2021 Serious Mental Illness CAHPS® Summary Report

Arizona Health Care Cost Containment System

January 2022

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

The State of Arizona required the administration of member experience surveys to members determined to have serious mental illness (SMI) and were receiving physical and behavioral health services from one of three regional behavioral health authorities (RBHAs): Arizona Complete Health—Complete Care Plan, Health Choice Arizona, or Mercy Care. Arizona Health Care Cost Containment System (AHCCCS) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey.[1-1] The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience.

The standardized survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.[1-2] Members completed the surveys from April to June 2021. Results presented in this report include four global ratings, four composite measures, one individual item measure, and three Effectiveness of Care measures.

Survey Administration Overview

The response rate is the total number of completed surveys divided by all eligible members of the sample. Adult members completed a total of 1,209 surveys. The following figure shows the distribution of survey dispositions and response rates for the SMI Program (i.e., combined results of the RBHAs). Results based on fewer than 11 responses were suppressed and noted with an "S."

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Figure 1-1—Survey Administration Overview: SMI Program

Survey Start Date:	Survey End Date:
04.02.21	06.25.21

TOTAL SAMPLE SIZE	6,075
RESPONSE RATE	20.2%

COMPLETES	1,209
INCOMPLETES	4,775
INELIGIBLES	91

- COMPLETES
- INCOMPLETES
- INELIGIBLES
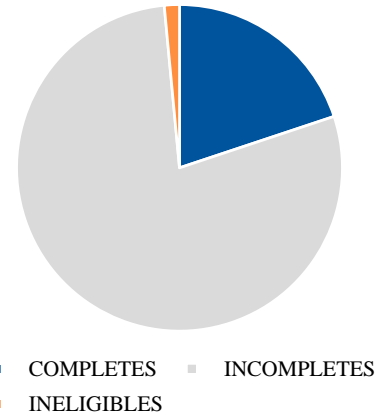
DETAILS

	Mail 1	Mail 2	Mail 3	Internet
Completes - Mode	49.0%	32.1%	12.1%	6.9%

	Mail English	Mail Spanish	Internet English	Internet Spanish
Completes - Language	90.5%	2.6%	6.9%	0.0%

	No Response	Refusal	Incomplete	Unable to Contact
Incompletes	99.1%	0.3%	0.5%	0.0%

	Not Eligible	Deceased	Language Barrier	Incapacitated
Ineligibles	73.6%	S	0.0%	S

The overall response rate of 20.2 percent was higher than the national adult Medicaid response rate reported by NCQA for 2020, which was 16.3 percent.[1-3]

[1-3]   National Committee for Quality Assurance. *HEDIS Measurement Year 2020 Update Survey Vendor Training.* October 7, 2020.

Performance Highlights

The following performance highlights summarize the results from the CAHPS survey.

NCQA Comparisons

HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores (i.e., rates of experience) for the other measures. HSAG compared these scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2020 Quality Compass® Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[1-4,1-5,1-6] Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this analysis are found in the Results section beginning on page 2-7. Table 1-1 provides highlights of the NCQA comparisons. The percentages presented in the table represent the scores, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA Quality Compass data.

[1-4]   National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

[1-5]   The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2020 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[1-6]   NCQA Quality Compass benchmarks for the adult Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the SMI population; therefore, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

Table 1-1—NCQA Comparisons: SMI Program

Measure	NCQA Comparisons
Global Ratings	
Rating of Health Plan	★ 54.7%
Rating of All Health Care	★ 44.2%
Rating of Personal Doctor	★ 59.9%
Rating of Specialist Seen Most Often	★ 57.0%
Composite Measures	
Getting Needed Care	★ 77.6%
Getting Care Quickly	★ 78.8%
How Well Doctors Communicate	★ 89.0%
Customer Service	★ 86.4%
Individual Item Measure	
Coordination of Care	★ 74.5%
Effectiveness of Care Measures	
Advising Smokers and Tobacco Users to Quit	★ 72.2%
Discussing Cessation Medications	★★ 52.9%
Discussing Cessation Strategies	★★ 46.9%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th	

Statewide Comparisons

HSAG compared the RBHAs' results to the SMI Program to determine if the RBHAs' results were statistically significantly different than the SMI Program. The detailed results of this analysis are found in the Results section beginning on page 2-10. Table 1-2 shows a summary of the statistically significant results of this analysis.

Table 1-2—Statewide Comparisons: Statistically Significant Results

	Rating of Health Plan
Arizona Complete Health—Complete Care Plan	↓
Health Choice Arizona	
Mercy Care	↑

The cell shaded in grey indicates the score was not statistically significantly higher or lower than the SMI Program for the measure and RBHA.
↑ *Statistically significantly higher than the SMI Program.*
↓ *Statistically significantly lower than the SMI Program.*

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement efforts, HSAG conducted a key drivers analysis. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities. The analysis provides information on:

- How well the health plan/program is performing on the survey item.
- How important that item is to the respondents' overall experience.

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as "key drivers" since these items are driving members' levels of experience with each of the three measures. The detailed results of this analysis are described in the Results section beginning on page 2-28.

Table 1-3 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience for the SMI Program (indicated by a ✓).

Table 1-3—Key Drivers of Member Experience: SMI Program

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q4. Received care as soon as needed when care was needed right away	(Never + Sometimes) vs. Always	✓	NS	NS
Q9. Ease of getting the care, tests, or treatment needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	(Never + Sometimes) vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	NS	NS	✓
Q14. Personal doctor showed respect for what was said	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q15. Personal doctor spent enough time	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Usually vs. Always	NS	✓	NS
Q25. Treated with courtesy and respect by health plan's customer service staff	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q27. Ease of filling out forms from health plan	(Never + Sometimes) vs. Always	✓	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

The following section presents the results for the SMI Program.

Survey Administration

Sample Selection

Members eligible for surveying included those who were enrolled in an RBHA at the time the sample was drawn and who were continuously enrolled in an RBHA for at least five of the six months of the measurement period (July 1, 2020 through December 31, 2020). In addition, members had to be 18 years of age or older as of December 31, 2020 to be included in the survey.

The standard sample size for the CAHPS 5.1 Adult Medicaid Health Plan Survey is 1,350 members.[2-1] HSAG applied a 50 percent oversample for each RBHA; therefore, the total selected sample for each RBHA was 2,025 adult members.

Survey Responses

The survey process allowed members two methods by which they could complete the surveys: mail or Internet. All sampled members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 3-6.

A total of 6,075 surveys were mailed to members. A total of 1,209 surveys were completed. Table 2-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rate for the samples.

