

DSHS | Findings from the WMIP Client Surveys



Report 9.93 | Washington Medicaid Integration Partnership

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THE WASHINGTON MEDICAID INTEGRATION PARTNERSHIP (WMIP) is a voluntary managed care pilot project in Snohomish County. WMIP is designed to improve care for disabled or aged Medicaid clients by coordinating services that in the past have been provided through separate treatment systems. Molina Healthcare of Washington began providing care for clients in January 2005. The WMIP benefit package includes medical care, mental health treatment, substance abuse treatment, and long-term care services.

This report provides findings from the 2007 round of consumer satisfaction surveys of WMIP enrollees and a comparison group of clients who received services through regular Medicaid systems of care.

Key Findings

In most areas, WMIP enrollee and comparison group responses were not significantly different. However, there were some areas where statistically significant differences emerged. WMIP clients were significantly **more satisfied** than clients enrolled in fee-for-service (FFS) medical care in the following areas:

- Fewer reported being given any forms to fill out (Q33)
- More found paperwork easy to fill out (Q34)

Items on which WMIP clients were significantly **less satisfied** included:

- Having a doctor talk to them about pros and cons of treatment options (Q10)
- Getting needed treatment or counseling (Q12c)
- Seeing a specialist when recommended by their primary care physician (Q25a)
- Getting prescription medicine (Q35a)

Other key findings:

- WMIP enrollees reported being more satisfied with Molina's care coordination compared to the prior year. Approximately 50 percent reported in 2007 that their care had been better coordinated since joining the program, compared to only 40 percent in 2006.
- WMIP enrollees in 2007 had an easier time seeing specialists and obtaining care right away than in 2006. Enrollees in 2007 were also more likely to have personal doctors, make appointments, and have frequent visits to doctors and clinics than in the prior year.
- In 2007, there were no significant differences between WMIP enrollees and FFS clients in ratings of overall health care, health plans, or prescription drug coverage (Q12, Q35, and Q35b, respectively). This is in contrast to responses to the 2006 survey, in which WMIP enrollees reported being significantly less satisfied than FFS clients on these measures.
- There were not significant differences between WMIP enrollees and FFS clients in 2007 in their perceptions of their health plan's performance. However, a smaller percentage of WMIP enrollees in 2007 reported that performance had improved in the past year (18 percent; Q35d) compared to WMIP enrollees in 2006 (24 percent; Q52d).

Overall, the findings show improvement from the prior year in care coordination, access to doctors and clinics, and overall satisfaction with their health care and health plan. However, WMIP enrollees continue to be less satisfied than their FFS peers with access to treatment and counseling, specialty providers, and prescription medicine.

About the Project

The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project serving SSI or SSI-related Medicaid clients in Snohomish County who are 21 years of age or older. WMIP is designed to improve care for disabled or aged Medicaid clients by coordinating services that in the past have been provided through separate treatment systems. The WMIP benefit package includes medical care, substance abuse treatment, mental health care (fully phased-in October 2005), and long-term care (added October 2006). Molina Healthcare of Washington began providing care for clients in January 2005, and as of January 2008 there were 2,887 clients enrolled in the pilot project (see chart below).

