

# **ECHO Behavioral Health Survey**

2022 SoonerCare Adult Member Research

### **Prepared for: The Oklahoma Health Care Authority**

(Through a contract with KFMC Health Improvement Partners)
June 2022





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## Background and objectives

**Background.** The Experience of Care and Health Outcomes (ECHO) survey is part of the CAHPS® family of products focusing on mental health and chemical dependency services and is a proven approach for data collection. The survey is no longer being used by the CAHPS Consortium; however, SPH Analytics has been administering the ECHO survey since its inception.

KFMC Health Improvement Partners contracted with SPH Analytics to conduct the AHRQ MBHO version of the Adult ECHO survey, with a 6-month lookback, on behalf of the Oklahoma Health Care Authority.

**Objectives.** The program's objective is to assess the quality of behavioral health services by focusing on the patient's experiences with care.

Specific objectives of this ECHO member satisfaction survey include:

- · Determination of member ratings of:
  - Their Health Plan Overall
  - Counseling and Treatment Overall
- Assessment of member perceptions related to:
  - Getting Treatment Quickly
  - How Well Clinicians Communicate
  - Perceived Improvement
  - Being Informed about Treatment Options



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## **Executive Summary**



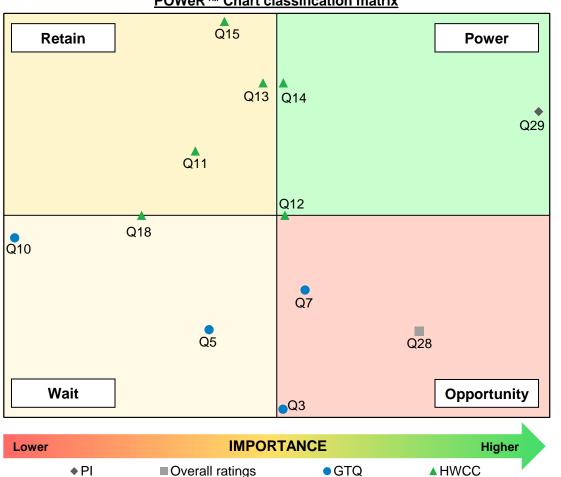
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## Executive summary: POWeR™ Chart

#### Key driver analysis

The key drivers of the rating of the health plan for counseling or treatment are presented in the POWeR™ Chart classification matrix below. The table assesses the key drivers, and each measure is ranked by importance within each quadrant. Focus resources on improving processes that underlie the most important items and look for a significant improvement in the rating of health plan for counseling or treatment. See Appendix C for more details.

#### **POWeR™ Chart classification matrix**



Survey Measure	Score	Importance	Performance
	Power		
Q29 Helped by the counseling or treatme	ent you got 92.6%	100	76
Q12 Clinicians explained things	89.2%	52	50
Q14 Clinicians spent enough time with yo	ou 93.5%	51	83
	Opportunity		
Q28 Rating of Counseling and Treatmen	t <sup>1</sup> 77.4%	76	21
Q7 Got appointment as soon as wanted	81.6%	55	32
Q3 Got needed professional counseling	on the phone 68.7%	51	0
	Wait		
Q5 Saw someone as soon as wanted	77.6%	38	22
Q18 Involved as much as you wanted in	treatment 89.2%	25	50
Q10 Seen within 15 minutes of appointm	ent 87.0%	0	44
	Retain		
Q13 Clinicians showed respect for what y	ou had to say 93.5%	47	83
Q15 Felt safe with Clinicians	95.7%	40	100
Q11 Clinicians listened carefully to you	91.3%	35	66
Note <sup>1</sup> : Overall ratings are top-3-box scores (% 8, 9 a	and 10).		
Note: Q39 and Q41 were not included in the analyse	es due to their small sample sizes	3.	





**Questionnaire.** The AHRQ MBHO version of the Adult ECHO survey was used to standardize the measurement and reporting of behavioral health care quality. SPH produced the questionnaire and cover letter using the health plan logo. The cover letters also provided the information needed to take the survey online, in English or in Spanish.

**Data collection.** The data collection technique was a two-wave mailing to sampled members, with an option to complete the survey online.

First questionnaire mailed (Initiate Internet protocol)	Second questionnaire mailed	End data collection
4/5/2022	4/20/2022	5/18/2022



Staffing of the toll-free help line. SPH staffed a toll-free phone line for members to call if they had any questions.



#### Sample design.

- Qualified respondents. SoonerCare members who have received behavioral health services in the last six months. KFMC Health Improvement Partners
  provided SPH with a file of eligible adult members for inclusion in the study, on behalf of the Oklahoma Health Care Authority.
- Sample type. A simple random sample of 1,350 members was drawn.



**Sample size/sampling error.** A sample of 143 members was obtained with an overall sampling error of ±8.2% at 95% confidence, using the most pessimistic assumption regarding variance (p=0.5).



**Response rate.** The return volume and response rate information is summarized below:

ltem	Total
Total mailed	1,350
Total undeliverable	133
Total completed surveys	143
Mail completes	128
Internet completes	15
Adjusted response rate	11.8%
Overall sampling error	+/- 8.2%



**Data processing and analysis.** SPH processed all completed surveys and analyzed the results. Percentages lower than 10% are not labeled in charts or graphs where space does not permit.