Table 2-1—Total Number of Respondents and Response Rates

Program/RBHA Name	Sample Size	Completes	Ineligibles	Response Rate
SMI Program	**6,075**	**1,209**	**91**	**20.2%**
Arizona Complete Health—Complete Care Plan	2,025	393	34	19.7%
Health Choice Arizona	2,025	451	37	22.7%
Mercy Care	2,025	365	20	18.2%

[2-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Demographics of Members

Table 2-2 through Table 2-7 depict the self-reported demographic characteristics of adult members who completed a survey for age, gender, race, ethnicity, education level, and general health status. Please refer to Appendix A. Additional Data for graphical displays of the demographic results.

Table 2-2—Adult Member Demographics: Age

	18 to 34	35 to 44	45 to 54	55 to 64	65 and older
SMI Program	**10.5%**	**16.1%**	**24.8%**	**34.5%**	**14.0%**
Arizona Complete Health—Complete Care Plan	8.1%	14.8%	27.6%	32.8%	16.7%
Health Choice Arizona	8.8%	14.0%	21.8%	39.6%	15.8%
Mercy Care	15.2%	20.2%	25.5%	29.9%	9.1%
Please note, percentages may not total 100% due to rounding.					

Table 2-3—Adult Member Demographics: Gender

	Male	Female
SMI Program	**41.1%**	**58.9%**
Arizona Complete Health—Complete Care Plan	43.4%	56.6%
Health Choice Arizona	36.2%	63.8%
Mercy Care	44.6%	55.4%
Please note, percentages may not total 100% due to rounding.		

Table 2-4—Adult Member Demographics: Race

	Multi-Racial	White	Black	American Indian or Alaska Native	Other*
SMI Program	**4.7%**	**79.0%**	**3.7%**	**2.4%**	**10.2%**
Arizona Complete Health—Complete Care Plan	5.8%	76.0%	S	S	13.7%
Health Choice Arizona	5.0%	84.1%	S	S	6.8%
Mercy Care	S	75.9%	8.5%	S	10.8%
Please note, percentages may not total 100% due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."					
*The "Other" race category includes responses of Asian, Native Hawaiian or other Pacific Islander, and Other.					

Table 2-5—Adult Member Demographics: Ethnicity

	Hispanic	**Non-Hispanic**
SMI Program	**19.5%**	**80.5%**
Arizona Complete Health—Complete Care Plan	31.5%	68.5%
Health Choice Arizona	10.9%	89.1%
Mercy Care	17.1%	82.9%
Please note, percentages may not total 100% due to rounding.		

Table 2-6—Adult Member Demographics: Education Level

	8th Grade or Less	**Some High School**	**High School Graduate**	**Some College**	**College Graduate**
SMI Program	**6.1%**	**15.5%**	**31.7%**	**37.8%**	**8.9%**
Arizona Complete Health—Complete Care Plan	8.8%	16.1%	30.8%	34.2%	10.1%
Health Choice Arizona	5.4%	14.8%	32.1%	40.0%	7.6%
Mercy Care	4.2%	15.8%	31.9%	38.9%	9.2%
Please note, percentages may not total 100% due to rounding.					

Table 2-7—Adult Member Demographics: General Health Status

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**
SMI Program	**4.9%**	**13.7%**	**32.0%**	**36.2%**	**13.2%**
Arizona Complete Health—Complete Care Plan	3.9%	12.2%	32.6%	38.0%	13.3%
Health Choice Arizona	3.8%	14.3%	34.2%	33.7%	14.1%
Mercy Care	7.2%	14.4%	28.9%	37.5%	11.9%
Please note, percentages may not total 100% due to rounding.					

Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 2-8 through Table 2-11 present the results of the respondent analysis. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 2-8—Respondent Analysis: Age

Program/RBHA Name	18 to 34	35 to 44	45 to 54	55 to 64	65 and older
SMI Program					
Respondent	**10.7%↓**	**16.5%↓**	**25.2%**	**34.7%↑**	**12.9%↑**
Sample Frame	**24.2%**	**22.7%**	**23.1%**	**22.1%**	**7.8%**
Arizona Complete Health—Complete Care Plan					
Respondent	8.4%↓	16.0%↓	27.2%	33.8%↑	14.5%↑
Sample Frame	19.9%	23.7%	24.3%	23.3%	8.8%
Health Choice Arizona					
Respondent	8.9%↓	14.9%↓	22.6%	38.8%↑	14.9%↑
Sample Frame	19.9%	20.8%	24.1%	25.9%	9.4%
Mercy Care					
Respondent	15.3%↓	19.2%	26.3%	30.4%↑	8.8%
Sample Frame	27.8%	22.6%	22.3%	20.5%	6.8%
↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.* ↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.* *Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.*					

Table 2-9—Respondent Analysis: Gender

Program/RBHA Name	Male	Female
SMI Program		
Respondent	**41.0%↓**	**59.0%↑**
Sample Frame	**45.9%**	**54.1%**
Arizona Complete Health—Complete Care Plan		
Respondent	43.0%	57.0%
Sample Frame	45.3%	54.7%
Health Choice Arizona		
Respondent	35.9%↓	64.1%↑
Sample Frame	43.1%	56.9%
Mercy Care		
Respondent	45.2%	54.8%
Sample Frame	46.9%	53.1%

↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.*
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-10—Respondent Analysis: Race

Program/RBHA Name	White	Black	American Indian or Alaska Native	Other
SMI Program				
Respondent	**85.5%↑**	**4.5%↓**	**2.2%**	**7.7%**
Sample Frame	**78.1%**	**11.3%**	**3.0%**	**7.5%**
Arizona Complete Health—Complete Care Plan				
Respondent	81.7%	S	S	13.3%
Sample Frame	79.0%	8.3%	3.1%	9.6%
Health Choice Arizona				
Respondent	91.2%	S	4.3%	S
Sample Frame	91.1%	1.7%	4.1%	3.2%
Mercy Care				
Respondent	82.1%↑	9.5%↓	S	S
Sample Frame	74.0%	15.7%	2.7%	7.6%

Results based on fewer than 11 responses were suppressed and noted with an "S."
↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.*
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-11—Respondent Analysis: Ethnicity

Program/RBHA Name	Hispanic	Non-Hispanic
SMI Program		
Respondent	**76.3%**	**23.7%**
Sample Frame	**74.3%**	**25.7%**
Arizona Complete Health—Complete Care Plan		
Respondent	80.9%	19.1%
Sample Frame	78.4%	21.6%
Health Choice Arizona		
Respondent	74.1%↑	25.9%↓
Sample Frame	67.6%	32.4%
Mercy Care		
Respondent	73.0%	27.0%
Sample Frame	73.2%	26.8%
↑ *Indicates the respondent percentage is significantly higher than the sample frame percentage.* ↓ *Indicates the respondent percentage is significantly lower than the sample frame percentage.* *Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.*		

NCQA Comparisons

In order to assess the overall performance of the adult population, HSAG compared the overall scores for the Effectiveness of Care measures and top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data.[2-2,2-3] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 2-12.