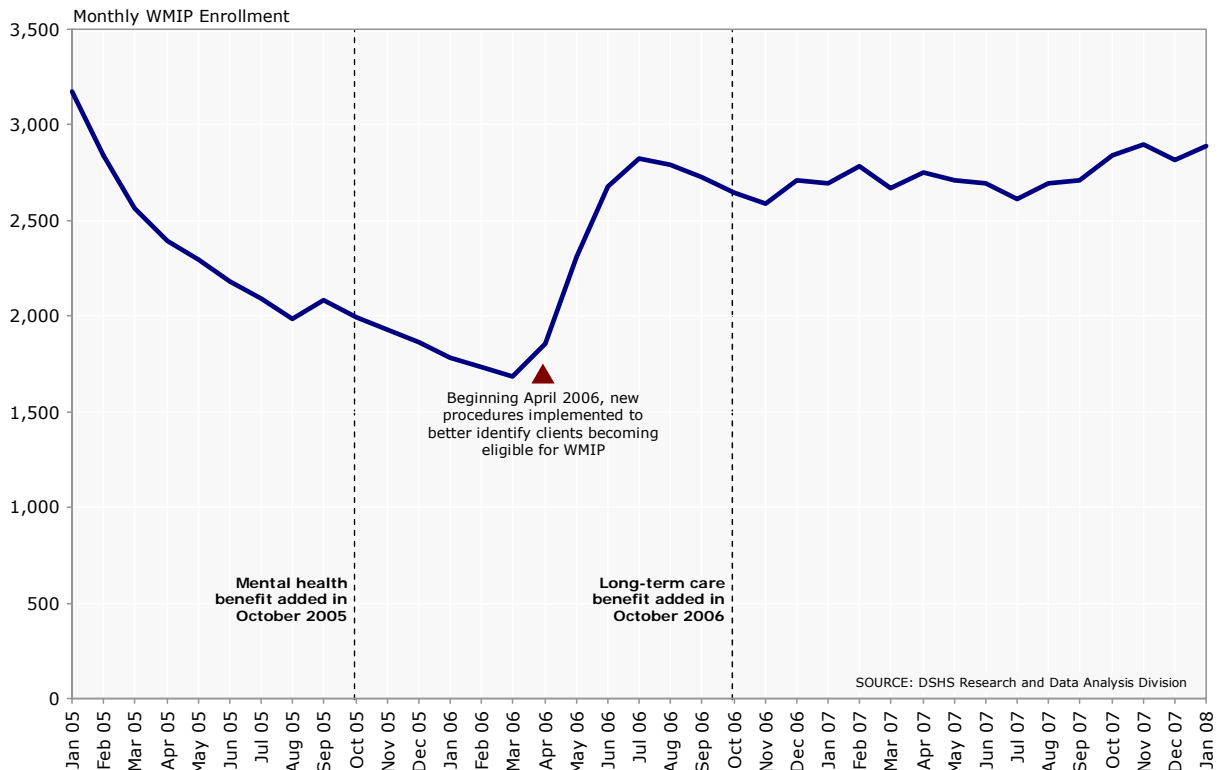
The WMIP project is being evaluated to determine whether Molina's integrated managed care model improves client health outcomes, increases client satisfaction with care, and controls growth in Medicaid expenditures. The evaluation includes claims-based analysis of impacts on client service utilization and costs, along with client satisfaction measures derived from two surveys:

- **WMIP enrollee Consumer Assessment of Health Plans Survey (CAHPS)** mandated by the Centers for Medicare and Medicaid Services.
- **DSHS fee-for-service (FFS) survey** – A survey of “comparison” clients who received services through regular Medicaid systems of care.

Because national comparisons for CAHPS surveys of SSI or SSI-related clients enrolled in integrated Medicaid managed care plans are not readily available, the DSHS FFS survey provides an essential benchmark for our assessment of WMIP enrollee satisfaction.

This report summarizes key findings from the comparison of WMIP enrollee and DSHS FFS survey responses from surveys fielded in 2007. It also summarizes findings from a comparison of WMIP enrollee responses in 2007 and 2006. Detailed responses to all survey items are included in Appendices A and B.

Project Timeline and Monthly Enrollment

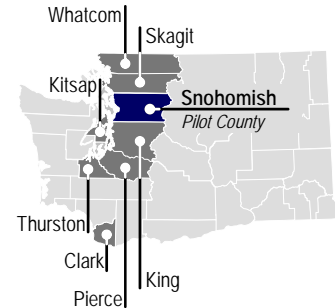


Comparison of WMIP Enrollee and DSHS FFS Survey Responses

Constructing the Comparison Sample

Enrollment in WMIP is voluntary and the project has experienced a relatively high rate of disenrollment among clients with greater health care needs. One consequence of the selective composition of WMIP enrollment is that interviews with enrollees and non-enrollees living in Snohomish County would be unlikely to provide an accurate measurement of client satisfaction with WMIP relative to regular Medicaid systems of care.

To address this we used propensity score methods to sample a comparison group from among clients residing in larger western Washington counties (King, Pierce, Whatcom, Skagit, Kitsap, Thurston, and Clark counties). These methods “match” comparison clients to WMIP enrollees using demographic and disease condition information to help reduce biases that may result from the selective nature of WMIP enrollment. One drawback of this approach is that measured differences in satisfaction in some areas may be due to differences in the robustness of Medicaid service delivery systems in Snohomish County relative to the comparison counties, as opposed to differences in health plan performance relative to regular systems of care.



