



a Press Ganey Solution

# ECHO Behavioral Health Survey

2022 SoonerCare Child Member Research

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

(Through a contract with KFMC Health Improvement Partners)

June 2022



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**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 Child 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:
  - Child's Health Plan
  - Counseling and Treatment Overall
- Assessment of member perceptions related to:
  - Getting Treatment Quickly
  - How Well Clinicians Communicate
  - Perceived Improvement
  - Being Informed about Treatment Options

## Executive Summary

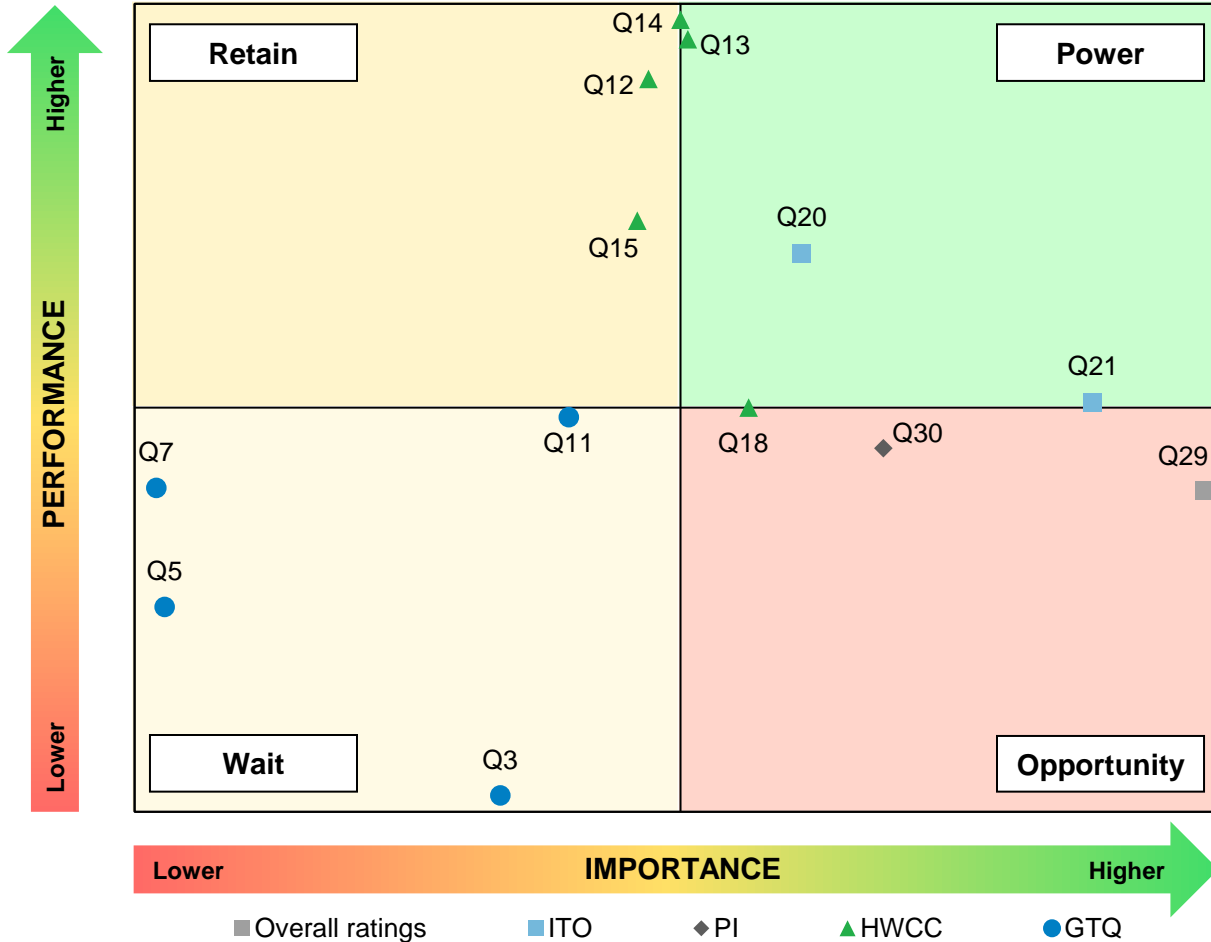
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# Executive summary: POWeR™ Chart

## 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**

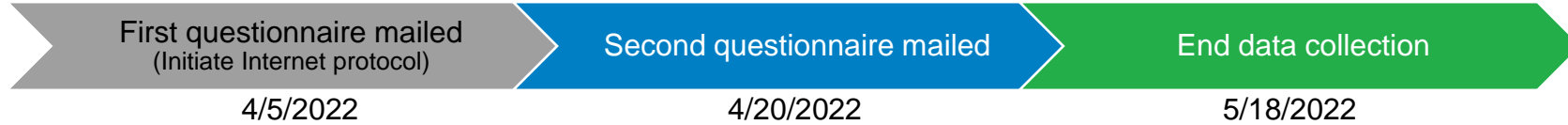


Survey Measure	Score	Importance	Performance
<b>Power</b>			
Q21 You felt your child had someone to talk to for counseling or treatment when he or she was troubled	84.9%	88	51
Q20 Family got the professional help wanted for child	89.7%	61	69
Q13 Clinicians explained things	96.5%	51	96
<b>Opportunity</b>			
Q29 Rating of Counseling and Treatment <sup>1</sup>	77.9%	100	40
Q30 Child helped by the counseling or treatment he or she got	81.4%	69	45
Q18 Involved as much as you wanted in treatment	84.7%	56	50
<b>Wait</b>			
Q11 Seen within 15 minutes of appointment	83.9%	40	49
Q3 Got needed professional counseling on the phone	51.4%	34	0
Q5 Saw someone as soon as wanted	68.3%	3	25
Q7 Got appointment as soon as wanted	78.1%	0	40
<b>Retain</b>			
Q14 Clinicians showed respect for what you had to say	97.6%	50	100
Q12 Clinicians listened carefully to you	95.2%	47	91
Q15 Clinicians spent enough time with you	90.7%	46	73
Note <sup>1</sup> : Overall ratings are top-3-box scores (% 8, 9 and 10).			
Note: Q40 and Q42 were not included in the analyses due to their small sample sizes.			



**Questionnaire.** The AHRQ MBHO version of the Child 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.



**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.** Legal guardians of SoonerCare members who have received behavioral health services in the last six months. KFMC Health Improvement Partners provided SPH with a file of eligible child members for inclusion in the study, on behalf of the Oklahoma Health Care Authority.
- **Sample type.** A simple random sample of 1,650 members was drawn.



**Sample size/sampling error.** A sample of 123 members was obtained with an overall sampling error of  $\pm 8.8\%$  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:

Item	Total
Total mailed	1,650
Total undeliverable	139
Total completed surveys	123
Mail completes	98
Internet completes	25
Adjusted response rate	8.1%
Overall sampling error	+/- 8.8%



- **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.

<sup>^</sup> 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.*

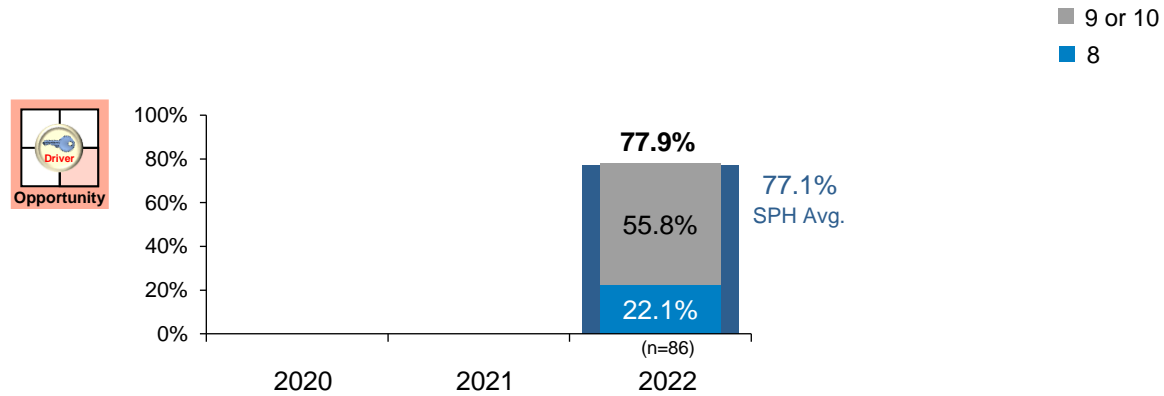
# Overall Rating of Counseling and Treatment

- More than three in four gave high ratings for the counseling and treatment their child received and their child's health plan.