Table 2-12—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

The percentages presented in the following three tables represent the scores, while the stars represent overall member experience ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data.

[2-2] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

[2-3] NCQA Quality Compass benchmarks for the adult Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the SMI population; therefore, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

Table 2-13 shows the scores and overall member experience ratings on each of the four global ratings.

Table 2-13—NCQA Comparisons: Global Ratings

	Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*	*Rating of Specialist Seen Most Often*
SMI Program	★ **54.7%**	★ **44.2%**	★ **59.9%**	★ **57.0%**
Arizona Complete Health—Complete Care Plan	★ 48.5%	★ 43.1%	★ 59.2%	★ 59.8%
Health Choice Arizona	★ 54.2%	★ 43.6%	★ 61.4%	★ 53.3%
Mercy Care	★★ 58.3%	★ 44.9%	★ 59.9%	★ 56.4%

Table 2-14 shows the scores and overall member experience ratings on the four composite measures.

Table 2-14—NCQA Comparisons: Composite Measures

	Getting Needed Care	*Getting Care Quickly*	*How Well Doctors Communicate*	*Customer Service*
SMI Program	★ **77.6%**	★ **78.8%**	★ **89.0%**	★ **86.4%**
Arizona Complete Health—Complete Care Plan	★ 76.9%	★ 77.6%	★ 88.7%	★★ 89.0%
Health Choice Arizona	★ 76.5%	★ 75.6%	★★ 92.0%	★★ 87.9%
Mercy Care	★ 78.2%	★★ 80.3%	★ 88.4%	★ 84.5%

Table 2-15 shows the scores and overall member experience ratings on the one individual item measure and three Effectiveness of Care measures.

Table 2-15—NCQA Comparisons: Individual Item Measure and Effectiveness of Care Measures

	Coordination of Care	*Advising Smokers and Tobacco Users to Quit*	*Discussing Cessation Medications*	*Discussing Cessation Strategies*
SMI Program	★ **74.5%**	★ **72.2%**	★★ **52.9%**	★★ **46.9%**
Arizona Complete Health—Complete Care Plan	★ 78.8%	★★ 74.5%	★★ 51.4%	★★ 47.4%
Health Choice Arizona	★ 80.1%	★ 68.9%	★★ 49.5%	★ 38.4%
Mercy Care	★ 70.7%	★ 71.7%	★★★ 54.5%	★★★ 48.7%

Statewide Comparisons

For purposes of the Statewide Comparisons analysis, HSAG calculated scores for the Effectiveness of Care measures and top-box scores for the other measures. The 2020 NCQA adult Medicaid national averages are provided for comparative purposes.[2-4,2-5,2-6] For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 3-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide section beginning on page 3-8.

RBHA Comparisons

The SMI Program results were weighted based on the eligible population for each RBHA. HSAG compared the RBHA results to the SMI Program to determine if the results were statistically significantly different than the SMI Program. Statistically significant differences between the RBHA scores and the SMI Program are noted with arrows. RBHA scores that were statistically significantly higher than the SMI Program are noted with upward arrows (↑). RBHA scores that were statistically significantly lower than the SMI Program are noted with downward arrows (↓). RBHA scores that were not statistically significantly different than the SMI Program are not noted with arrows.[2-7]

[2-4] NCQA national averages for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national averages are presented in this section.

[2-5] For the NCQA adult Medicaid national averages, the source for data contained in this publication is Quality Compass® 2020 data.

[2-6] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

[2-7] A global *F* test was calculated first, which determined whether the difference between RBHAs was significant. If the *F* test demonstrated RBHA-level differences, then a *t* test was performed for each RBHA. The *t* test determined whether each RBHA's score was significantly different from the aggregate score. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Rating of Health Plan*.
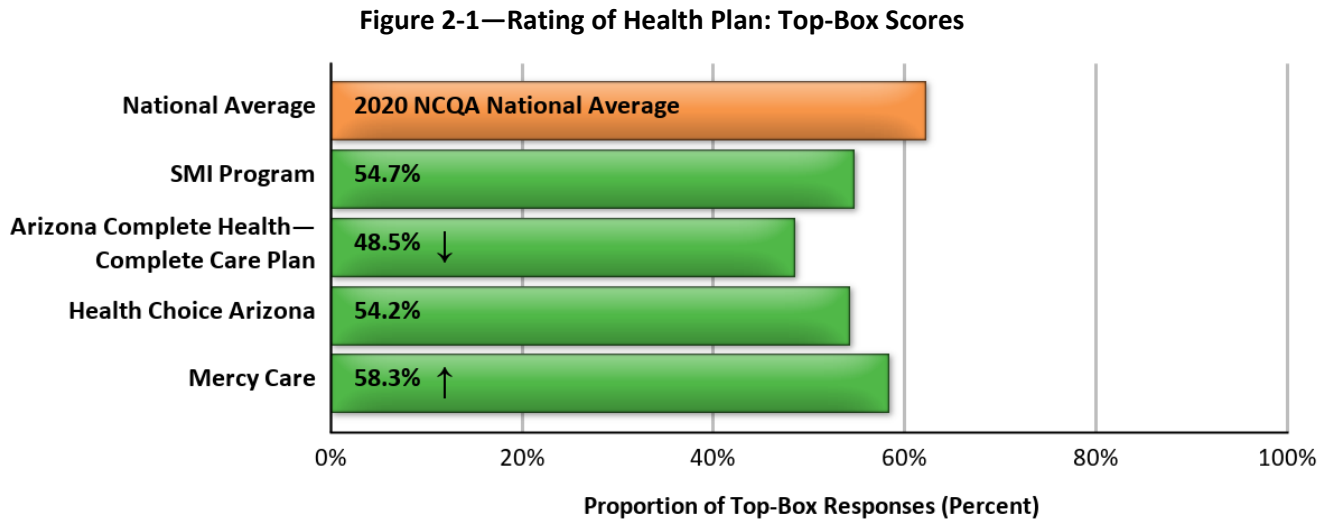
Figure 2-1—Rating of Health Plan: Top-Box Scores