The sample frame for the DSHS FFS comparison group was selected using the following steps:

1. Clients residing in the selected comparison counties who met WMIP eligibility criteria in December 2006 were identified (age 21+ categorically needy aged, blind, or disabled clients).
2. The following client characteristics were measured: age, gender, and race/ethnicity; baseline (calendar year 2004) physical condition, mental illness, and substance use disorder prevalence derived from Chronic Illness and Disability Payment System diagnosis groups; baseline (fiscal year 2005) use of Mental Health Division services; dual eligible status; and months of medical assistance eligibility in 2004 (the baseline period used to measure chronic conditions) and in 2006.
3. We estimated a logistic regression model over the pooled WMIP and potential comparison populations that related the probability the client is a WMIP enrollee to the measured demographic, diagnosis, and medical eligibility characteristics.
4. We stratified the fitted probabilities from the statistical model (the “propensity score”) into deciles, and randomly sampled comparison group members out of the deciles to match the propensity score distribution of WMIP enrollees.

These steps produced a sample frame that “matched” the measured baseline characteristics of WMIP enrollees along the measured demographic, diagnosis, and medical eligibility dimensions. We selected a simple random sample from this frame for the DSHS FFS comparison survey.

Survey Administration

The WMIP enrollee survey was fielded by The Myers Group. Out of a sample of 1,350 clients enrolled in WMIP in December 2006, 399 interviews were completed between January and May 2007. The reported response rate was 31 percent (399 of 1,276) after adjustment for ineligible sample members. Most (71 percent) of the interviews were completed by mail (285 of 399), with the balance completed by phone. The WMIP enrollee survey used the CAHPS 2007 Medicaid Adult Survey instrument. As indicated by the project timeline on page 2, the WMIP enrollee survey was fielded after the integration of the WMIP long-term care benefit in October 2006.

The DSHS FFS comparison survey was conducted by Qualis Health. Out of a sample of 1,350 clients enrolled in fee-for-service Medicaid coverage in December 2006, 530 interviews were completed between May and July 2007. The response rate was 44 percent (530 of 1213) after adjustment for ineligible sample members. Again, most (82 percent) of the interviews were completed by mail (436 of 530), with the balance completed by phone. The DSHS FFS comparison survey was based on the CAHPS 2007 Medicaid Adult Survey instrument.

Summary Rate Comparisons

Comparison of 2007 WMIP Enrollee and DSHS FFS Survey Responses

A Higher Summary Rate Value Indicates Greater Satisfaction

Survey Item	Summary Rate*		Significance Testing**
	DSHS FFS	WMIP Enrollee	
Getting Needed Care			
Q23 Easy to see a specialist	80.0%	73.3%	Not sig.
Q25a Easy to see a specialist when recommended by PCP	92.0%	80.0%	Below
Q27 Easy to get needed care, tests, or treatments	75.6%	67.8%	Not sig. (p = 0.08)
Getting Care Quickly			
Q4 Obtaining care right away for an illness/injury/condition	80.3%	82.8%	Not sig.
Q6 Obtaining care when wanted, when not needed right away	79.1%	75.7%	Not sig.
Q10 Doctor talked about pros and cons of treatment choices	93.5%	85.0%	Below
How Well Personal Doctors Communicate			
Q16 Personal doctor listens carefully to you	87.0%	85.8%	Not sig.
Q17 Personal doctor shows respect for what you had to say	90.1%	85.7%	Not sig. (p = 0.09)
Q18 Personal doctor spending enough time with you	84.6%	81.1%	Not sig.
Customer Service			
Q28 Looking for information in written materials and the Internet	10.3%	16.6%	Sig. difference
Q30 Trying to get help from customer service	19.2%	39.3%	Sig. difference
Q31 Getting needed information or help	67.7%	63.0%	Not sig.
Q32 Customer service treating you with courtesy and respect	81.6%	87.6%	Not sig.
Q33 Given any forms to fill out	41.1%	30.8%	Above
Q34 Paperwork easy to fill out	64.2%	88.2%	Above
Rating of Personal Doctor (Q21)	77.1%	73.1%	Not sig.
Rating of Specialist (Q25)	79.2%	78.4%	Not sig.
Rating of Health Care (Q12)	61.1%	55.8%	Not sig.***
Rating of Health Plan (Q35)	58.7%	63.9%	Not sig.***
Custom Questions			
Getting needed treatment or counseling (Q12c)	59.5%	42.6%	Below
Rating of treatment or counseling (Q12d)	54.9%	49.4%	Not sig.
Getting alcohol or drug treatment or counseling (Q12f)	68.8%	86.7%	Not sig.
Rating of alcohol or drug treatment or counseling (Q12g)	60.0%	37.5%	Not sig.
Getting prescription medicine (Q35a)	86.9%	79.6%	Below
Satisfaction with prescription drug coverage (Q35b)	79.0%	76.3%	Not sig.***
Patient's Health Status			
Rating of overall health (Q36)	15.4%	19.9%	Not sig. (p = 0.07)
Tried to get any kind of care, tests, or treatment (Q26)	43.4%	56.3%	P = 0.00
Health condition lasting longer than 3 months (Q42)	83.3%	93.8%	P = 0.00

* See Appendix A for the detailed response categories that comprise the "Summary Rate." In general, a higher summary rate value indicates a higher level of satisfaction.