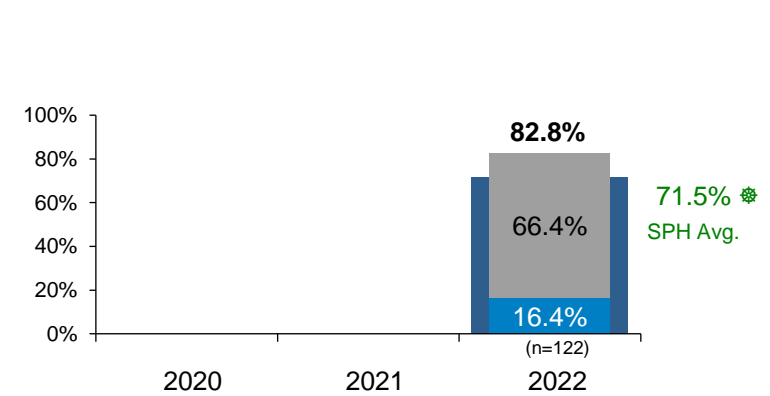
## Compared to the SPH Average:

- A significantly higher percentage gave a high rating for their child's health plan.

### Q29. Rating of Counseling and Treatment (% 8, 9 or 10)



### Q59. Rating of Child's Health Plan (% 8, 9 or 10)



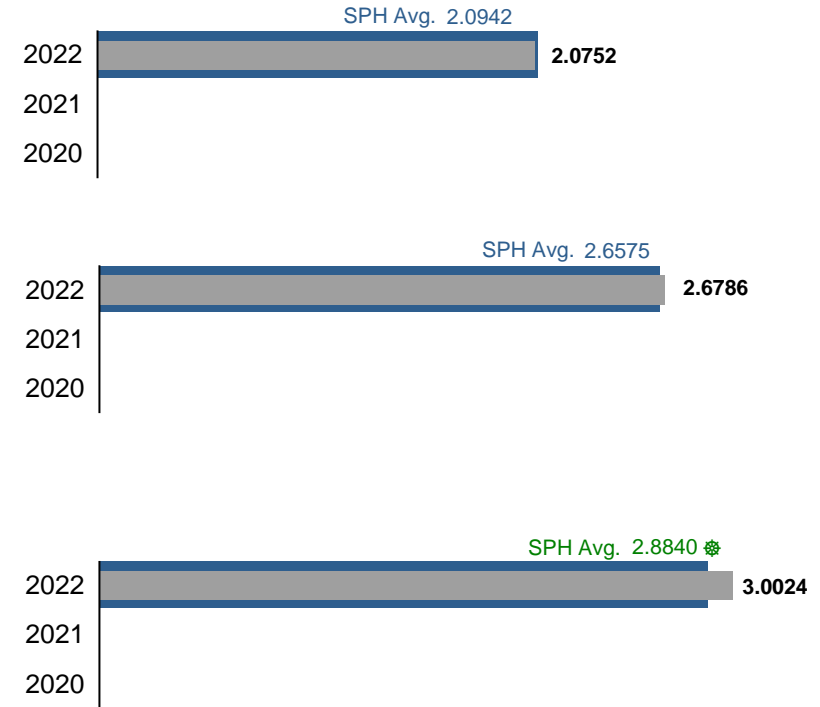
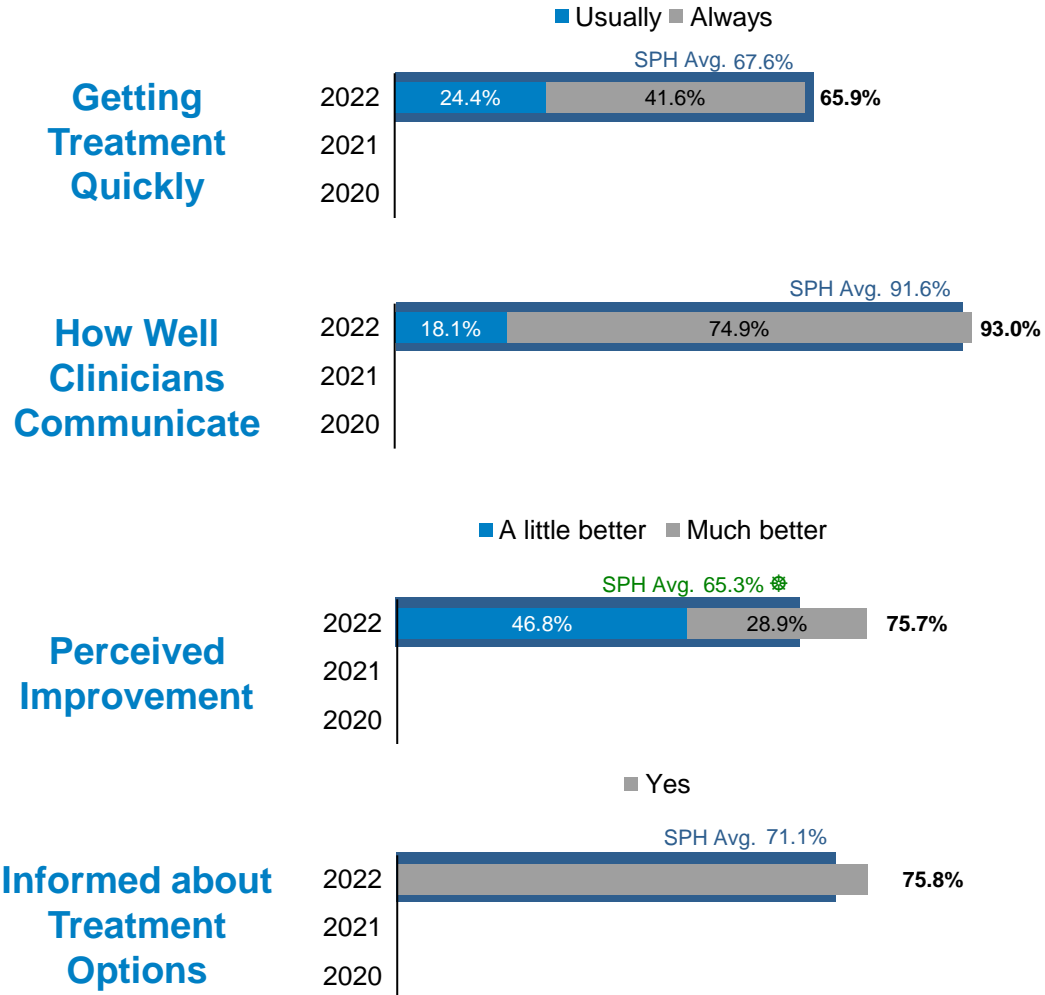




# Composite Global Proportions and Mean Scores

## Global Proportions

## Mean Scores



Please refer to page 6 for statistical references and footnotes.

# Getting Treatment Quickly

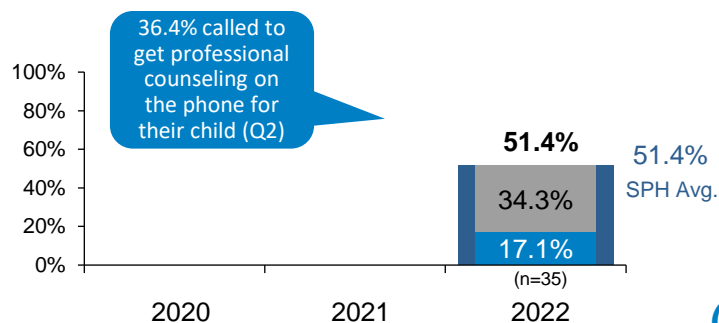
- More than half indicated that they always or usually got needed counseling for their child over the phone.
- More than two-thirds saw someone for their child as soon as they wanted, and more than three in four got an appointment as soon as they wanted for their child.

## Compared to the SPH Average:

- The differences are not significant.