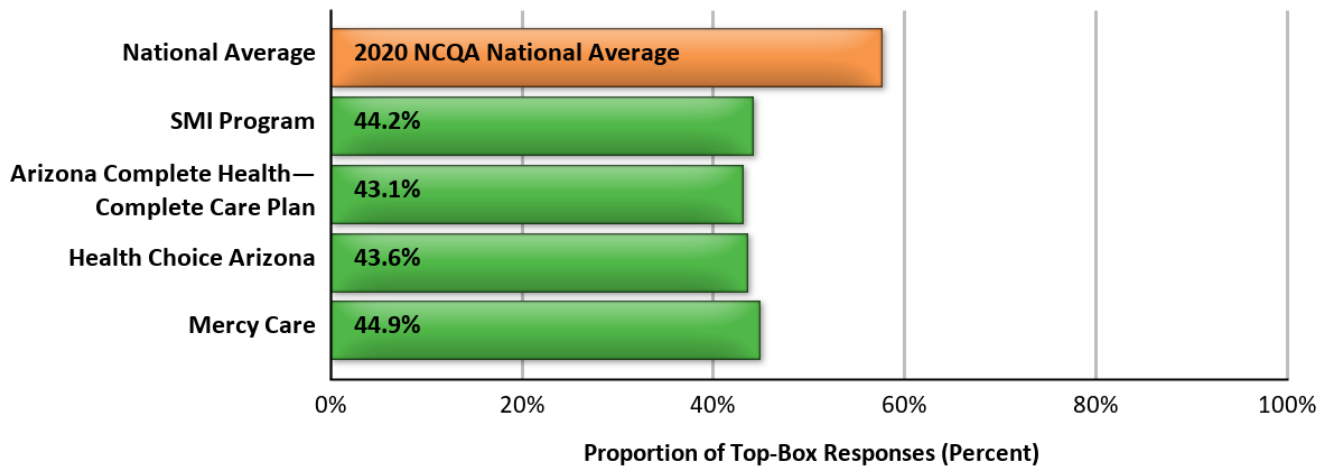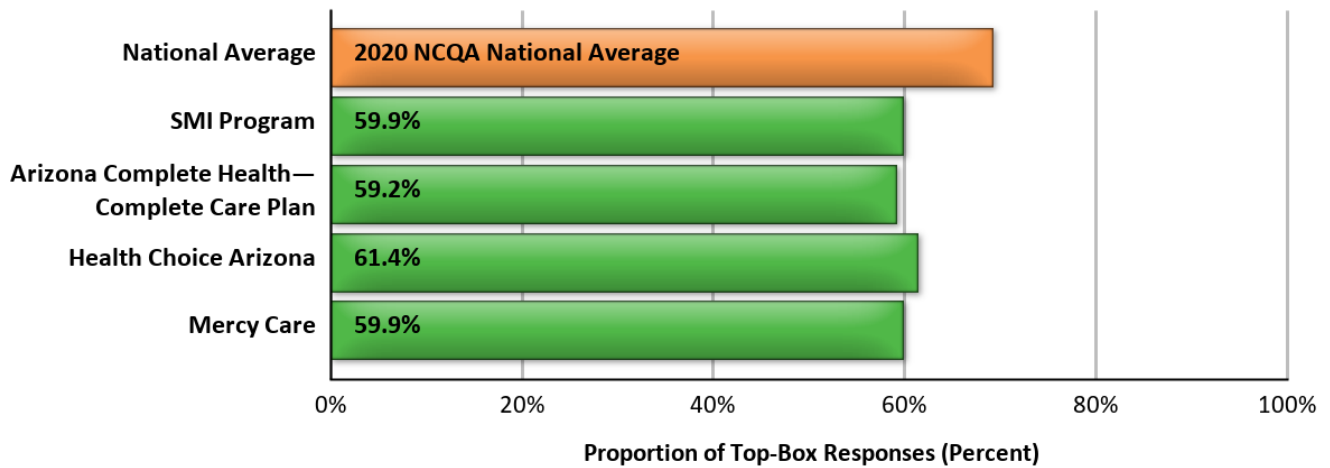Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of All Health Care

Figure 2-2 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Rating of All Health Care*.

Figure 2-2—Rating of All Health Care: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Personal Doctor

Figure 2-3 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Rating of Personal Doctor*.

Figure 2-3—Rating of Personal Doctor: Top-Box Scores
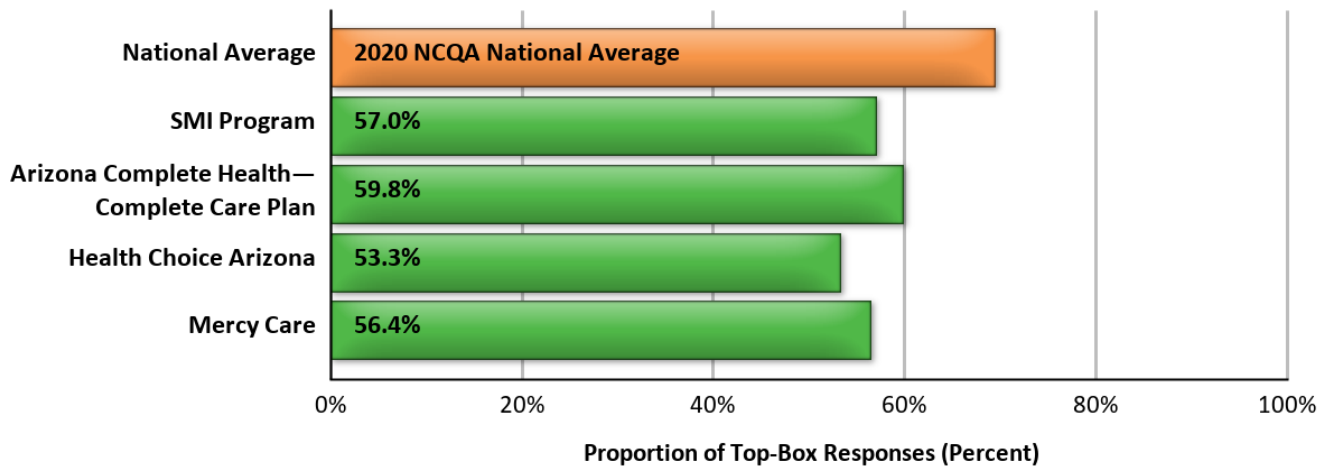

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
                                                 ↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 2-4 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Rating of Specialist Seen Most Often*.