### **Statistical references and footnotes**

All statistical testing is performed at the 95% confidence level.

♠ Indicates a significant difference between the 2022 plan result and the SPH Average.

The SPH Average is the SPH ECHO Book of Business<sup>2</sup>.

A capital letter and green font indicates that result is significantly higher than the corresponding column.

^ Indicates a base size smaller than 20. Interpret results with caution.

Percentages lower than 10.0% are not labeled in charts or graphs where space does not permit.



## Overall Rating of Counseling and Treatment

• More than three in four gave a high rating for the counseling and treatment they received, and more than two-thirds gave a high rating for the health plan.

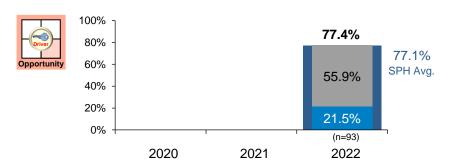
9 or 108

#### **Compared to the SPH Average:**

• The differences are not significant.

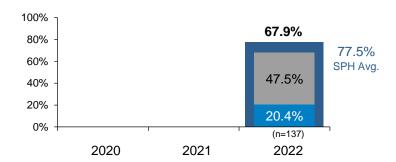
### **Q28.** Rating of Counseling and Treatment

(% 8, 9 or 10)



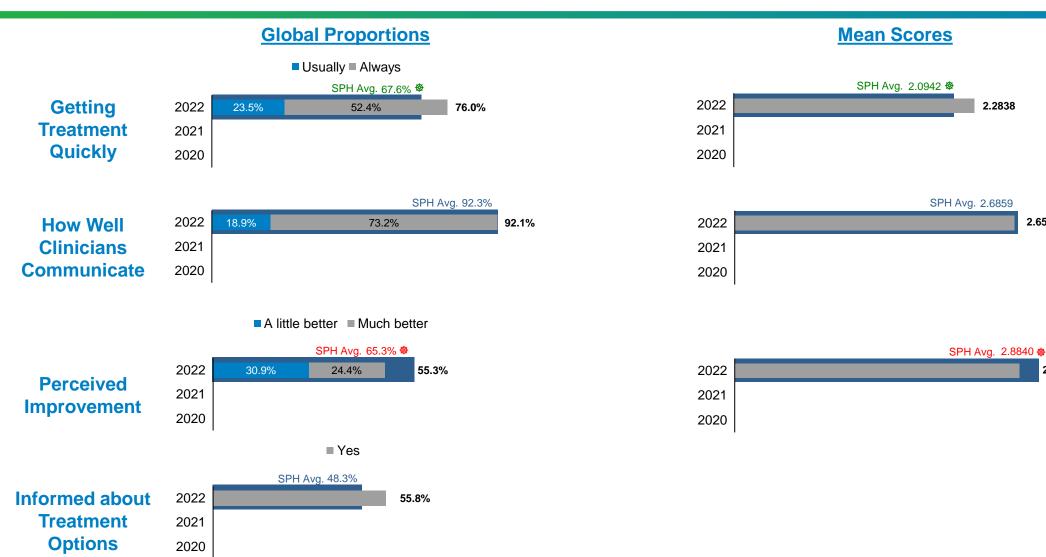
### **Q53.** Rating of Health Plan

(% 8, 9 or 10)





## Composite Global Proportions and Mean Scores



2.6524

2.6991



## **Getting Treatment Quickly**

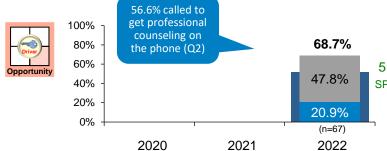
- · Nearly seven in 10 always or usually got needed counseling over the phone.
- · More than three in four saw someone as soon as they wanted, and more than eight in 10 got an appointment as soon as they wanted.

#### **Compared to the SPH Average:**

• A significantly higher percentage got needed counseling over the phone.

# Q3. Got needed professional counseling on the phone

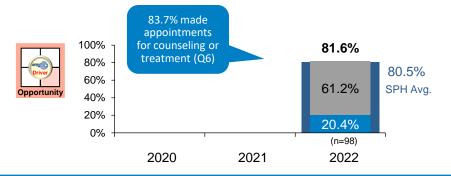
(% Always or Usually)





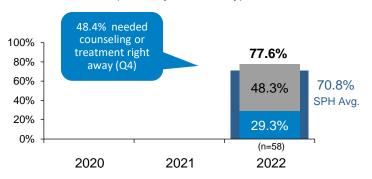
# Q7. Got appointment as soon as wanted (not counting times needed care right away)

(% Always or Usually)



# Q5. Saw someone as soon as wanted (when needed care right away)

(% Always or Usually)



Getting Treatment Quickly Composite				
	2020	2021	2022	SPH Avg.
Global proportion	_	_	76.0%	67.6%
Mean score	_	_	2.2838	2.0942



## **Getting Treatment Quickly**

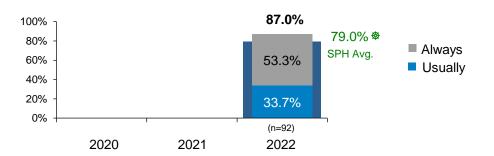
• More than eight in 10 indicated that they were seen within fifteen minutes of their appointment time.