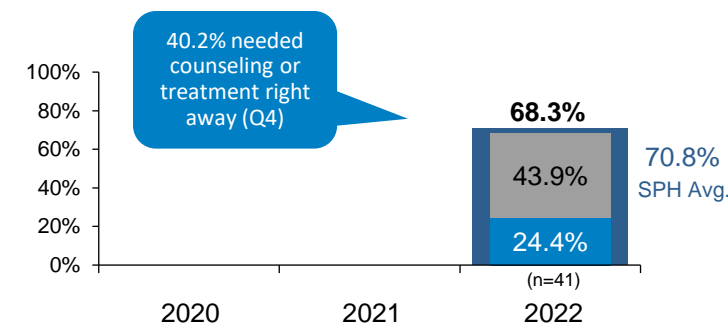
### Q3. Got needed professional counseling on the phone

(% Always or Usually)



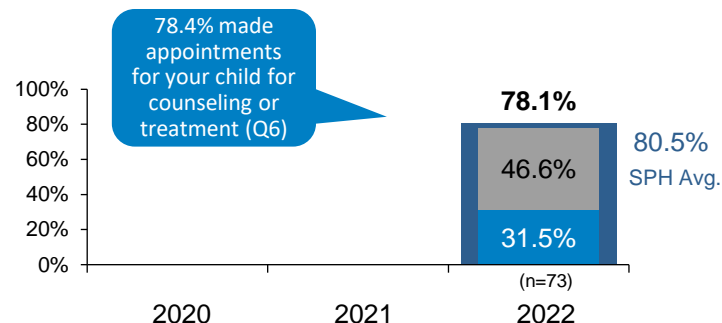
### Q5. Saw someone as soon as wanted (when needed care right away)

(% Always or Usually)



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

(% Always or Usually)



### Getting Treatment Quickly Composite

	2020	2021	2022	SPH Avg.
Global proportion	—	—	65.9%	67.6%
Mean score	—	—	2.0752	2.0942

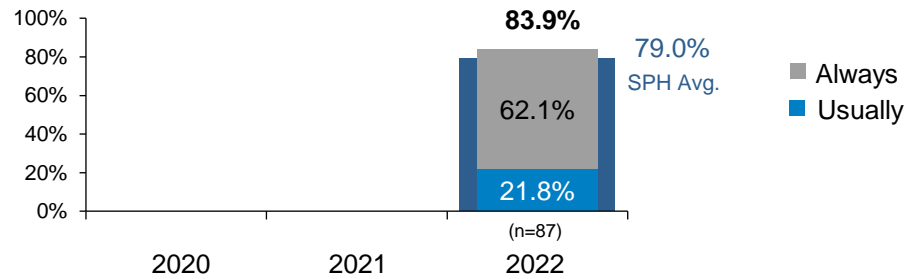
Please refer to page 6 for statistical references and footnotes.

- More than eight in 10 indicated that their child was seen within fifteen minutes of their appointment time.

## Compared to the SPH Average:

- The difference is not significant.

### Q11. Seen within 15 minutes of appointment (% Always or Usually)



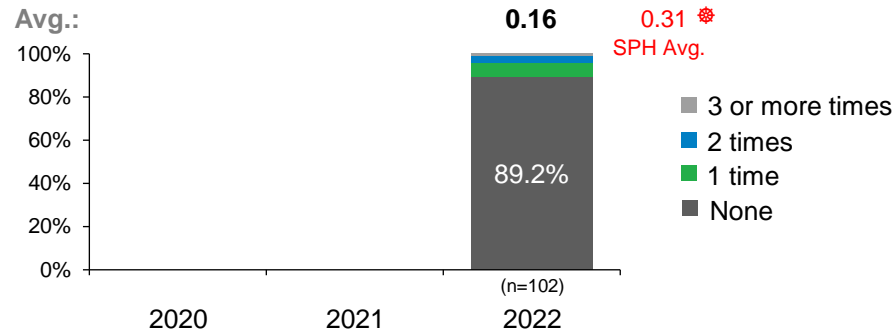
# Frequency of Getting Treatment

- Roughly one in 10 indicated that their child has had an ER or crisis center visit in the last six months.
- Respondents indicated that their child has had roughly 12 visits, on average, in the last six months, with roughly three of those visits, on average, at home.

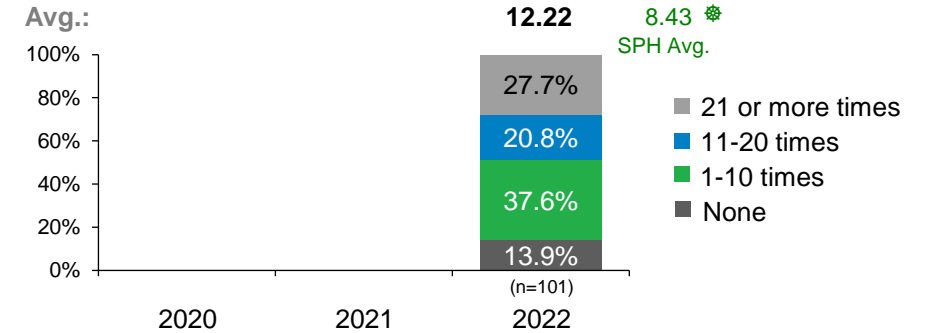
## Compared to the SPH Average:

- The average number of visits to the ER or crisis center is significantly lower.
- The average number of times their child received counseling, treatment or medicine in home, or at a clinic or treatment program is significantly higher.

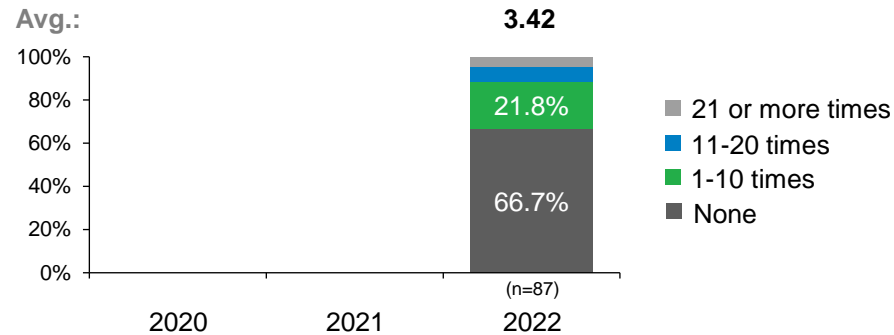
### Q8. Number of visits to ER or crisis center in last 6 months



### Q9. Number of times child got counseling/treatment/medicine in home, clinic or other treatment program in the last 6 months



### Q10. Number of times child got counseling or treatment in home



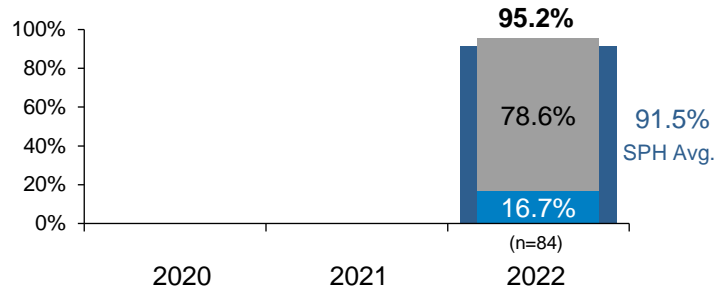
# How Well Clinicians Communicate

- More than nine in 10 indicated that clinicians listened carefully, explained things, showed respect and spent enough time with their child.

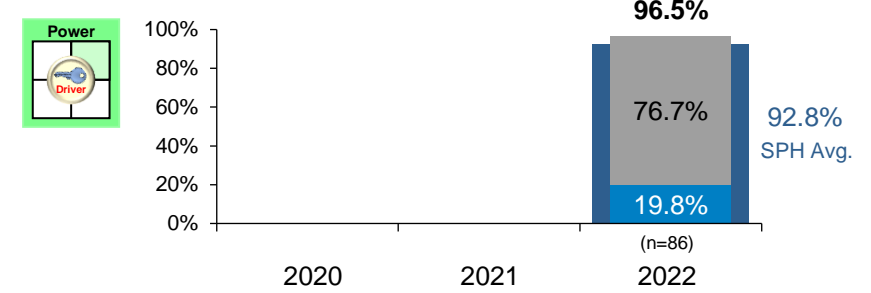
## Compared to the SPH Average:

- A significantly higher percentage indicated that their child's clinician showed respect.

