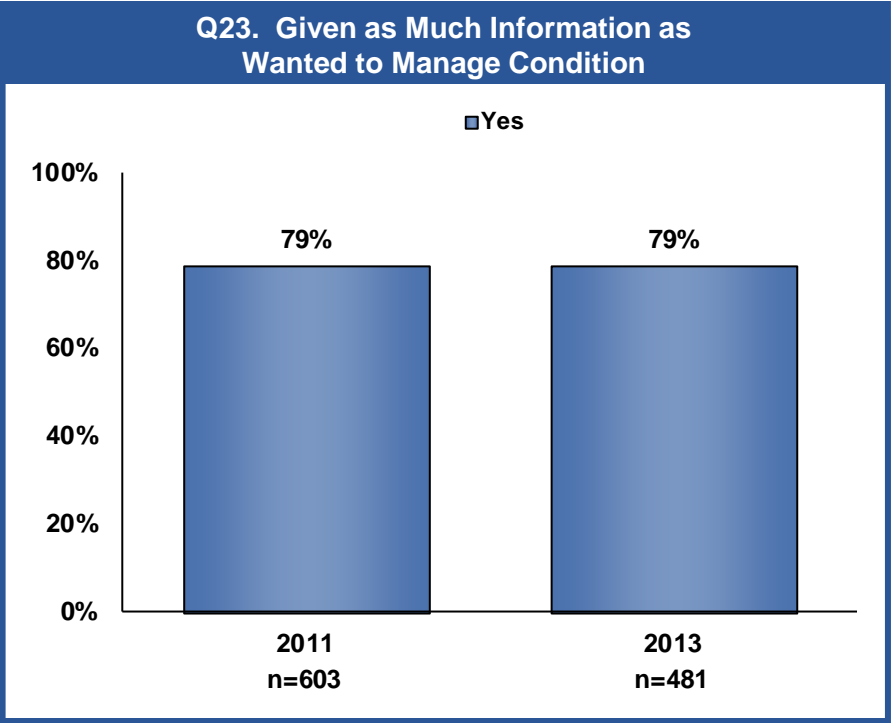
# Health Promotion & Education



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number



# Health Promotion & Education

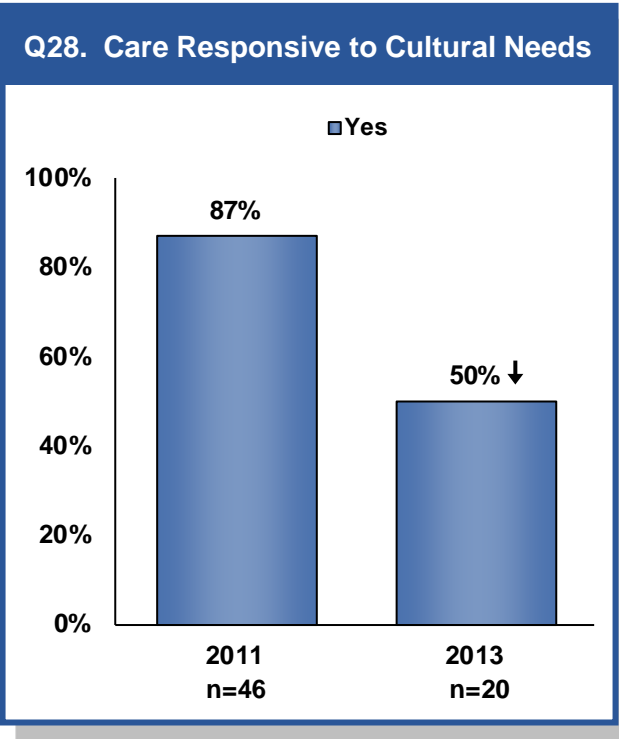
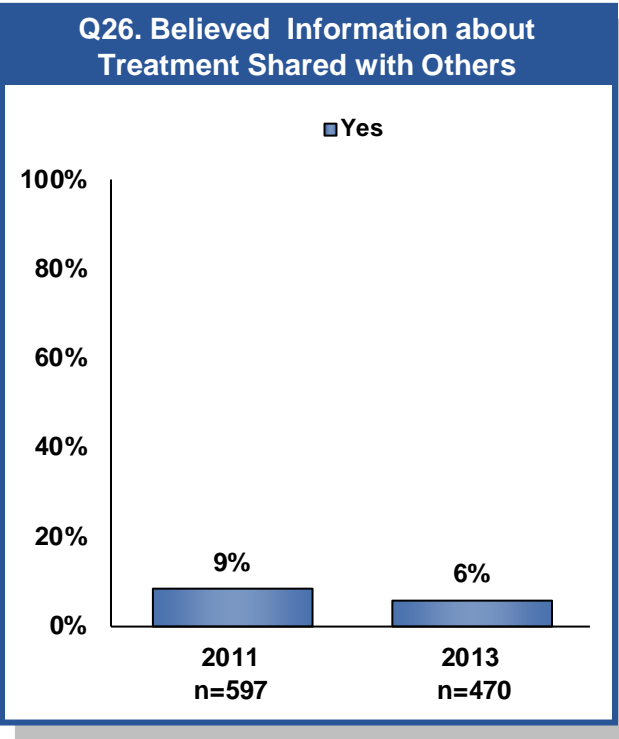