#### **Compared to the SPH Average:**

• A significantly higher percentage indicated that they were seen within fifteen minutes of their appointment time.

### Q10. Seen within 15 minutes of appointment

(% Always or Usually)





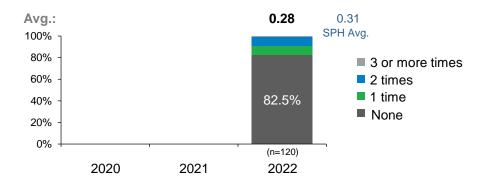
## Frequency of Getting Treatment

- · Roughly one in five have had an ER or crisis center visit in the last six months.
- · Respondents have had roughly eight office, clinic or other treatment program visits, on average, in the last six months.

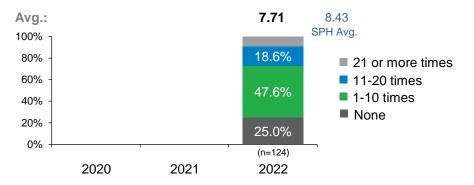
#### **Compared to the SPH Average:**

• The differences are not significant.

### Q8. Number of visits to ER or crisis center in last 6 months



### Q9. Number of visits to office, clinic or other treatment program in last 6 months





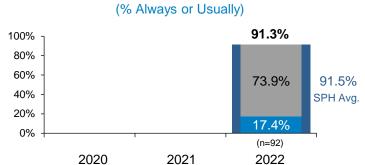
### How Well Clinicians Communicate

• More than nine in 10 indicated that clinicians listened carefully, showed respect and spent enough time with them, and nearly as many indicated that clinicians explained things clearly.

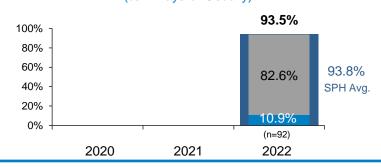
#### **Compared to the SPH Average:**

• The differences are not significant.



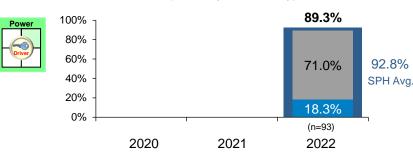


# Q13. Clinicians showed respect for what you had to say (% Always or Usually)



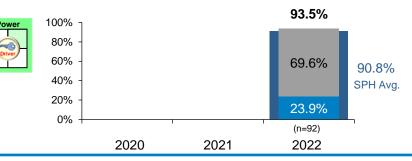
### **Q12. Clinicians explained things**

(% Always or Usually)



# Q14. Clinicians spent enough time with you

(% Always or Usually)



Но	w Well Clinicia	ans Communic	ate Composite	
	2020	2021	2022	SPH Avg.
Global proportion	_	_	92.1%	92.3%
Mean score	_	_	2.6524	2.6859

Always

Usually



## How Well Clinicians Communicate

• More than nine in 10 felt safe with clinicians, and nearly as many were involved as much as they wanted in their treatment.

Always

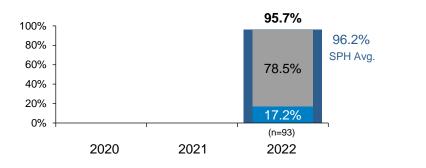
Usually

#### **Compared to the SPH Average:**

• The differences are not significant.

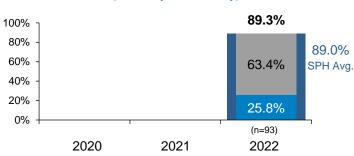
#### Q15. Felt safe with Clinicians

(% Always or Usually)



### Q18. Involved as much as you wanted in treatment

(% Always or Usually)





## **Prescription Medicines**

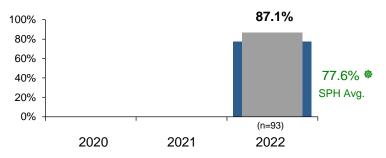
- More than eight in 10 took prescription medicines as part of their treatment, and more than three in four were told about the side effects of the medications.
- · More than half talked about including family and friends in their counseling or treatment.

#### **Compared to the SPH Average:**

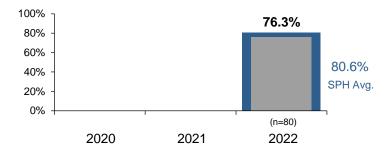
• A significantly higher percentage took prescription medicines as part of their treatment.

# Q16. Took prescription medicines as part of treatment

(% Yes)

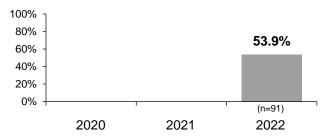


## Q17. Told about side effects of medications



Q19. Talked about including family or friends in counseling or treatment

(% Yes)





## Perceived Improvement

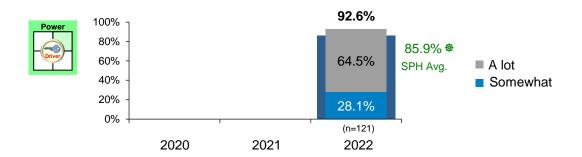
• More than nine in 10 were helped by the counseling or treatment they received.

#### **Compared to the SPH Average:**

• A significantly higher percentage were helped by the counseling or treatment they received.