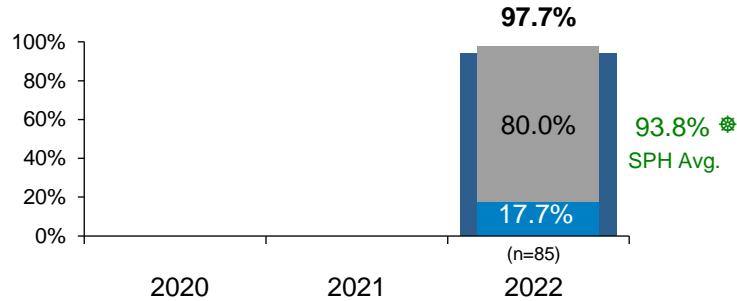
**Q12. Clinicians listened carefully to you**  
(% Always or Usually)



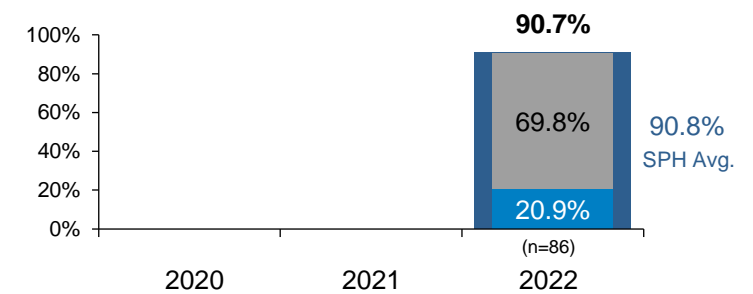
**Q13. Clinicians explained things**  
(% Always or Usually)



**Q14. Clinicians showed respect for what you had to say**  
(% Always or Usually)



**Q15. Clinicians spent enough time with your child**  
(% Always or Usually)



How Well Clinicians Communicate Composite				
	2020	2021	2022	SPH Avg.
Global proportion	—	—	93.0%	91.6%
Mean score	—	—	2.6786	2.6575

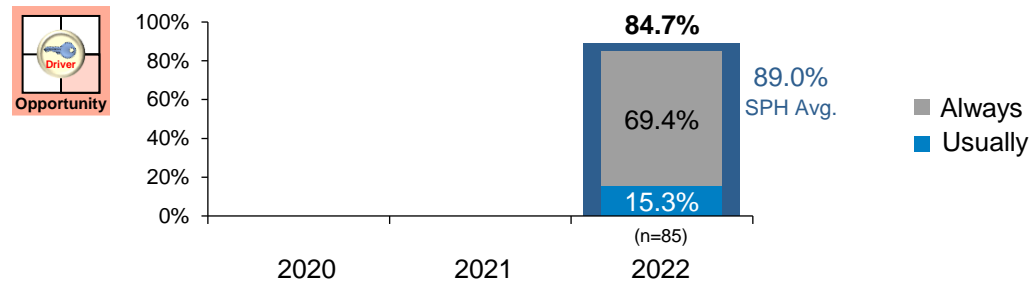
Please refer to page 6 for statistical references and footnotes.

- More than eight in 10 were involved as much as they wanted in their child's treatment.

## Compared to the SPH Average:

- The difference is not significant.

### Q18. Involved as much as you wanted in treatment (% Always or Usually)

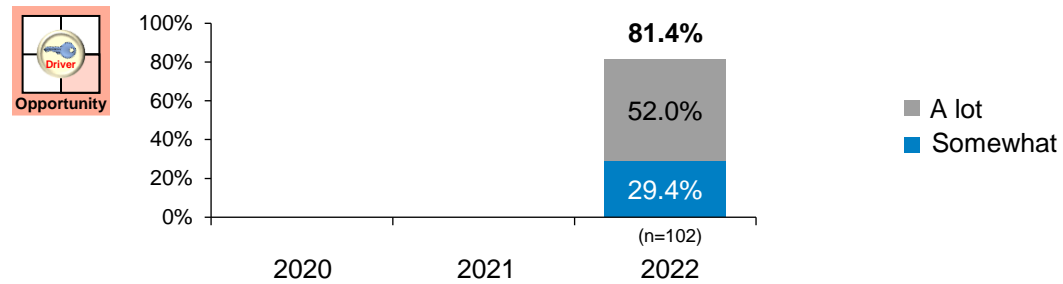


- Similarly, more than eight in 10 indicated that their child was helped by the counseling or treatment they received.

## Compared to the SPH Average:

- The difference is not significant.

### Q30. Helped by the counseling or treatment your child got (% A lot or Somewhat)

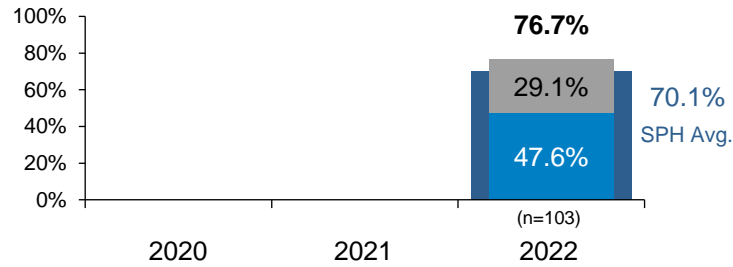


- More than seven in 10 gave a high rating for each of these measures.

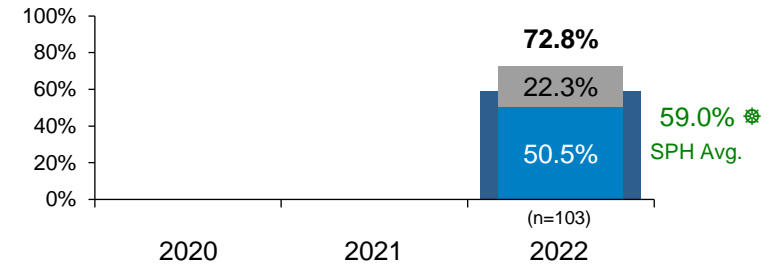
## Compared to the SPH Average:

- Significantly higher percentages gave a high rating for their child’s ability to deal with social situations, accomplish things they want to do, and their perception of problems and symptoms compared to six months ago.

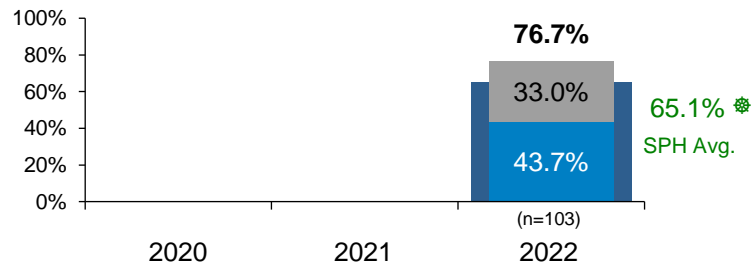
**Q32. Child’s ability to deal with daily problems, compared to 6 months ago**  
(% Much better or A little better)



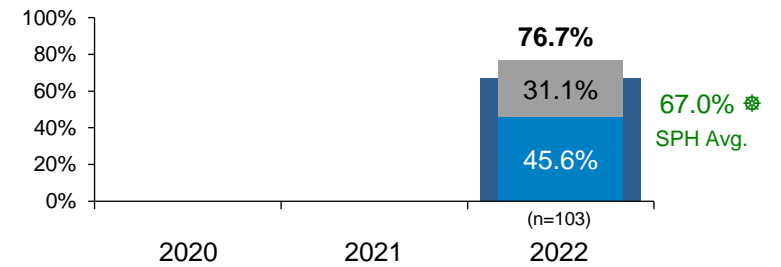
**Q33. Child’s ability to deal with social situations, compared to 6 months ago**  
(% Much better or A little better)



**Q34. Child’s ability to accomplish things you want to do, compared to 6 months ago**  
(% Much better or A little better)



**Q35. Rating of your child’s problems or symptoms, compared to 6 months ago**  
(% Much better or A little better)



■ Much better  
■ A little better

	Perceived Improvement			
	2020	2021	2022	SPH Avg.
Global proportion	—	—	75.7%	65.3% 🌟
Mean score	—	—	3.0024	2.8840 🌟

Please refer to page 6 for statistical references and footnotes.