** "Not sig." indicates that the difference between the WMIP enrollee and DSHS FFS survey results were not statistically significant at the 95 percent confidence level. "Above" indicates that WMIP clients were significantly more satisfied in this dimension. "Below" indicates that WMIP clients were significantly less satisfied in this dimension.

*** WMIP enrollees were significantly less satisfied in 2006; non-significance reflects an improvement in enrollees' satisfaction relative to FFS clients in 2007.

Comparison of WMIP Enrollee Responses in 2006 and 2007

A Higher Summary Rate Value Indicates Greater Satisfaction

Survey Item		Summary Rate*		Significance Testing**
		WMIP Enrollee 2006	WMIP Enrollee 2007	
Getting Needed Care				
Q12a/Q25a	Easy to see a specialist when recommended by PCP	67.9%	80.0%	Above
Getting Care Quickly				
Q16/Q4	Obtaining care right away for an illness/injury/condition	72.8%	82.8%	Above
Q18/Q5	Making any appointments for health care	68.3%	80.4%	Above
Q19/Q6	Obtaining care when wanted, when not needed right away	75.4%	75.7%	Not sig.
Q22/Q7	Visits to doctor or clinic	75.6%	81.3%	Above
How Well Personal Doctors Communicate				
Q4/Q13	Have a personal doctor	79.3%	86.4%	Above
Q30/Q16	Personal doctor listens carefully to you	84.6%	85.8%	Not sig.
Q33/Q17	Personal doctor shows respect for what you had to say	84.9%	85.7%	Not sig.
Q34/Q18	Personal doctor spending enough time with you	80.9%	81.1%	Not sig.
Customer Service				
Q42/Q28	Looking for info in written materials and the Internet	18.4%	16.6%	Not sig.
Q44/Q30	Trying to get help from customer service	35.0%	39.3%	Not sig.
Q50/Q33	Given any forms to fill out	11.3%	30.8%	Above
Rating of Personal Doctor (Q5/Q21)		73.5%	73.1%	Not sig.
Rating of Specialist (Q11/Q25)		73.0%	78.4%	Not sig.
Rating of Health Care (Q35/Q12)		63.0%	55.8%	Not sig.
Rating of Health Plan (Q52/Q35)		54.1%	63.9%	Above
Custom Questions				
Getting needed treatment or counseling (Q37c/Q12c)		53.0%	42.6%	Not sig.
Rating of treatment or counseling (Q37d/Q12d)		49.6%	49.4%	Not sig.
Getting alcohol or drug treatment or counseling (Q37f/Q12f)		91.7%	86.7%	Not sig.
Rating of alcohol or drug treatment or counseling (Q37g/Q12g)		75.0%	37.5%	Not sig. (p=0.06)
Satisfaction with prescription drug coverage (Q52b/Q35b)		70.8%	76.3%	Not sig.
Care better coordinated since joining program (Q52f/Q35f)		40.4%	49.6%	Above
Patient's Health Status				
Rating of overall health (Q53/Q36)		16.1%	19.9%	Not sig.

Discussion

The table on the previous page summarizes WMIP enrollee and DSHS FFS responses to key survey questions. The reported “summary rates” are composite measures of the percentage of respondents who answered the item in the most positive way, as defined by National Committee for Quality Assurance (NCQA) standards. Thus, a higher summary rate generally indicates greater satisfaction, though there are a few exceptions to this (such as, Q28, Q30, and Q33). See Appendix A for the response categories that comprise the composite summary rate measures.

In most areas covered in the survey, the differences between WMIP enrollee and DSHS FFS responses were not statistically significant at the 95 percent confidence level. However, there were some significant differences.