### Q29. Helped by the counseling or treatment you got

(% A lot or Somewhat)





## Perceived Improvement

More than half gave a high rating for each of these measures.

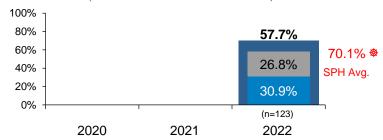
#### **Compared to the SPH Average:**

• Significantly lower percentages gave a high rating for their ability to deal with daily problems, accomplish things they want to do, and their perception of their problems and symptoms compared to six months ago.

> ■ Much better A little better

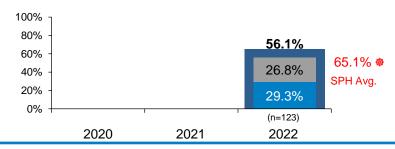
### Q31. Ability to deal with daily problems, compared to 6 months ago

(% Much better or A little better)



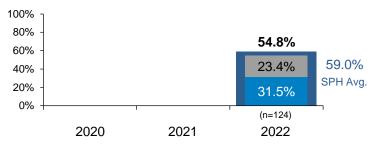
### Q33. Ability to accomplish things you want to do, compared to 6 months ago

(% Much better or A little better)



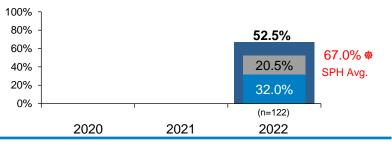
### Q32. Ability to deal with social situations, compared to 6 months ago

(% Much better or A little better)



### Q34. Rating of problems or symptoms, compared to 6 months ago

(% Much better or A little better)



	Perce	ived Improven	nent	
	2020	2021	2022	SPH Avg.
Global proportion	_	_	55.3%	65.3% •
Mean score	_	_	2.6991	2.8840 🏶

Please refer to page 6 for statistical references and footnotes.



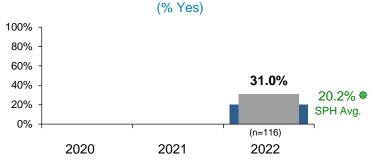
## Getting Treatment and Information from Health Plan

- Nearly one in three needed approval for counseling or treatment, and most did not have problems with delays in treatment while waiting for the approval.
- One in seven called customer service to get information or help about counseling or treatment, and half who called did not have an issue getting the help they needed.

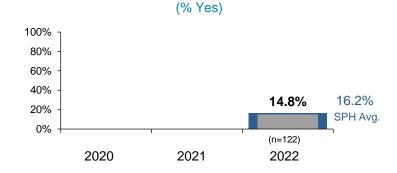
#### Compared to the SPH Average:

· A significantly higher percentage needed approval for counseling or treatment.

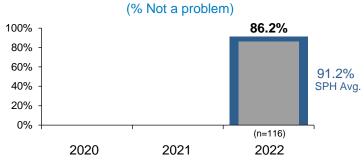
# Q38. Needed approval for any counseling or treatment



# Q40. Called customer service to get information or help about counseling or treatment

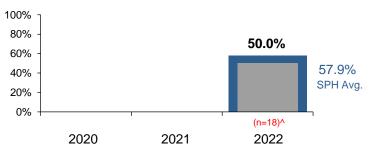


# Q39. Problem with delays in counseling or treatment while waiting for approval



# Q41. Problem getting the help needed when calling customer service

(% Not a problem)





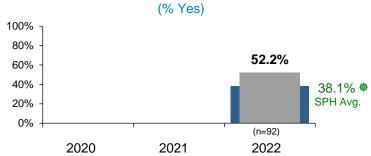
## **Informed About Treatment Options**

- More than half were told about self-help or support groups and given information about different kinds of counseling or treatment options.
- More than seven in 10 were given information about what they could do to manage their condition, and more then eight in 10 were given information about their rights as a patient.

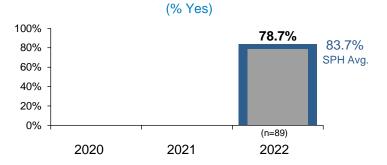
#### Compared to the SPH Average:

• A significantly higher percentage were told about self-help or support groups.

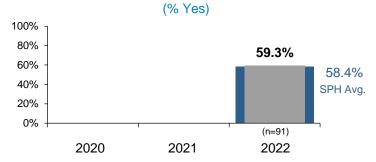
# Q20. Told about self-help or support groups



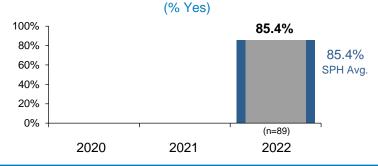
Q22. Given information about what you could do to manage your condition



# Q21. Given information about different kinds of counseling or treatment options



Q23. Given information about rights as a patient



Informed about Treatment Options					
	2020	2021	2022	SPH Avg.	
Global proportion	_	_	55.8%	48.3%	
Mean score	_	_	_	<del>-</del> -	



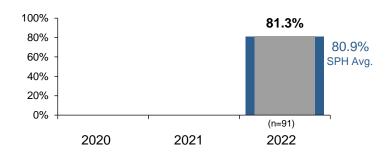
## **Informed About Treatment Options**

• The vast majority felt they could refuse a specific type of medication or treatment and indicated that their information was kept private.