# Getting Treatment and Information from Health Plan

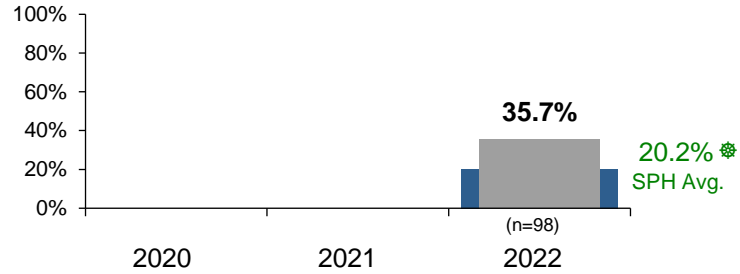
- More than one in three needed approval for counseling or treatment, and most did not have problems with delays in treatment while waiting for the approval.
- Roughly one in 10 called customer service to get information or help about counseling or treatment, and half who called did not have an issue getting the help they needed for their child.

## Compared to the SPH Average:

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

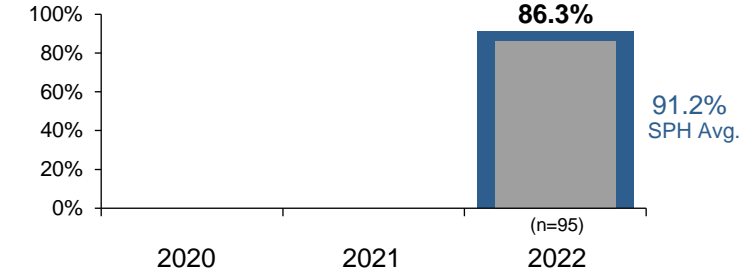
### Q39. Needed approval for any counseling or treatment

(% Yes)



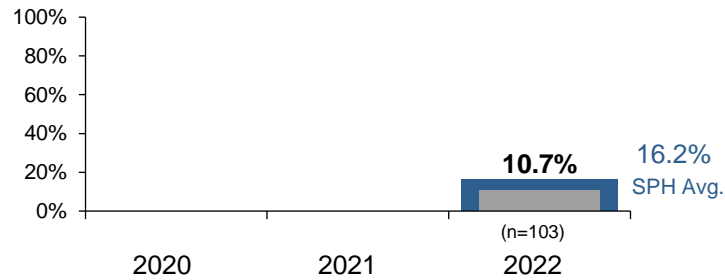
### Q40. Problem with delays in counseling or treatment while waiting for approval

(% Not a problem)



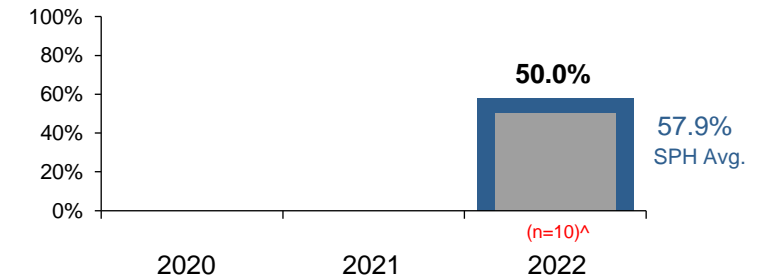
### Q41. Called customer service to get information or help about counseling or treatment

(% Yes)



### Q42. Problem getting the help needed when calling customer service

(% Not a problem)

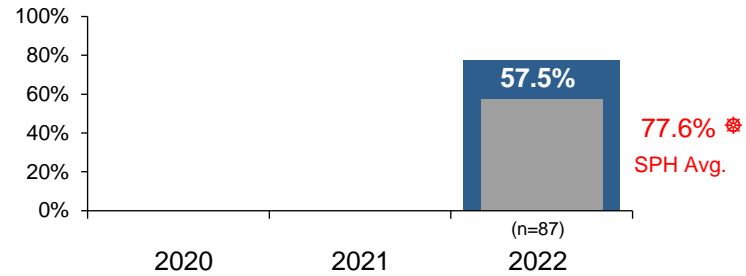


- More than half indicated that their child took prescription medicines as part of their treatment, and three in four were told about the side effects of the medications.

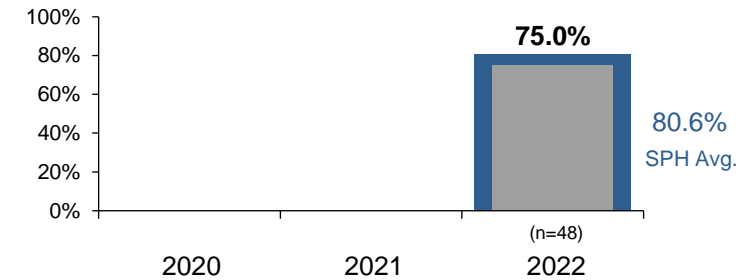
## Compared to the SPH Average:

- A significantly lower percentage indicated their child took prescription medicines as part of their treatment.

### Q16. Took prescription medicines as part of treatment (% Yes)



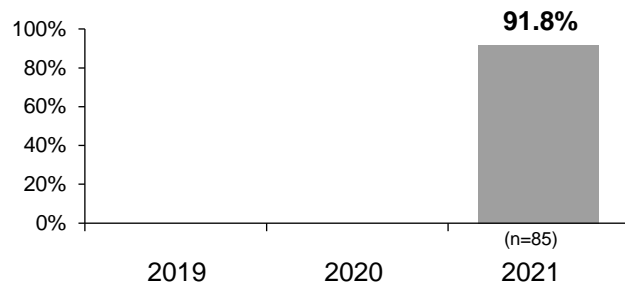
### Q17. Told about side effects of medications (% Yes)



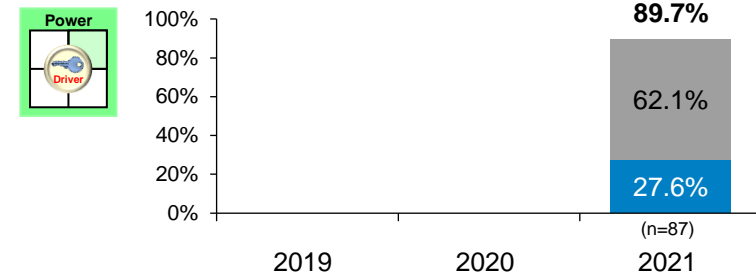
# Goals of Counseling or Treatment

- More than nine in 10 indicated that the goals of their child’s counseling were discussed completely with them, and nearly as many got the professional help they wanted for their child.
- More than eight in 10 felt their child had someone to talk to when he or she was troubled.

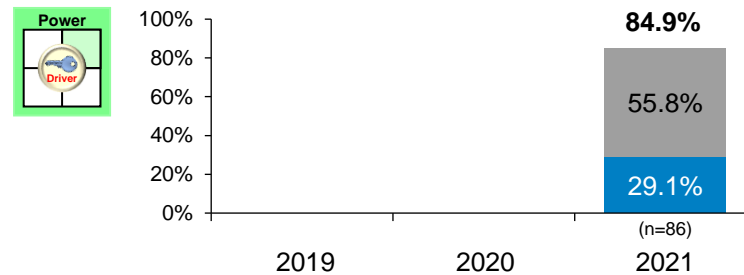
**Q19. Goals of your child’s counseling or treatment were discussed completely with you**  
(% Yes)



**Q20. Family got the professional help wanted for child**  
(% Always or Usually)



**Q21. You felt your child had someone to talk to for counseling or treatment when he or she was troubled**  
(% Always or Usually)



■ Always  
■ Usually

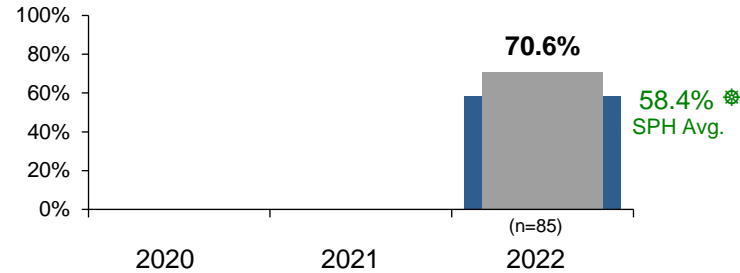
Please refer to page 6 for statistical references and footnotes.