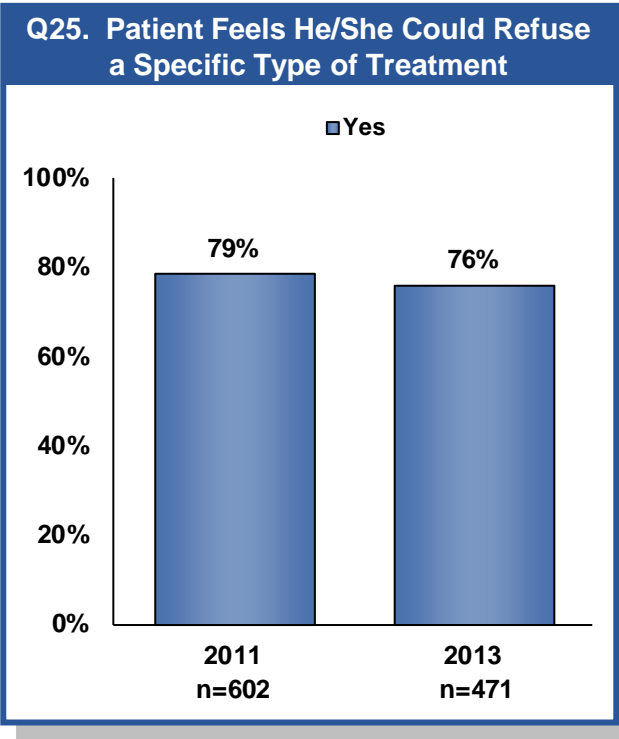


Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number





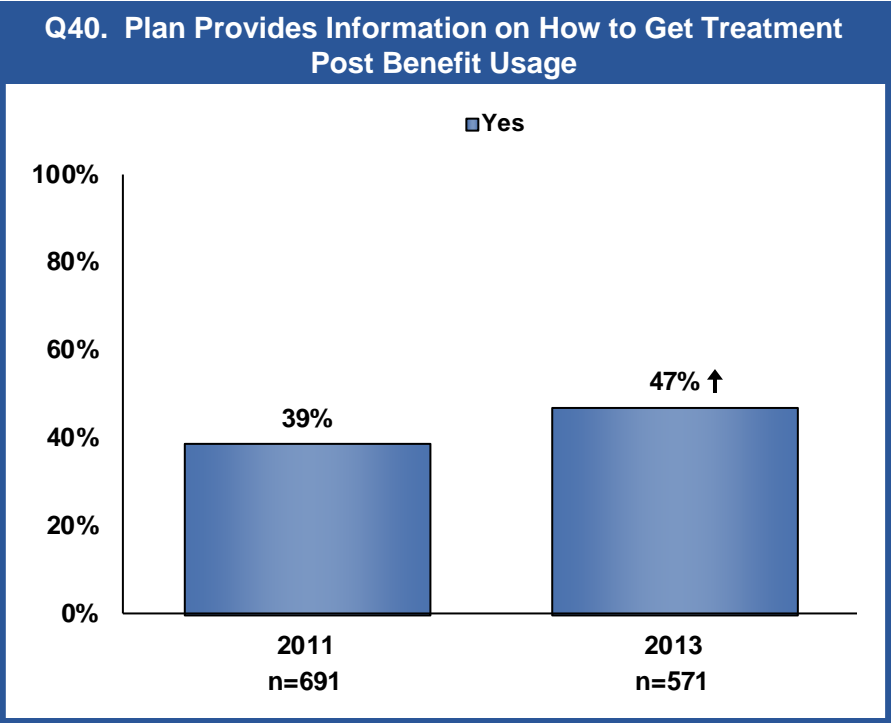
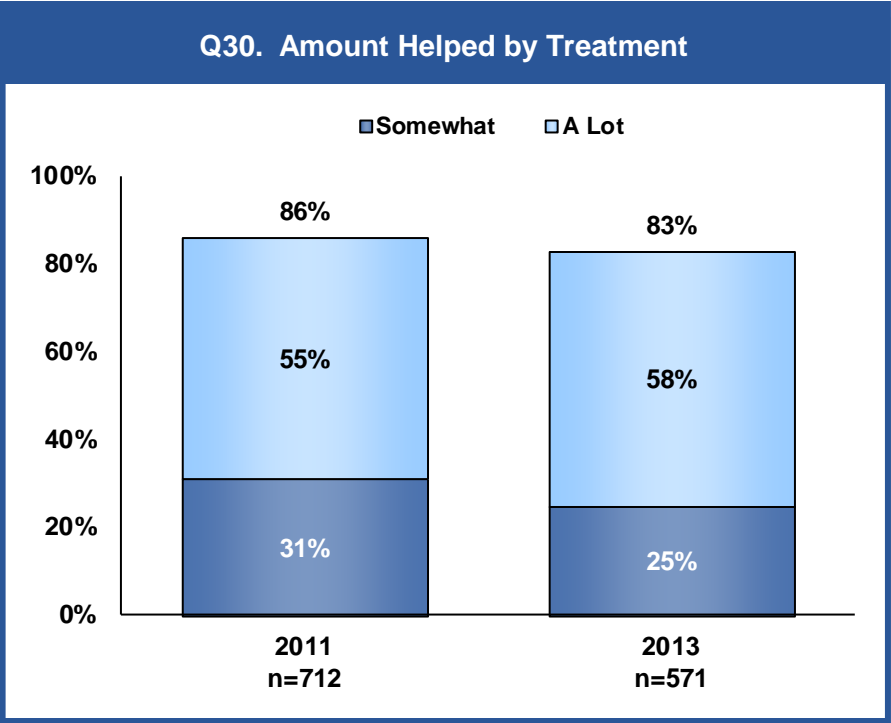
# Coordination of Care