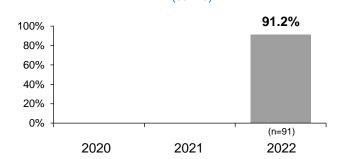
#### **Compared to the SPH Average:**

• The difference is not significant.

# Q24. Felt you could refuse a specific type of medicine or treatment (% Yes)



# Q25. Private information was shared that should have been kept private (% No)

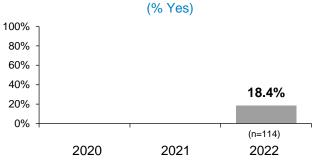




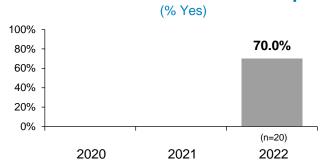
## **Informed About Treatment Options**

- Nearly one in five used up all their benefits for counseling or treatment, and among those who did, seven in 10 still needed counseling or treatment after their benefits were used up.
- · About two-thirds were told about other ways to get counseling, treatment or medicine.

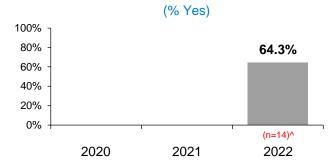
# Q35. Used up all benefits for counseling or treatment



# Q36. Still needed counseling or treatment after benefits were used up



## Q37. Told about other ways to get counseling, treatment or medicine





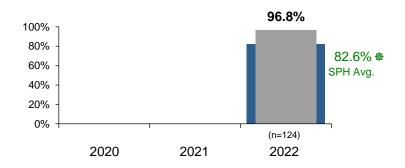
## Reasons for Counseling or Treatment

• The vast majority indicated that they received counseling for personal problems, family problems, or emotional or mental illness, and more than one in 10 indicated that they received counseling for alcohol or drug use.

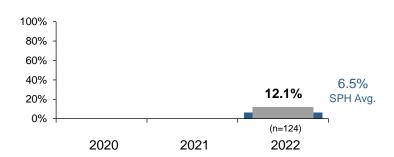
#### **Compared to the SPH Average:**

• A significantly higher percentage indicated that they received counseling for personal problems, family problems, or emotional or mental illness.

Q42. Counseling was for personal problems, family problems, emotional or mental illness (% Yes)



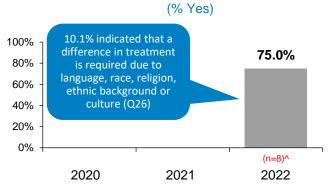
# Q43. Counseling was for alcohol or drug use





• Six of the eight who needed culturally sensitive care indicated that they received it.

Q27. Care received was responsive to cultural needs





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## Appendix A: Member profile

	2020	2021	2022	SPH Avg.
Member hea				9.
Overall mental health (Q30)				
Excellent/very good			19.7%	35.2% 🌼
Good			35.3%	35.4%
Fair/poor			45.1%	29.4% 🏶
Overall health (Q44)				
Excellent/very good			17.1%	35.2% 🌞
Good			38.6%	34.3%
Fair/poor			44.3%	30.5% 🏶
Length of time in health plan (Q52)				
Less than 1 year			19.3%	
At least 1 year but less than 2 years			10.4%	
At least 2 years but less than 5 years			26.7%	
5 or more years			43.7%	

	2020	2021	2022	SPH Avg.
Demographics				
Gender (Q46)				
Male			28.1%	28.8%
Female			71.9%	71.2%
Age (Q45)				
18-24			8.5%	3.8% 🏶
25-34			11.4%	12.6%
35-44			20.6%	16.3%
45-54			24.8%	17.3% 🏶
55-64			24.8%	26.3%
65-74			7.1%	14.2% 🏶
75 or older			2.8%	9.5% 🏶
Race/ethnicity (Q48/Q49)				
White			73.1%	78.6%
Black or African-American			17.7%	15.1%
American Indian or Alaska Native			13.5%	2.3% 🏶
Hispanic or Latino			10.0%	18.7% 🌼
Asian			2.1%	2.7%
Native Hawaiian or other Pacific Islander			0.0%	0.6% 🏶
Other			6.4%	8.4%
Education (Q47)				
High school or less			64.3%	42.0% 🏶
Some college			28.6%	29.4%
College graduate or more			7.1%	28.7% 🌼



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## Appendix B: Summary tables