- Roughly seven in 10 were given information about different kinds of counseling or treatment options.
- More than eight in 10 were given information about what they could do to manage their child's condition and their child's rights as a patient.

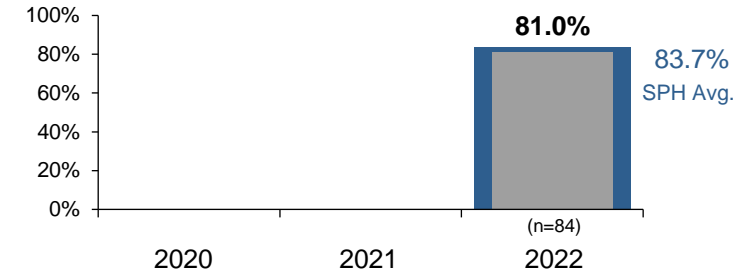
### Compared to the SPH Average:

- A significantly higher percentage were given information about different kinds of counseling or treatment options.

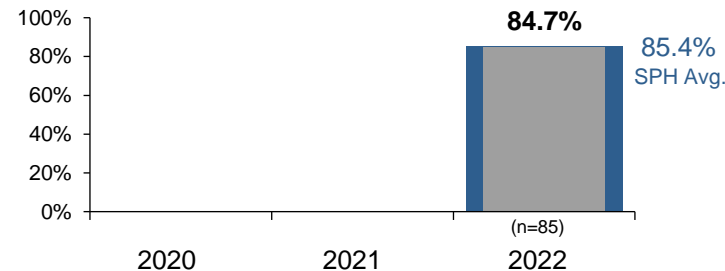
**Q22. Given information about different kinds of counseling or treatment options**  
(% Yes)



**Q23. Given information about what you could do to manage your child's condition**  
(% Yes)



**Q24. Given information about your child's rights as a patient**  
(% Yes)



	Informed about Treatment Options			
	2020	2021	2022	SPH Avg.
Global proportion	—	—	75.8%	71.1%
Mean score	—	—	—	—

Please refer to page 6 for statistical references and footnotes.

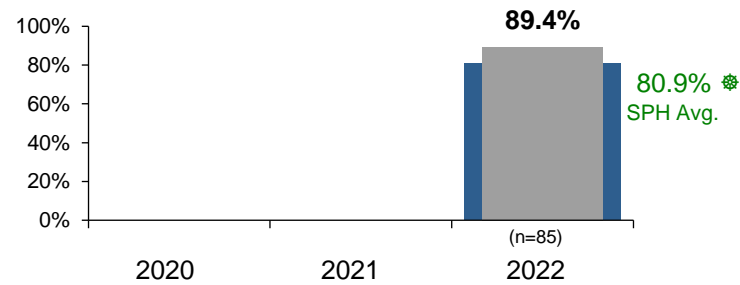
- Nearly nine in 10 felt they could refuse a specific type of medication or treatment for their child, and nearly all indicated that their child's information was kept private.

### Compared to the SPH Average:

- A significantly higher percentage felt they could refuse a specific type of medication or treatment for their child.

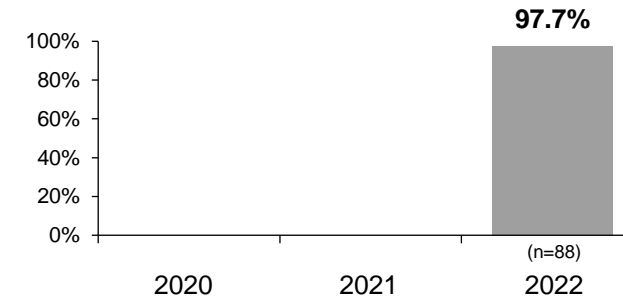
## Q25. Felt you could refuse a specific type of medicine or treatment

(% Yes)



## Q26. Private information was shared that should have been kept private

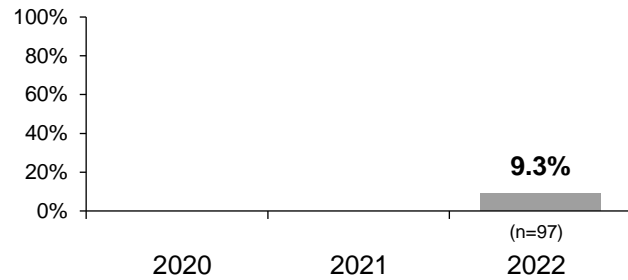
(% No)



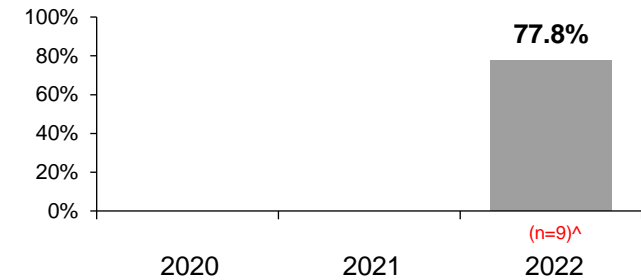
# Counseling After Benefits are Used Up

- Nearly one in 10 indicated that their child used up all of their benefits for counseling or treatment, and among those who did, most indicated that their child still needed counseling or treatment. However, only one was told about other ways to get counseling, treatment or medicine for their child.

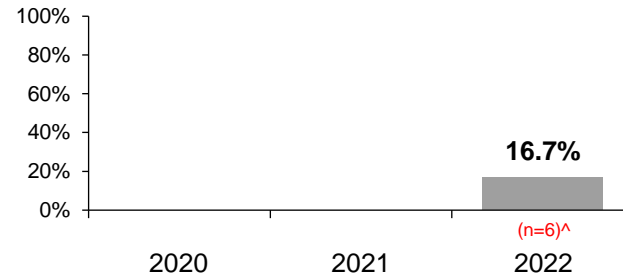
**Q36. Used up all benefits for counseling or treatment**  
(% Yes)



**Q37. Still needed counseling or treatment after benefits were used up**  
(% Yes)

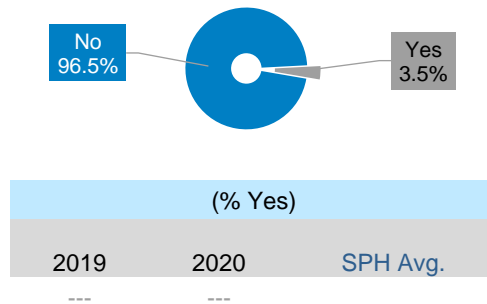


**Q38. Told about other ways to get counseling, treatment or medicine**  
(% Yes)

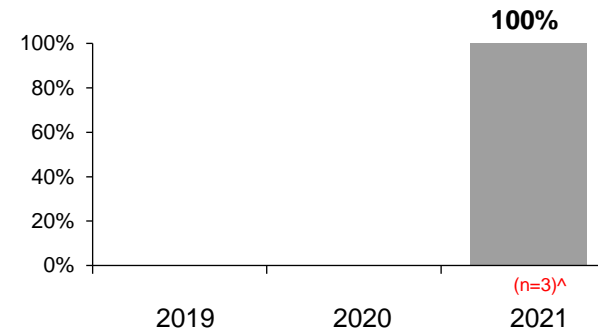


- Among the very few respondents that require culturally sensitive care for their child, all indicated that their child got it.

Q27. Difference in treatment is required due to language, race, religion, ethnic background



Q28. Care received was responsive to cultural needs  
(% Yes)



# Reasons for Counseling or Treatment

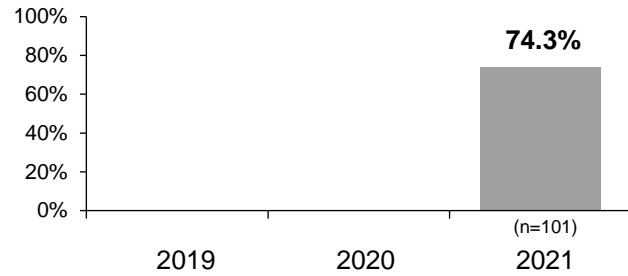
- More than seven in 10 indicated that their child’s counseling was for problems related to ADHD or other behavioral problems, family problems or emotional or mental illness.
- More than one in three indicated that their child’s counseling was for autism or other developmental problems, and very few indicated that it was for alcohol or drug use.