Figure 2-4—Rating of Specialist Seen Most Often: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
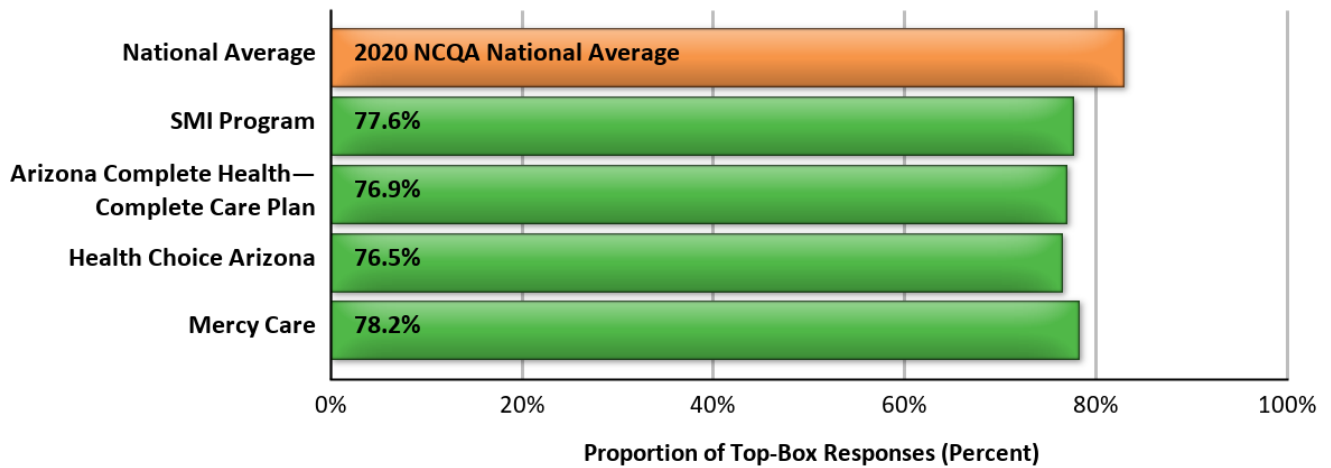↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Composite Measures

Getting Needed Care

Figure 2-5 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Getting Needed Care*.

Figure 2-5—Getting Needed Care: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Getting Care Quickly

Figure 2-6 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Getting Care Quickly*.

Figure 2-6—Getting Care Quickly: Top-Box Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
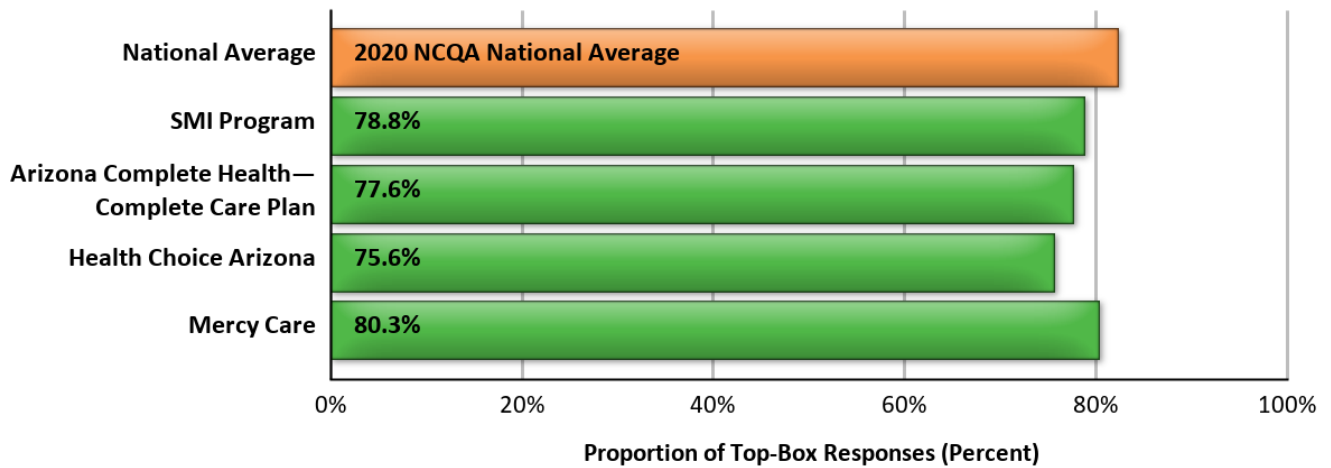If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

How Well Doctors Communicate

Figure 2-7 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *How Well Doctors Communicate*.

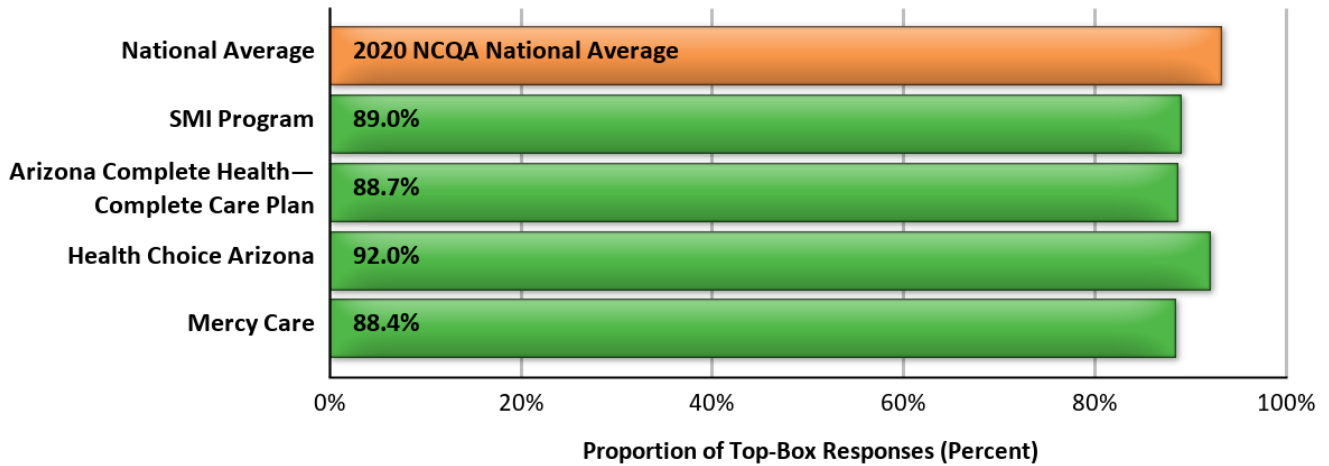**Figure 2-7—How Well Doctors Communicate: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Customer Service

Figure 2-8 shows the top-box scores and 2020 NCQA adult Medicaid national averages for *Customer Service*.