	2020	2021	2022	SPH Avg.
Rating of Health plan (Q53) (% 8, 9 or 10)	_	_	67.9%	71.5%
Rating of Counseling and Treatment (Q28) (% 8, 9 or 10)	<del>-</del>	_	77.4%	77.1%
Getting Treatment Quickly (% Always or Usually)	-	_	76.0%	67.6% 🏶
Q3. Got professional counseling on the phone when needed	_	_	68.7%	51.4% 🏶
Q5. Saw someone as soon as wanted (when needed right away)	<del>-</del>	_	77.6%	70.8%
Q7. Got appointment as soon as wanted (not counting times needed care right away)	<del>-</del>	_	81.6%	80.5%
How Well Clinicians Communicate (% Always or Usually)	<del>-</del>	_	92.1%	92.3%
Q11. Clinicians listened carefully to you	<del>-</del>	_	91.3%	91.5%
Q12. Clinicians explained things	<del>-</del>	_	89.3%	92.8%
Q13. Clinicians showed respect for what you had to say	<del>-</del>	_	93.5%	93.8%
Q14. Clinicians spent enough time with you	_	_	93.5%	90.8%
Q15. Felt safe with clinicians	_	_	95.7%	96.2%
Q18. Involved as much as you wanted in treatment	_	_	89.3%	89.0%
Perceived Improvement (% Much better or A little better)	<del>-</del>	_	55.3%	65.3% 💠
Q31. Ability to deal with daily problems compared to one year ago	_	_	57.7%	70.1% 🏶
Q32. Ability to deal with social situations compared to one year ago	_	_	54.8%	59.0%
Q33. Ability to accomplish things you want to do compared to one year ago	_	_	56.1%	65.1% 🏶
Q34. Rating of problems or symptoms compared to one year ago	_	_	52.5%	67.0% 💠
Getting Treatment and Information from the Plan				
Q39. Problem with delays in counseling or treatment while waiting for approval (% Not a problem)	_	_	86.2%	91.2%
Q41. Problem getting the help needed when calling customer service (% Not a problem)	_	_	50.0%	57.9%
Informed about Treatment Options (% Yes)	_	_	55.8%	48.3%
Q20. Told about self-help or support groups	_	_	52.2%	38.1% 🏶
Q21 Given information about different kinds of counseling or treatment options			59.3%	58.4%



	2020	2021	2022	SPH Avg.
Additional Measures				
Q10. Seen within 15 minutes of appointment (% Always or Usually)	_	_	87.0%	79.0% 🏶
Q16. Took prescription medicines as part of treatment (% Yes)	_	_	87.1%	77.6% 🏶
Q17. Told about side effects of medications (% Yes)	_	_	76.3%	80.6%
Q19. Talked about including family or friends in counseling or treatment (% Yes)	_	-	53.9%	_
Q22. Given information about what you could do to manage your condition (% Yes)	_	_	78.7%	83.7%
Q23. Given information about rights as a patient (% Yes)	_	_	85.4%	85.4%
Q24. Felt you could refuse a specific type of medicine or treatment (% Yes)	_	_	81.3%	80.9%
Q25. Private information was shared that should have been kept private (% No)	_	-	91.2%	_
Q27. Care received was responsive to cultural needs (% Yes)	_	_	75.0%	_
Q29. Helped by the counseling or treatment you got (% A lot or Somewhat)	_	-	92.6%	85.9% 🏶
Q35. Used up all benefits for counseling or treatment (% Yes)	_	_	18.4%	_
Q36. Still needed counseling or treatment after benefits were used up (% Yes)	_	-	70.0%	_
Q37. Told about other ways to get counseling, treatment or medicine (% Yes)	_	_	64.3%	_
Q38. Needed approval for any counseling or treatment (% Yes)	_	_	31.0%	20.2% 🏶
Q40. Called customer service to get information or help about counseling or treatment (% Yes)	_	_	14.8%	16.2%
Q42. Counseling was for personal problems, family problems, emotion or mental illness (% Yes)	_	<del>-</del>	96.8%	82.6% 🏶
Q43. Counseling was for alcohol or drug use (% Yes)	_	<del>_</del>	12.1%	6.5%



		2022	Expansion (A)	Unassigned (B)
	Total respondents:	143	42	101
Rating of Health plan (Q53) (% 8, 9 or 10)		67.9%	59.0%	71.4%
Rating of Counseling and Treatment (Q28) (% 8, 9 or 10)		77.4%	74.2%	79.0%
Getting Treatment Quickly (% Always or Usually)		76.0%	71.8%	77.7%
Q3. Got professional counseling on the phone when needed		68.7%	57.1%	73.9%
Q5. Saw someone as soon as wanted (when needed right away)		77.6%	83.3%	75.0%
Q7. Got appointment as soon as wanted (not counting times needed care right away)		81.6%	75.0%	84.3%
How Well Clinicians Communicate (% Always or Usually)		92.1%	91.3%	92.4%
Q11. Clinicians listened carefully to you		91.3%	90.0%	91.9%
Q12. Clinicians explained things		89.3%	87.1%	90.3%
Q13. Clinicians showed respect for what you had to say		93.5%	93.6%	93.4%
Q14. Clinicians spent enough time with you		93.5%	93.6%	93.4%
Q15. Felt safe with clinicians		95.7%	96.8%	95.2%
Q18. Involved as much as you wanted in treatment		89.3%	87.1%	90.3%
Perceived Improvement (% Much better or A little better)		55.3%	49.6%	57.6%
Q31. Ability to deal with daily problems compared to one year ago		57.7%	52.8%	59.8%
Q32. Ability to deal with social situations compared to one year ago		54.8%	50.0%	56.8%
Q33. Ability to accomplish things you want to do compared to one year ago		56.1%	50.0%	58.6%
Q34. Rating of problems or symptoms compared to one year ago		52.5%	45.7%	55.2%
Getting Treatment and Information from the Plan				
Q39. Problem with delays in counseling or treatment while waiting for approval (% Not a problem)		86.2%	73.5%	91.5% A
Q41. Problem getting the help needed when calling customer service (% Not a problem)		50.0%	66.7%	41.7%
Informed about Treatment Options (% Yes)		55.8%	50.9%	58.2%
Q20. Told about self-help or support groups		52.2%	48.4%	54.1%
Q21 Given information about different kinds of counseling or treatment options		59.3%	53.3%	62.3%