## Compared to the SPH Average:

- Significantly lower percentages indicated that their child received counseling for personal problems, family problems, emotional or mental illness or for alcohol or drug use.

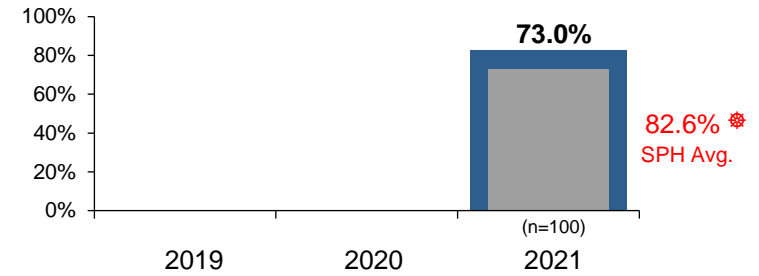
### Q43. Child’s counseling was for problems related to ADHD or other behavioral problems

(% Yes)



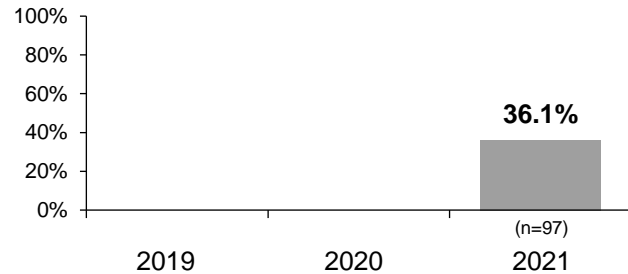
### Q44. Child’s counseling was for family problems, mental or emotional illness

(% Yes)



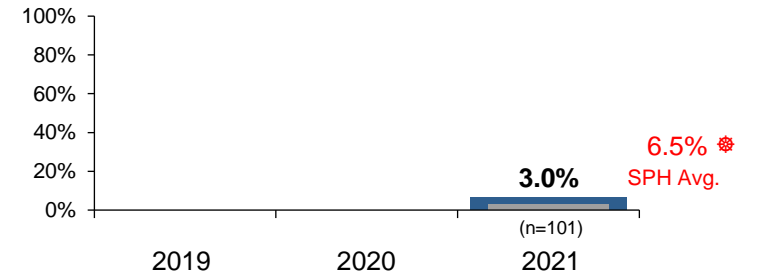
### Q45. Child’s counseling was for autism or other developmental problems

(% Yes)



### Q46. Child’s counseling was for help with alcohol or drug use

(% Yes)





Please refer to page 6 for statistical references and footnotes.



## Appendix A: Member profile

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	2020	2021	2022	SPH Avg.
<b>Demographics</b>				
<b>Overall mental health (Q31)</b>				
Excellent/very good	–	–	31.4%	35.2%
Good	–	–	32.4%	35.4%
Fair/poor	–	–	36.3%	29.4%
<b>Overall health (Q47)</b>				
Excellent/very good	–	–	55.3%	35.2% 
Good	–	–	30.1%	34.3%
Fair/poor	–	–	14.6%	30.5% 

	2020	2021	2022	SPH Avg.
<b>Demographics</b>				
<b>Child's Gender (Q49)</b>				
Female	–	–	51.2%	71.2% 🚫
Male	–	–	48.8%	28.8% 🟢
<b>Child's Age (Q48)</b>				
Less than 1	–	–	0.0%	0.0%
1-5	–	–	6.6%	0.0%
6-10	–	–	32.0%	0.0%
11 or older	–	–	61.5%	0.0%
<b>Child's Race/ethnicity (Q50/Q51)</b>				
White	–	–	72.7%	78.6%
American Indian or Alaska Native	–	–	19.8%	2.3% 🟢
Black or African-American	–	–	17.4%	15.1%
Hispanic or Latino	–	–	17.4%	18.7%
Native Hawaiian or other Pacific Islander	–	–	2.5%	0.6%
Asian	–	–	2.5%	2.7%
Other	–	–	5.8%	8.4%
<b>Average number of years child has been with this plan (Q58)</b>	–	–	3.5513	–

	2020	2021	2022	SPH Avg.
<b>Demographics</b>				
<b>Respondent's Gender (Q53)</b>				
Female	–	–	91.6%	0.0%
Male	–	–	8.4%	0.0%
<b>Respondent's Age (Q52)</b>				
18-24	–	–	1.7%	3.8%
25-34	–	–	19.5%	12.6%
35-44	–	–	33.1%	16.3% 🌿
45-54	–	–	19.5%	17.3%
55-64	–	–	18.6%	26.3% 🌿
65-74	–	–	6.8%	14.2% 🌿
75 or older	–	–	0.9%	9.5% 🌿
<b>Respondent's Education (Q54)</b>				
8th grade or less	–	–	3.4%	5.4%
Some high school, but did not graduate	–	–	5.1%	8.9%
High school graduate or GED	–	–	33.9%	27.8%
Some college or 2-year degree	–	–	34.8%	29.4%
4-year college graduate	–	–	17.0%	14.6%
More than 4-year college degree	–	–	5.9%	14.1% 🌿
<b>Respondent's Relationship to Child (Q55)</b>				
Mother or Father	–	–	81.3%	–
Grandparent	–	–	13.1%	–
Aunt or Uncle	–	–	4.7%	–
Older sibling	–	–	0.9%	–

## Appendix B: Summary tables

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# Key measures – summary rates

	2020	2021	2022	SPH Avg.
<b>Rating of Health plan (Q59) (% 8, 9 or 10)</b>	—	—	<b>82.8%</b>	<b>71.5%</b> 📈
<b>Rating of Counseling and Treatment (Q29) (% 8, 9 or 10)</b>	—	—	<b>77.9%</b>	<b>77.1%</b>
<b>Getting Treatment Quickly (% Always or Usually)</b>	—	—	<b>65.9%</b>	<b>67.6%</b>
Q3. Got professional counseling on the phone when needed	—	—	51.4%	51.4%
Q5. Saw someone as soon as wanted (when needed right away)	—	—	68.3%	70.8%
Q7. Got appointment as soon as wanted (not counting times needed care right away)	—	—	78.1%	80.5%
<b>How Well Clinicians Communicate (% Always or Usually)</b>	—	—	<b>93.0%</b>	<b>91.6%</b>
Q12. Clinicians listened carefully to you	—	—	95.2%	91.5%
Q13. Clinicians explained things	—	—	96.5%	92.8%
Q14. Clinicians showed respect for what you had to say	—	—	97.7%	93.8% 📈
Q15. Clinicians spent enough time with you	—	—	90.7%	90.8%
Q18. Involved as much as you wanted in treatment	—	—	84.7%	89.0%
<b>Perceived Improvement (% Much better or A little better)</b>	—	—	<b>75.7%</b>	<b>65.3%</b> 📈
Q32. Ability to deal with daily problems compared to one year ago	—	—	76.7%	70.1%
Q33. Ability to deal with social situations compared to one year ago	—	—	72.8%	59.0% 📈
Q34. Ability to accomplish things you want to do compared to one year ago	—	—	76.7%	65.1% 📈
Q35. Rating of problems or symptoms compared to one year ago	—	—	76.7%	67.0% 📈
<b>Getting Treatment and Information from the Plan</b>				
Q40. Problem with delays in counseling or treatment while waiting for approval (% Not a problem)			86.3%	91.2%
Q42. Problem getting the help needed when calling customer service (% Not a problem)	—	—	50.0%	57.9%
<b>Informed about Treatment Options (% Yes)</b>	—	—	<b>75.8%</b>	<b>71.1%</b>
Q22. Given information about different kinds of counseling or treatment options	—	—	70.6%	58.4% 📈
Q23. Given information about what you could do to manage your child's condition	—	—	81.0%	83.7%

Please refer to page 6 for statistical references and footnotes.