WMIP clients were significantly **more satisfied** than clients enrolled in fee-for-service (FFS) medical care in the following respects:

- Fewer were given any forms to fill out (Q33)
- More found paperwork easy to fill out (Q34)

Only 31 percent of WMIP enrollees reported that their health plans gave them any forms to fill out compared to 41 percent of FFS clients. Similarly, while 88 percent of WMIP enrollees reported that forms from their health plan were usually or always easy to fill out, only 64 percent of FFS clients found this to be the case.

Items on which WMIP clients were significantly **less satisfied** included:

- Having a doctor talk to them about pros and cons of treatment options (Q10)
- Getting needed treatment or counseling (Q12c)
- Seeing a specialist when recommended by primary care physician (Q25a)
- Getting prescription medicine (Q35a)

Survey results suggest that WMIP enrollees may have experienced greater challenges accessing needed health care relative to their FFS counterparts in 2007. For instance, while approximately 60 percent of FFS clients reported it was “not a problem” getting the treatment or counseling they needed, only 43 percent of WMIP enrollees reported the same was true for them. In addition, 80 percent of WMIP enrollees found it easy or very easy to obtain care when referred to a specialist by their primary care physician, compared to 92 percent of FFS clients. Moreover, approximately 80 percent of WMIP enrollees reported that it was easy or very easy to get the prescription medicines they needed, compared to 87 percent of FFS clients.

Adding another layer of evidence to the question of access are findings related to respondents’ attempts to contact customer service. Notably, 39 percent of WMIP enrollees tried to get information or help from customer service relative to only 19 percent of FFS clients (Q30). While this finding in and of itself does not necessarily suggest a problem, analyses of FFS client data suggest an association between this measure and access issues. In particular, FFS clients who tried to get help from customer service were also more likely to report difficulty getting prescription medicines (Q35a). Similarly, FFS clients who tried getting information or help from customer service were also more likely to report difficulty seeing a specialist when they had been referred by their personal doctor (Q25a).

WMIP enrollees may also have needed to work harder than their FFS counterparts to access information about their health care options in 2007. For example, while 94 percent of FFS clients reported that their doctors had spoken to them about the pros and cons of different treatment options, the same was true for only 85 percent of WMIP enrollees. It is possible WMIP enrollees compensated for this lack of information from their doctors by looking for information in written materials and on the Internet. Indeed, 17 percent of WMIP enrollees reported doing so relative to 10 percent of FFS clients (Q28).

Differences between WMIP Enrollees and FFS Clients in 2007

Despite similarities between groups at enrollment, WMIP enrollees in the 2007 survey were significantly different from FFS clients in the following respects:

- More tried to get any kind of care, tests, or treatment (Q26)
- More had health conditions lasting longer than 3 months (Q42)

It is reasonable to think that clients' satisfaction with their health plans may depend, at least in part, on their health status. In light of this, it is worth noting that 56 percent of WMIP enrollees tried to get care, tests, or treatment compared to 43 percent of FFS clients. Similarly, 94 percent of WMIP enrollees but only 83 percent of FFS clients reported that the condition for which they had seen a provider 3 or more times in the past six months is also a condition that has lasted for at least three months. Together, these findings suggest that surveyed WMIP enrollees may have had a greater need for health care relative to their FFS counterparts.

While it is reasonable to think respondents' health status might be associated with their ability to access needed health care, further analysis of the survey data provided mixed results. Somewhat surprisingly, neither measure of health status was significantly associated with any of the three access issues raised in the last section (getting needed treatment or counseling, Q12c; seeing a specialist, Q25a; or getting prescription medicines, Q35a). However, FFS respondents who had tried to get any kind of care, tests, or treatment did give lower overall ratings of their health care (Q12). If this association were to hold among WMIP enrollees, it might suggest that ratings of health care for WMIP would improve relative to FFS if it were possible to control for between-group differences in health care needs. Unfortunately, there was not sufficient data on WMIP enrollees to perform this analysis.

Improvements WMIP Enrollees Reported From 2006 to 2007

Access to Health Care. Survey results suggest that WMIP enrollees in 2007 may have had greater access to health care relative to those enrolled in WMIP in 2006. In particular, 83 percent of WMIP enrollees in 2007 compared to 73 percent in 2006 reported that they obtained care right away for an illness, injury, or condition (Q4/Q16). Similarly, 80 percent of enrollees in 2007 compared to 68 percent in 2006 reported that it was easy to see a specialist when recommended by their Primary Care Physician (Q25a/Q12a). Yet as mentioned above, WMIP enrollees in 2007 were still significantly less satisfied than their FFS peers with respect to their ability to see specialists upon referral.