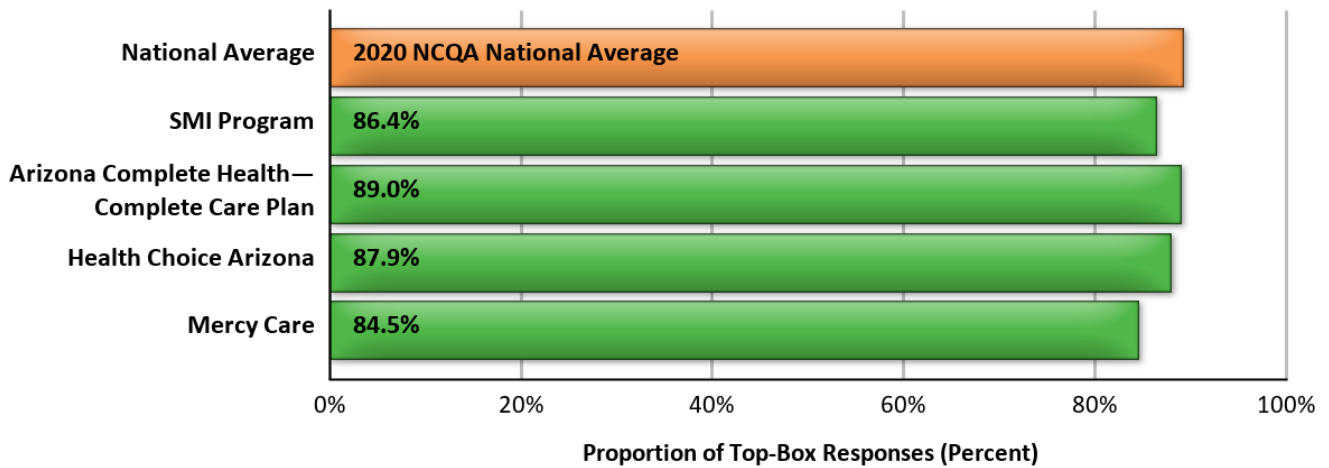**Figure 2-8—Customer Service: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Individual Item Measure

Coordination of Care

Figure 2-9 shows the top-box scores and 2020 NCQA adult Medicaid national average for *Coordination of Care*.

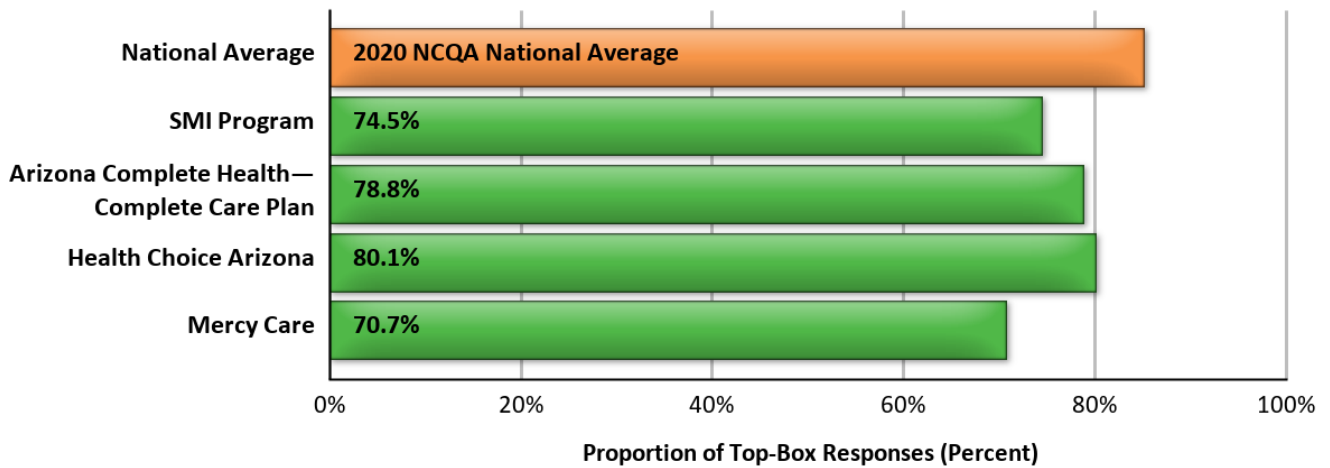**Figure 2-9—Coordination of Care: Top-Box Scores**

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Effectiveness of Care Measures

Advising Smokers and Tobacco Users to Quit

Figure 2-10 shows the overall scores and 2020 NCQA adult Medicaid national average for *Advising Smokers and Tobacco Users to Quit*.

Figure 2-10—Advising Smokers and Tobacco Users to Quit: Overall Scores
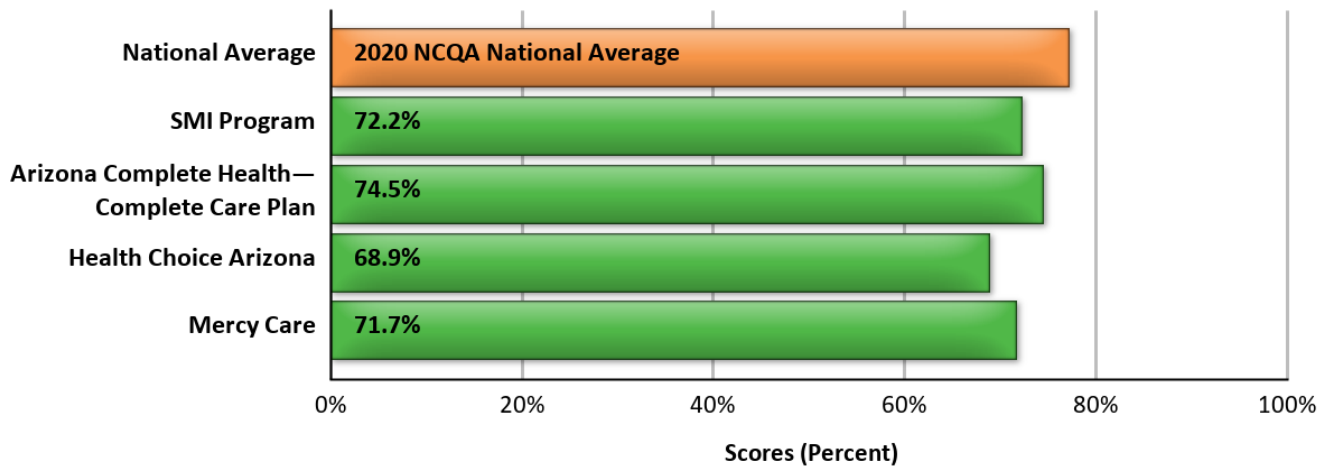

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Discussing Cessation Medications

Figure 2-11 shows the overall scores and 2020 NCQA adult Medicaid national average for *Discussing Cessation Medications*.