# Key measures – summary rates

	2020	2021	2022	SPH Avg.
<b>Additional Measures</b>				
Q11. Seen within 15 minutes of appointment (% Always or Usually)	—	—	83.9%	79.0%
Q16. Took prescription medicines as part of treatment (% Yes)	—	—	57.5%	77.6% 🚩
Q17. Told about side effects of medications (% Yes)	—	—	75.0%	80.6%
Q19. Goals of your child’s counseling or treatment were discussed completely with you (% Yes)	—	—	91.8%	—
Q20. Family got the professional help wanted for child (% Always or Usually)	—	—	89.7%	—
Q21. You felt your child had someone to talk to for counseling or treatment when he or she was troubled (% Always or Usually)	—	—	84.9%	—
Q24. Given information about your child’s rights as a patient (% Yes)	—	—	84.7%	85.4%
Q25. Felt you could refuse a specific type of medicine or treatment(% Yes)	—	—	89.4%	80.9% 🌱
Q26. Private information was shared that should have been kept private (% No)	—	—	97.7%	—
Q28. Care received was responsive to cultural needs (% Yes)	—	—	100%	—
Q30. Helped by the counseling or treatment you got (% A lot or Somewhat)	—	—	81.4%	—
Q36. Used up all benefits for counseling or treatment (% Yes)	—	—	9.3%	—
Q37. Still needed counseling or treatment after benefits were used up (% Yes)	—	—	77.8%	—
Q38. Told about other ways to get counseling, treatment or medicine (% Yes)	—	—	16.7%	—
Q39. Needed approval for any counseling or treatment (% Yes)	—	—	35.7%	20.2% 🌱
Q41. Called customer service to get information or help about counseling or treatment (% Yes)	—	—	10.7%	16.2%
Q43. Child’s counseling was for problems related to ADHD or other behavioral problems (% Yes)	—	—	74.3%	—
Q44. Counseling was for personal problems, family problems, emotion or mental illness (% Yes)	—	—	73.0%	82.6% 🚩
Q45. Child’s counseling was for autism or other developmental problems (% Yes)	—	—	36.1%	—
Q46. Counseling was for alcohol or drug use (% Yes)	—	—	3.0%	6.5% 🚩

Please refer to page 6 for statistical references and footnotes.

## Appendix C: SatisAction<sup>TM</sup> key driver statistical model

**POWeR<sup>TM</sup> Chart shown in the executive summary on page 4.**



**Overview.** The SatisAction™ 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.

**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.

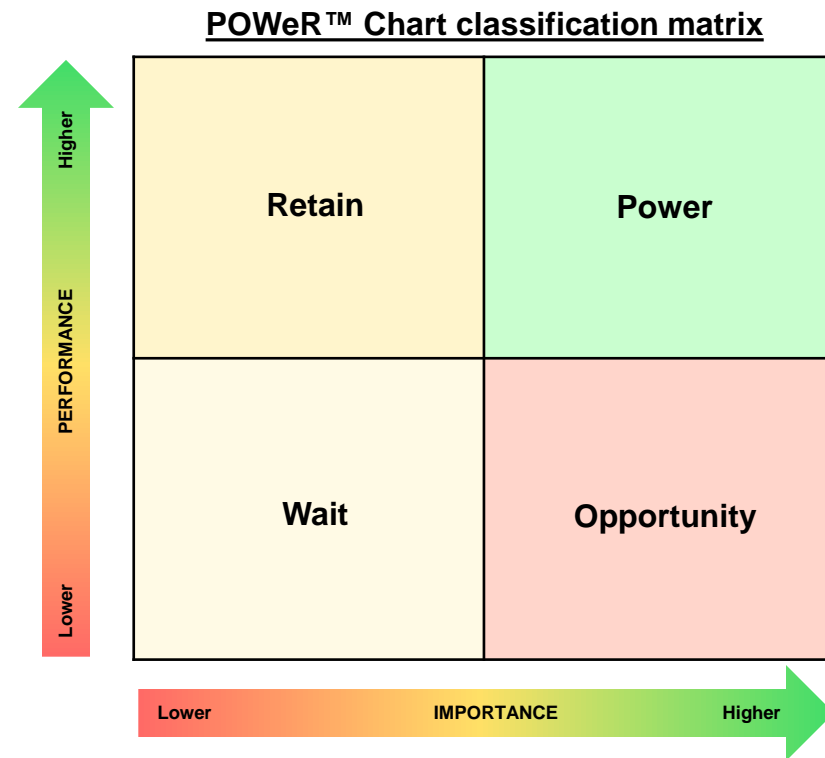
*Derived importance.* The relative importance of each survey item is derived from the combined results of the factor and regression analyses. The correlations of each question with each factor are squared and then multiplied by the standardized (beta) regression coefficients associated with each of those 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.

**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.



Variables from the ECHO survey that are important in determining member satisfaction are summarized below. This table also identifies the dependent variable (Q59 – 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 your child needed on the phone?
- Q5 When your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?
- Q7 Not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?
- Q11 How often was your child seen within 15 minutes of his or her appointment?
- Q12 How often did the people your child saw for counseling or treatment listen carefully to you?
- Q13 How often did the people your child saw for counseling or treatment explain things in a way you could understand?
- Q14 How often did the people your child saw for counseling or treatment show respect for what you had to say?
- Q15 How often did the people your child saw for counseling or treatment spend enough time with you?
- Q18 How often were you involved as much as you wanted in your child's counseling or treatment?
- Q20 How often did your family get the professional help you wanted for your child?
- Q21 How often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?
- Q29 Rate all your counseling or treatment in the last 6 months.
- Q30 How much were you helped by the counseling or treatment you got?

**The dependent variable is:**

- Q59 Rating of Health Plan for Counseling or Treatment



# Factor analysis results

**Factor analysis.** Factor analysis reduced the 13 highly-correlated model variables to five orthogonal (uncorrelated) factors that explain 79.2% 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**

Question	Survey Items	Factors					
		1	2	3	4	5	6
Q14	How often did the people your child saw for counseling or treatment show respect for what you had to say?	0.8910					
Q12	How often did the people your child saw for counseling or treatment listen carefully to you?	0.8480					
Q13	How often did the people your child saw for counseling or treatment explain things in a way you could understand?	0.7329	0.2988				
Q29	Rate all your child's counseling or treatment in the last 6 months.		0.8284				
Q21	How often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?	0.2686	0.7520				
Q30	How much was your child helped by the counseling or treatment he or she got?		0.5918	0.4567		-0.4570	
Q20	How often did your family get the professional help you wanted for your child?	0.4537	0.4770	0.2644	0.3108	0.3398	
Q5	When your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?			0.8092			
Q7	Not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?			0.7975			
Q18	How often were you involved as much as you wanted in your child's counseling or treatment?				0.9022		
Q15	How often did the people your child saw for counseling or treatment spend enough time with you?	0.4786		0.2753	0.6888		
Q11	How often was your child seen within 15 minutes of his or her appointment?					0.8499	
Q3	How often did you get the professional counseling your child needed on the phone?						0.9249

**Regression analysis.** The six factors identified in the previous step were used as predictors in a regression model with Q59, 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 25.8% of the variation in the dependent variable ( $R^2 = 0.258$ ).

## Regression Coefficients

Variable	Unstandardized Coefficients	Standardized (Beta) Coefficients	Significance Level
Constant	8.7924	0.0000	0.0000
Factor 1 – Q14, Q12, Q13	-0.1703	-0.1028	0.2156
Factor 2 – Q29, Q21, Q30, Q20	0.7426	0.4661	0.0000
Factor 3 – Q5, Q7	-0.0085	-0.0049	0.9530
Factor 4 – Q18, Q15	0.2065	0.1287	0.1207
Factor 5 – Q11	0.1470	0.0909	0.2729
Factor 6 – Q3	0.1183	0.0730	0.3777

**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	Rate all your child's counseling or treatment in the last 6 months.	100	40
Q21	How often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?	88	51
Q30	How much was your child helped by the counseling or treatment he or she got?	69	45
Q20	How often did your family get the professional help you wanted for your child?	61	69
Q18	How often were you involved as much as you wanted in your child's counseling or treatment?	56	50
Q13	How often did the people your child saw for counseling or treatment explain things in a way you could understand?	51	96
Q14	How often did the people your child saw for counseling or treatment show respect for what you had to say?	50	100
Q12	How often did the people your child saw for counseling or treatment listen carefully to you?	47	91
Q15	How often did the people your child saw for counseling or treatment spend enough time with you?	46	73
Q11	How often was your child seen within 15 minutes of his or her appointment?	40	49
Q3	How often did you get the professional counseling your child needed on the phone?	34	0
Q5	When your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?	3	25
Q7	Not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?	0	40