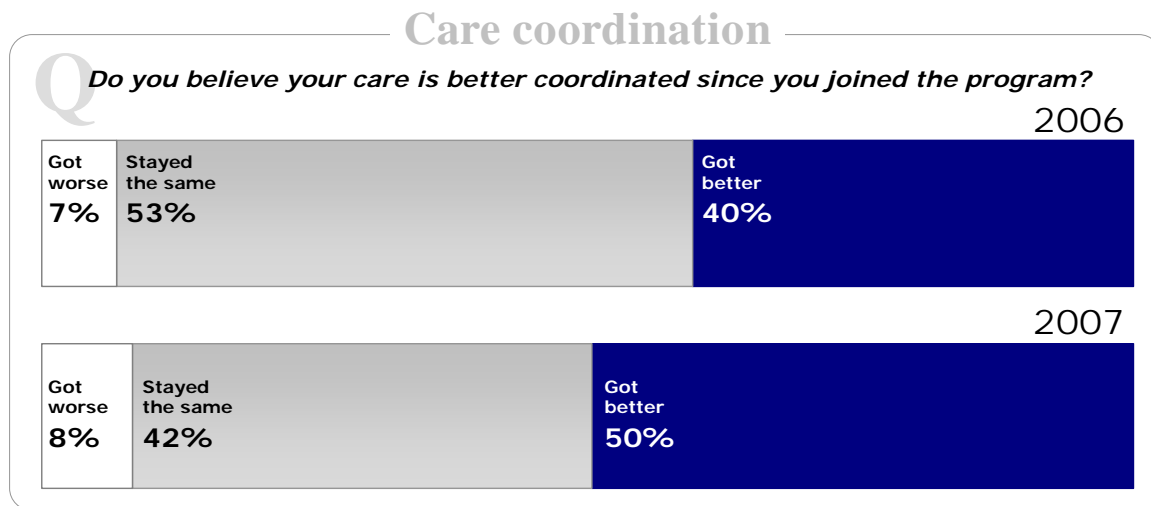
There also appear to have been improvements within the program with respect to enrollees' ability to have personal doctors and to see those doctors and visit clinics with a greater frequency. For instance, while 68 percent of WMIP enrollees in 2006 made any appointments for health care, 80 percent did so in 2007 (Q18/Q5). Similarly, 76 percent of WMIP enrollees in 2006 reported visiting a doctor's office or clinic compared to 81 percent in 2007 (Q22/Q7). Finally, significantly more enrollees reported having a personal doctor in 2007 compared to those in 2006 (Q13/Q4; 86 percent in 2007 compared to 79 percent in 2006).

Satisfaction with WMIP Health Care Plan. Compared to 2006, WMIP enrollees in 2007 were more satisfied with their health plan. While only 54 percent of enrollees gave their health plan a high rating in 2006, 64 percent gave such a rating in 2007 (Q52/Q35).

Overall Satisfaction with Health Care, Health Plans, and Prescription Drug Coverage. In 2006, WMIP enrollees reported being significantly less satisfied than FFS clients in ratings of their health care, ratings of their health plans, and satisfaction with their prescription drug coverage. In 2007, there were no significant differences between WMIP enrollees and FFS clients on any of these three items (Q12, Q35, and Q35b, respectively). This suggests that WMIP client satisfaction improved on these three measures from 2006 to 2007.

Perceptions of Plan Performance. There was not a significant difference between WMIP enrollees and FFS clients in 2007 with respect to perceptions of their health plan's performance. However, a smaller percentage of WMIP enrollees reported that performance had improved in the past year (19 percent; Q35d) compared to WMIP enrollees who gave that same response in 2006 (24 percent; Q52d).

Care Coordination. In 2007, approximately half of WMIP enrollees (50 percent) reported that they believed their care had been better coordinated since joining the program (Q35f). This is an improvement from 2006, when only 40 percent of WMIP enrollees thought care was better coordinated since joining the program (Q52f). *Chart below.*



Summary

Overall, the findings show improvement from the prior year in care coordination, access to doctors and clinics, and overall satisfaction with their health care and health plan. However, WMIP enrollees continue to be less satisfied than their FFS peers with access to treatment and counseling, specialty providers, and prescription medicine.

FOR APPENDICES

Report appendices are available under separate cover at the address listed below (*Survey Detail*, Report Number 9.93A).

Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/> or by calling 360.902.0701. Please request report number below.