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
 NOTE: Numbers are rounded to the nearest whole number



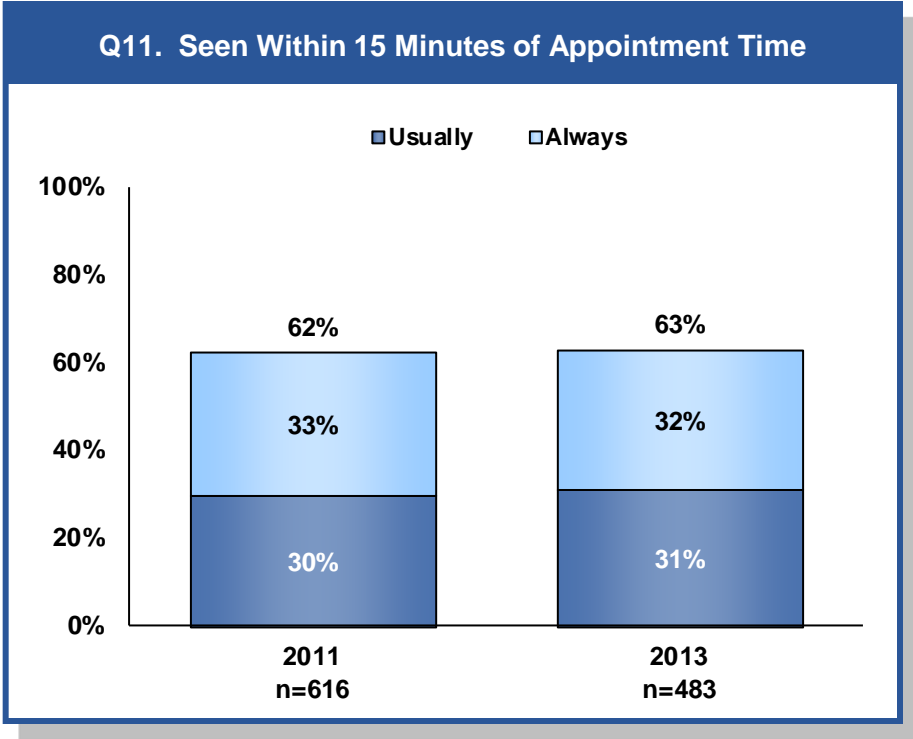
# Coordination of Care



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
 NOTE: Numbers are rounded to the nearest whole number