Figure 2-11—Discussing Cessation Medications: Overall Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Discussing Cessation Strategies

Figure 2-12 shows the overall scores and 2020 NCQA adult Medicaid national averages for *Discussing Cessation Strategies*.

Figure 2-12—Discussing Cessation Strategies: Overall Scores

Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the SMI Program.
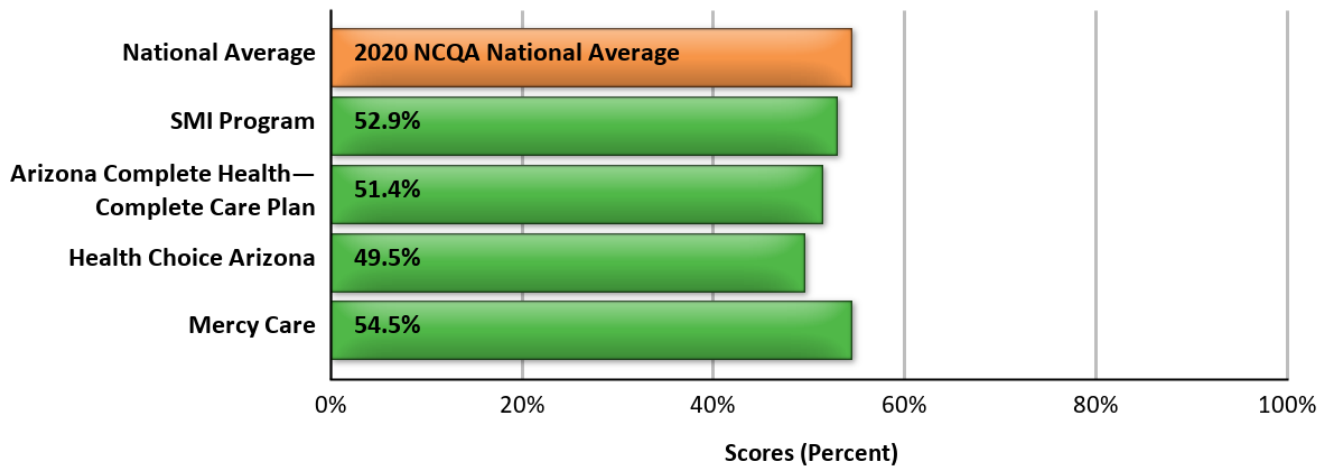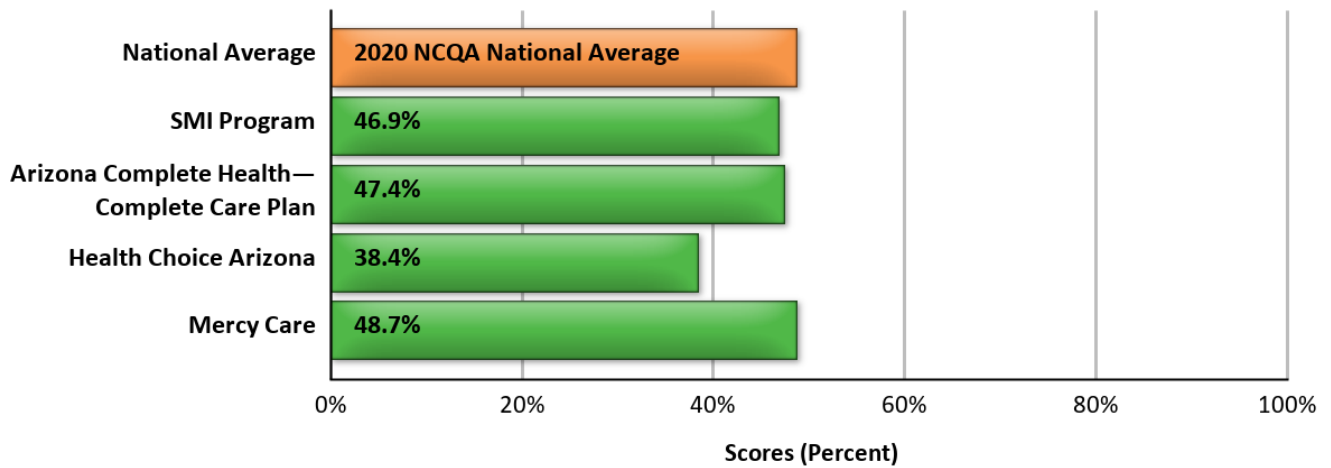↓ Indicates the score is statistically significantly lower than the SMI Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Supplemental Items

AHCCCS elected to add nine supplemental questions to the survey. Table 2-16 details the survey language and response options for each of the supplemental items. Table 2-17 through Table 2-25 show the number and percentage of responses for each supplemental item.

Table 2-16—Supplemental Items

	Question	Response Options
Q7a.	In the last 6 months, did you have a healthcare visit by phone or video?	Yes No
Q7b.	What type of device did you use for a healthcare visit by phone or video? (Choose one or more)	Personal computer with video Smartphone or tablet with video Telephone without video Other
Q7c.	In the last 6 months, how often were you concerned about privacy during a healthcare visit by phone or video?	Never Sometimes Usually Always
Q7d.	How easy or difficult has it been to use technology during a healthcare visit by phone or video?	Very easy Easy Difficult Very difficult
Q7e.	In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?	Much worse Slightly worse About the same Slightly better Much better
Q40a.	In the last 6 months, how many times did you go to an emergency room to get care for yourself?	None 1 time 2 3 4 5 to 9 10 or more times
Q40b.	In the last 6 months, have you been a patient in a hospital overnight or longer?	Yes No
Q40c.	In the last 6 months, did you get health care 3 or more times for the same condition or problem?	Yes No
Q40d.	Do you currently have any health care bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Health care bills can include medical, dental, physical therapy and/or chiropractic cost.	Yes No Don't know

Had Telehealth Visit

Members were asked if they had a healthcare visit by phone or video (Question 7a). Table 2-17 shows the results for this question.

Table 2-17—Had Telehealth Visit

Program/RBHA Name	Yes		No	
	N	%	N	%
SMI Program	**647**	**77.4%**	**189**	**22.6%**
Arizona Complete Health—Complete Care Plan	212	79.1%	56	20.9%
Health Choice Arizona	208	68.0%	98	32.0%
Mercy Care	227	86.6%	35	13.4%
Please note: Percentages may not total 100 percent due to rounding				

Device Used for Telehealth Visit

Members were asked what type of device was used for a healthcare visit by phone or video (Question 7b). Table 2-18 shows the results for this question.

