



Client Satisfaction and Colorado’s Accountable Care Collaborative (ACC)

For the first time, Colorado will have satisfaction data from adult Medicaid ACC enrollees at the regional level, the result of a partnership between the Colorado Department of Health Care Policy and Financing (HCPF) and the Colorado Health Institute.

Background: HCPF and the Colorado Health Institute are working with a survey vendor to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with enough sample size to provide patient satisfaction measures for Colorado’s seven Regional Care Collaborative Organizations (RCCOs).

The survey is being administered between May and August 2013 by telephone and mail. It will be available in English and Spanish. We are targeting up to 1,755 completed surveys per RCCO.

Survey topics include:

- Obtaining an appointment as soon as needed.
- Medication management.
- Conversation with a provider about illness prevention and health goals.
- Access to blood tests, X-rays or other tests.
- Stress and mental/emotional illness.
- Rating the care received.
- Having a personal doctor/medical home.
- Access to care on evenings, weekends or holidays.
- Access to, and rating of, specialist care.
- Overall health status.
- Health risks (smoking, high blood pressure, high cholesterol).
- Demographic characteristics (age, education, gender, race, ethnicity).

The full survey is attached.

HCPF and the Colorado Health Institute will engage policymakers and stakeholders to determine which measures are most useful. Eventually, the data will be summarized in chart packs and presentations.

Please consider the following questions and come prepared to discuss them at the Safety Net Advisory Committee (SNAC) Learning Lab at the Colorado Health Institute on **Thursday, July 25 from noon to 1:30 pm:**

- Which survey topics are of most importance to you?
- Are you currently using the CAHPS or have you used CAHPS data in the past?
- If so, what did you find most or least useful?
- How would the data be most helpful?

Thank you in advance for your thoughts and feedback.

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Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-XXX-XXXX.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks   

- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes ➔ *Go to Question 1*

No

↓ **START HERE** ↓

1. Our records show that you are now enrolled in Medicaid. Is that right?

- Yes
- No



2. The Accountable Care Collaborative (ACC) is a new Medicaid program designed to improve patient health. Medicaid enrollees in the ACC belong to a Regional Care Collaborative Organization (RCCO). Do you know if you belong to a RCCO?

- Yes
- No → *Go to Question 4*

3. What is the name of your RCCO?

- Colorado Access
- Colorado Community Health Alliance
- Community Care of Central Colorado
- Integrated Community Health Partnerships
- Rocky Mountain Health Plans
- Don't know

**YOUR HEALTH CARE IN
THE LAST 6 MONTHS**

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

- Yes
- No → *Go to Question 6*

5. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

6. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

- Yes
- No → *Go to Question 8*

7. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

- Never
- Sometimes
- Usually
- Always

8. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

9. In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Yes
- No

10. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

- Yes
- No → *Go to Question 14*

11. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

- Not at all
- A little
- Some
- A lot

12. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?

- Not at all
- A little
- Some
- A lot



13. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, did a doctor or other health provider order a blood test, x-ray, or other test for you?

- Yes
- No → *Go to Question 17*

16. In the last 6 months, when a doctor or other health provider ordered a blood test, x-ray, or other test for you, how often did someone follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, did a doctor or other health provider talk with you about specific goals for your health?

- Yes
- No

18. In the last 6 months, did a doctor or other health provider ask you if there are things that make it hard for you to take care of your health?

- Yes
- No

19. In the last 6 months, did a doctor or other health provider ask you if there was a period of time when you felt sad, empty or depressed?

- Yes
- No

20. In the last 6 months, did you and a doctor or other health provider talk about things in your life that worry you or cause you stress?

- Yes
- No

21. In the last 6 months, did you and a doctor or other health provider talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- Yes
- No

22. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

YOUR PERSONAL DOCTOR

23. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *Go to Question 41*

24. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 39*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times



25. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

29. Thinking about the care you received in the last 6 months, how often do you think your personal doctor understood the things that really matter to you about your health care?

- Never
- Sometimes
- Usually
- Always

30. In the past 6 months, did you ever leave your personal doctor's office confused about what to do next to manage your health care?

- Yes
- No

31. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → *Go to Question 33*

32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

33. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from your personal doctor's office between visits?

- Yes
- No

34. In the last 6 months, did you take any prescription medicine?

- Yes
- No → *Go to Question 36*

35. In the last 6 months, did your personal doctor talk at each visit about all the prescription medicines you were taking?

- Yes
- No

36. In the last 6 months, did your personal doctor's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- Yes
- No

37. In the last 6 months, did you need care for yourself from your personal doctor during evenings, weekends, or holidays?

- Yes
- No → *Go to Question 39*



48. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → *Go to Question 52*
- Don't know → *Go to Question 52*

49. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

50. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

51. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

52. Do you take aspirin daily or every other day?

- Yes
- No
- Don't know

53. Do you have a health problem or take medication that makes taking aspirin unsafe for you?

- Yes
- No
- Don't know

54. Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?

- Yes
- No

55. Are you aware that you have any of the following conditions? Mark one or more.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

56. Has a doctor ever told you that you have any of the following conditions? Mark one or more.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

57. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → *Go to Question 59*

58. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

59. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → *Go to Question 61*



60. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

61. What is your age?

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

62. Are you male or female?

- Male
- Female

63. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

64. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

65. What is your race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

66. Did someone help you complete this survey?

- Yes → **Go to Question 67**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

67. How did that person help you? Mark one or more.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

**DataStat, 3975 Research Park Drive, Ann Arbor, MI
48108**