	2022		Unassigned
Total r	espondents: 143	(A) 42	(B) 101
Additional Measures			
Q10. Seen within 15 minutes of appointment (% Always or Usually)	87.0%	90.0%	85.5%
Q16. Took prescription medicines as part of treatment (% Yes)	87.1%	87.1%	87.1%
Q17. Told about side effects of medications (% Yes)	76.3%	66.7%	81.1%
Q19. Talked about including family or friends in counseling or treatment (% Yes)	53.9%	46.7%	57.4%
Q22. Given information about what you could do to manage your condition (% Yes)	78.7%	73.3%	81.4%
Q23. Given information about rights as a patient (% Yes)	85.4%	82.8%	86.7%
Q24. Felt you could refuse a specific type of medicine or treatment (% Yes)	81.3%	87.1%	78.3%
Q25. Private information was shared that should have been kept private (% No)	91.2%	96.8%	88.3%
Q27. Care received was responsive to cultural needs (% Yes)	75.0%	75.0%	75.0%
Q29. Helped by the counseling or treatment you got (% A lot or Somewhat)	92.6%	85.7%	95.4%
Q35. Used up all benefits for counseling or treatment (% Yes)	18.4%	15.2%	19.8%
Q36. Still needed counseling or treatment after benefits were used up (% Yes)	70.0%	60.0%	73.3%
Q37. Told about other ways to get counseling, treatment or medicine (% Yes)	64.3%	66.7%	63.6%
Q38. Needed approval for any counseling or treatment (% Yes)	31.0%	38.2%	28.1%
Q40. Called customer service to get information or help about counseling or treatment (% Yes)	14.8%	16.7%	14.0%
Q42. Counseling was for personal problems, family problems, emotion or mental illness (% Yes)	96.8%	97.2%	96.6%
Q43. Counseling was for alcohol or drug use (% Yes)	12.1%	18.9%	9.2%



## Appendix C: SatisAction™ key driver statistical model

**POWeR™** Chart shown in the executive summary on page 4.

# Background

**Overview.** The SatisAction<sup>™</sup> key driver statistical model is a powerful, proprietary statistical methodology used to identify the key drivers of the rating of the health plan for counseling or treatment and provide actionable direction for satisfaction improvement programs. This methodology is the result of a number of years of development and testing using healthcare satisfaction data. We have been successfully using this approach since 1997.

#### The model provides the following:

- Identification of the elements that are important in driving the rating of the health plan for counseling or treatment.
- Measurement of the relative importance of each of these elements.
- Measurement of how well members think the plan performed on those important elements.
- Presentation of the importance/performance results in a matrix that provides clear direction for member satisfaction improvement efforts by the plan.

# Methodology

#### **Importance analysis.** The importance analysis involves a multi-step process:

- Factor analysis is used to summarize the predictor set into a more manageable number of composite variables.
- Regression Model I is used to make preliminary estimates and identify leverage points and outliers.
- Leverage points and outliers are eliminated.
- Regression Model II is run on the remaining data to derive final estimates of the importance of the various satisfaction elements.

Factor analysis. Factor analysis is used to reduce the number of items in the predictor set to a smaller set of underlying constructs, or factors. It is necessary to go through this process because of the high degree of collinearity in the original data. This is a problem for the regression analysis to follow because regression assumes non-collinearity between predictor variables.

Regression analysis. Regression analysis is then used to predict the rating of counseling and treatment on the factors created in the previous step. As noted above, regression analysis is run in two steps. The first step is used to derive preliminary estimates of the importance of the various satisfaction elements and to identify outliers and leverage points. Those outliers and leverage points are eliminated before running the second regression model which produces final estimates of the importance of each satisfaction element.

Derived importance. The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum is then rescaled so that the largest value (most important item) is rescaled to 100 points, the smallest value is rescaled to 0 points and the median value is rescaled to 50 points.

#### Performance analysis.

Relative performance is also calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points.

# Methodology

**Classification matrix.** Results of the key driver modeling are presented in a classification matrix. The importance and performance results for each item in the model are plotted in a matrix like the one shown below. This matrix provides a quick summary of what is most important to your members and how your plan is doing on those items. The matrix is divided into four quadrants. The quadrants are defined by the point where the medians of the importance and performance scales intersect. The four quadrants can be interpreted as follows:

- Power. These items have a relatively large impact on the rating of the health plan for counseling or treatment and your performance levels on these items are high. Promote and leverage strengths in this quadrant.
- Opportunity. Items in this quadrant also have a relatively large impact on the rating of the health plan for counseling or treatment but your performance is below average. Focus resources on improving processes that underlie these items and look for a significant improvement in the rating of the health plan.
- Wait. Though these items still impact the rating of the health plan for counseling or treatment, they are somewhat less important than those that fall on the right-hand side of the chart. Relatively speaking, your performance is low on these items. Dealing with these items can wait until more important items have been dealt with.
- Retain. Items in this quadrant also have a relatively small impact on the rating of the health plan for counseling or treatment but your performance is above average. Simply maintain performance on these items.