# Access to Care



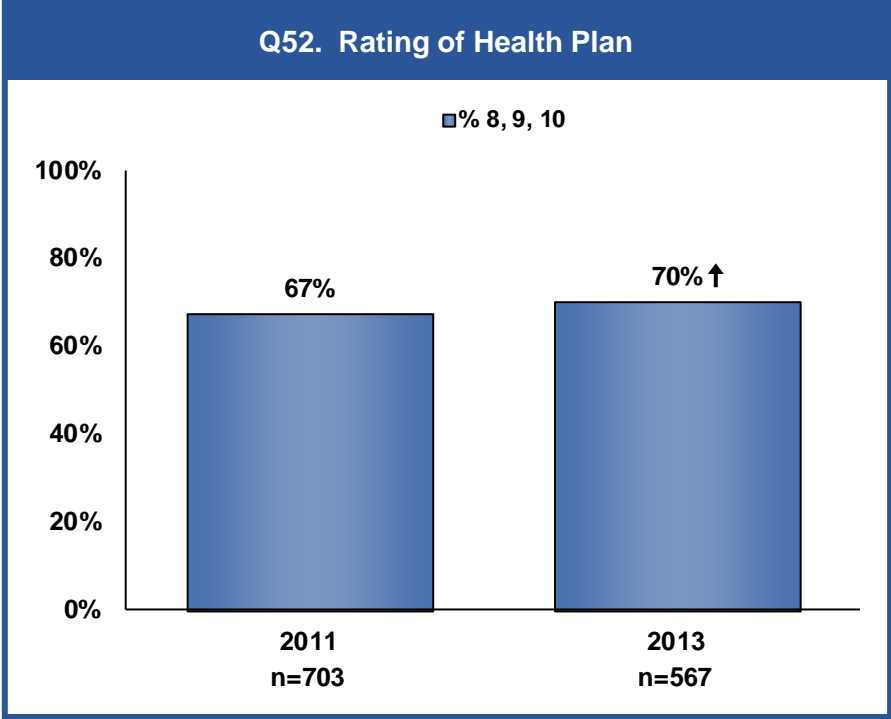
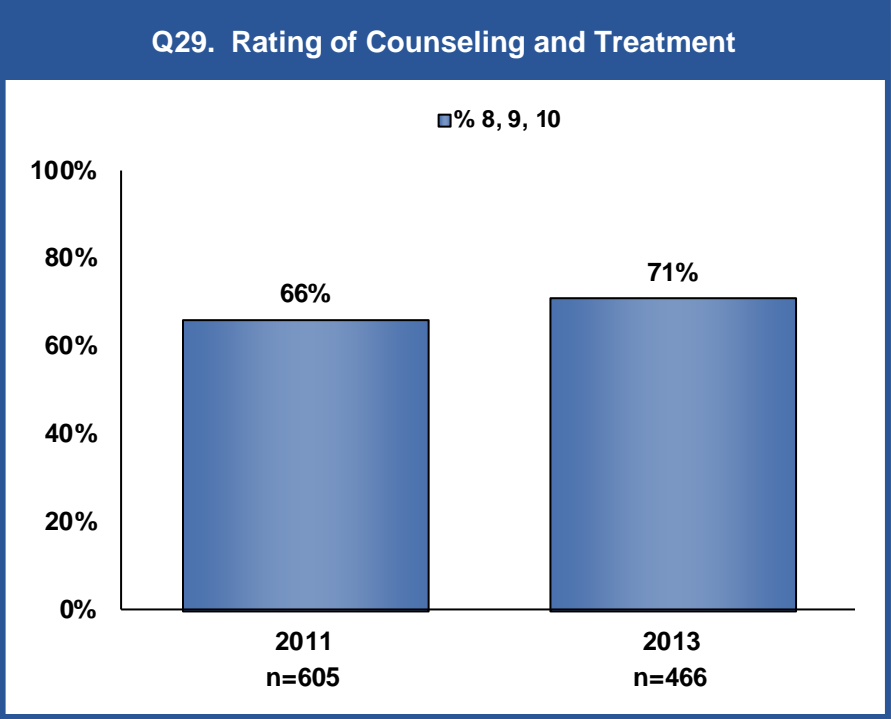
Legend: **↑↓** 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number  
Percents may not add up due to rounding.



# Overall Ratings

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# Overall Rating – Counseling/Treatment & Health Plan



Legend: ↑↓ 2013 statistically higher/lower compared to 2011 results.  
NOTE: Numbers are rounded to the nearest whole number