# **POWeR™** Chart classification matrix Retain Power PERFORMANCE Wait **Opportunity IMPORTANCE** Lower Higher



## Variables in the model

Variables from the ECHO survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q53 – rating of health plan for counseling or treatment) and the independent or predictor variables.

#### The independent or predictor variables are:

Q3	How often did you get the professional counseling you needed on the phone?
Q5	When you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
Q7	Not counting the times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?
Q10	How often were you seen within 15 minutes of your appointment?
Q11	How often did the people you went to for counseling or treatment listen carefully to you?
Q12	How often did the people you went to for counseling or treatment explain things in a way you could understand?
Q13	How often did the people you went to for counseling or treatment show respect for what you had to say?
Q14	How often did the people you went to for counseling or treatment spend enough time with you?
Q15	How often did you feel safe when you were with the people you went to for counseling or treatment?
Q18	How often were you involved as much as you wanted in your counseling or treatment?
Q28	Rate all your counseling or treatment in the last 6 months.
Q29	How much were you helped by the counseling or treatment you got?

#### The dependent variable is:

Q53 Rating of Health Plan for Counseling or Treatment



## Factor analysis results

**Factor analysis.** Factor analysis reduced the 12 highly-correlated model variables to five orthogonal (uncorrelated) factors that explain 78.6% of the variation in the original variables. This is necessary due to the strong relationships or correlation between certain variables. The table below shows the factor correlations or loadings.

### **Factor Correlations with Survey Variables**

Overtion	Survey Items	Factors					
Question		1	2	3	4	5	
Q13	How often did the people you went to for counseling or treatment show respect for what you had to say?	0.8240	0.2598				
Q15	How often did you feel safe when you were with the people you went to for counseling or treatment?	0.8194		0.2655			
Q12	How often did the people you went to for counseling or treatment explain things in a way you could understand?	0.7863	0.3373				
Q11	How often did the people you went to for counseling or treatment listen carefully to you?	0.7847					
Q14	How often did the people you went to for counseling or treatment spend enough time with you?	0.7626	0.3346				
Q18	How often were you involved as much as you wanted in your counseling or treatment?	0.6695			0.3857	0.3182	
Q29	How much were you helped by the counseling or treatment you got?		0.8550				
Q28	Rate all your counseling or treatment in the last 6 months	0.4090	0.6903				
Q7	Not counting the times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?			0.8913			
Q5	When you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	0.4847		0.5908		0.2771	
Q10	How often were you seen within 15 minutes of your appointment?				0.9337		
Q3	How often did you get the professional counseling you needed on the phone?					0.9403	



## Regression analysis results

**Regression analysis.** The five factors identified in the previous step were used as predictors in a regression model with Q53, rating of health plan for counseling or treatment, as the dependent variable. Regression was first run to test the model and identify any observations that have a high degree of leverage on the regression coefficients (disproportionately high degree of influence relative to others) as well as observations that can be considered outliers because of inconsistent responses.

The high leverage cases and outliers were removed, and the regression model was rerun. The regression coefficients for each factor provide the second set of inputs necessary to determine the key drivers of the rating of health plan for counseling or treatment. These coefficients provide estimates of the relative importance of each factor in determining the rating of the health plan. The table below shows the raw regression coefficients, beta coefficients (standardized regression coefficients) and the statistical significance of those coefficients. This model explains 38.4% of the variation in the dependent variable (R<sup>2</sup> = 0.384).

### **Regression Coefficients**

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	8.1330	0.0000	0.0000
Factor 1 – Q13, Q15, Q12, Q11, Q14, Q18	0.2708	0.1411	0.0466
Factor 2 – Q29, Q28	1.0969	0.5470	0.0000
Factor 3 – Q7, Q5	0.3665	0.1888	0.0083
Factor 4 – Q10	0.0062	0.0032	0.9634
Factor 5 – Q3	0.3152	0.1586	0.0261

# Results

**Derived importance.** The importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor were squared and then multiplied by the standardized (beta) regression coefficients associated with each of those factors. This sum was then rescaled so that the largest value (most important item) is rescaled to 100 points, the smallest value is rescaled to 0 points and the median value is rescaled to 50 points.

**Plan performance.** Relative performance is calculated for each survey variable. Ratings are rescaled on a 100-point basis (like importance values) so that the highest rating is set to 100 points, the lowest rating is set to 0 points and the median rating is set to 50 points.

### Variable importance and performance

Question	Survey Items	Importance	Performance
Q29	How much were you helped by the counseling or treatment you got?	100	76
Q28	Rate all your counseling or treatment in the last 6 months.	76	21
Q7	Not counting the times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	55	32
Q12	How often did the people you went to for counseling or treatment explain things in a way you could understand?	52	50
Q14	How often did the people you went to for counseling or treatment spend enough time with you?	51	83
Q3	How often did you get the professional counseling you needed on the phone?	51	0
Q13	How often did the people you went to for counseling or treatment show respect for what you had to say?	47	83
Q15	How often did you feel safe when you were with the people you went to for counseling or treatment?	40	100
Q5	When you needed counseling or treatment right away, how often did you see someone as soon as you wanted?	38	22
Q11	How often did the people you went to for counseling or treatment listen carefully to you?	35	66
Q18	How often were you involved as much as you wanted in your counseling or treatment?	25	50
Q10	How often were you seen within 15 minutes of your appointment?	0	44