Table 2-18—Device Used for Telehealth Visit

Program/RBHA Name	Personal computer with video		Smartphone or tablet with video		Telephone without video		Other	
	N	%	N	%	N	%	N	%
SMI Program	**64**	**10.6%**	**258**	**42.6%**	**325**	**53.6%**	**29**	**4.8%**
Arizona Complete Health—Complete Care Plan	S	S	82	41.0%	117	58.5%	S	S
Health Choice Arizona	24	12.6%	69	36.3%	104	54.7%	16	8.4%
Mercy Care	S	S	107	49.5%	104	48.1%	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Respondents may choose more than one response; therefore, percentages will not total 100 percent. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Privacy Concerns During Telehealth Visit

Members were asked how often they were concerned about privacy during a healthcare visit by phone or video (Question 7c). Table 2-19 shows the results for this question.

Table 2-19—Privacy Concerns During Telehealth Visit

Program/RBHA Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
SMI Program	**437**	**72.1%**	**99**	**16.3%**	**27**	**4.5%**	**43**	**7.1%**
Arizona Complete Health—Complete Care Plan	156	78.0%	26	13.0%	S	S	S	S
Health Choice Arizona	133	70.0%	31	16.3%	13	6.8%	13	6.8%
Mercy Care	148	68.5%	42	19.4%	S	S	S	S
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Ease of Using Technology During Telehealth Visit

Members were asked how easy or difficult it was to use technology during a healthcare visit by phone or video (Question 7d). Table 2-20 shows the results for this question.

Table 2-20—Ease of Using Technology During Telehealth Visit

Program/RBHA Name	Very easy		Easy		Difficult		Very difficult	
	N	%	N	%	N	%	N	%
SMI Program	**212**	**35.0%**	**279**	**46.1%**	**88**	**14.5%**	**26**	**4.3%**
Arizona Complete Health—Complete Care Plan	70	35.2%	86	43.2%	S	S	S	S
Health Choice Arizona	63	33.0%	98	51.3%	S	S	S	S
Mercy Care	79	36.7%	95	44.2%	30	14.0%	11	5.1%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."								

Quality of Care Received During Telehealth Visit

Members were asked if the quality of care they received during phone or video visits was better or worse than care they received during in-person visits (Question 7e). Table 2-21 shows the results for this question.

Table 2-21—Quality of Care Received During Telehealth Visit

Program/RBHA Name	Much worse		Slightly worse		About the same		Slightly better		Much better	
	N	%	N	%	N	%	N	%	N	%
SMI Program	**30**	**4.9%**	**92**	**15.2%**	**382**	**62.9%**	**43**	**7.1%**	**60**	**9.9%**
Arizona Complete Health—Complete Care Plan	S	S	37	18.5%	119	59.5%	S	S	20	10.0%
Health Choice Arizona	S	S	26	13.5%	126	65.3%	S	S	16	8.3%
Mercy Care	S	S	29	13.6%	137	64.0%	S	S	24	11.2%
Please note: Results presented in this table are based on respondents that answered "Yes" to Question 7a. Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."										

Emergency Room Care

Members were asked how many times they went to an emergency room to get care for themselves (Question 40a). Table 2-22 shows the results for this question.

Table 2-22—Emergency Room Care

Program/RBHA Name	None		1 time		2 to 4 times		5 to 9 times		10 or more times	
	N	%	N	%	N	%	N	%	N	%
SMI Program	**829**	**69.5%**	**187**	**15.7%**	**153**	**12.8%**	**S**	**S**	**S**	**S**
Arizona Complete Health—Complete Care Plan	263	67.8%	64	16.5%	S	S	S	S	S	S
Health Choice Arizona	305	68.7%	81	18.2%	S	S	S	S	S	S
Mercy Care	261	72.3%	42	11.6%	47	13.0%	S	S	S	S
Please note: Percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."										

Hospital Patient

Members were asked if they had been a patient in a hospital overnight or longer (Question 40b). Table 2-23 shows the results for this question.

Table 2-23—Hospital Patient

Program/RBHA Name	Yes		No	
	N	%	N	%
SMI Program	**172**	**14.4%**	**1,021**	**85.6%**
Arizona Complete Health—Complete Care Plan	61	15.7%	328	84.3%
Health Choice Arizona	53	12.0%	390	88.0%
Mercy Care	58	16.1%	303	83.9%
Please note: Percentages may not total 100 percent due to rounding.				

Health Care for Same Condition

Members were asked if they got health care three or more times for the same condition or problem (Question 40c). Table 2-24 shows the results for this question.

Table 2-24—Health Care for Same Condition

Program/RBHA Name	Yes		No	
	N	%	N	%
SMI Program	**556**	**46.4%**	**641**	**53.6%**
Arizona Complete Health—Complete Care Plan	170	43.7%	219	56.3%
Health Choice Arizona	216	48.4%	230	51.6%
Mercy Care	170	47.0%	192	53.0%
Please note: Percentages may not total 100 percent due to rounding.				

Health Care Bills

Members were asked if they currently had any health care bills that were being paid off over time (Question 40d). Table 2-25 shows the results for this question.[3-8]

Table 2-25—Health Care Bills

Program/RBHA Name	Yes		No	
	N	%	N	%
SMI Program	**142**	**13.9%**	**880**	**86.1%**
Arizona Complete Health—Complete Care Plan	40	11.8%	299	88.2%
Health Choice Arizona	71	19.1%	301	80.9%
Mercy Care	31	10.0%	280	90.0%
Please note: Percentages may not total 100 percent due to rounding.				

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader's Guide section on page 3-10.

Table 2-26 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience for the SMI Program (indicated by a ✓). Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

[3-8] Respondents who answered, "Don't know" to Question 40d were excluded from the analysis.

Table 2-26—Key Drivers of Member Experience: SMI Program

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	(Never + Sometimes) vs. Always	✓	NS	NS
Q9. Ease of getting the care, tests, or treatment needed	(Never + Sometimes) vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	(Never + Sometimes) vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	(Never + Sometimes) vs. Always	✓	NS	✓
	Usually vs. Always	NS	NS	✓
Q14. Personal doctor showed respect for what was said	(Never + Sometimes) vs. Always	NS	NS	✓
	Usually vs. Always	NS	NS	✓
Q15. Personal doctor spent enough time	(Never + Sometimes) vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Usually vs. Always	NS	✓	NS
Q25. Treated with courtesy and respect by health plan's customer service staff	(Never + Sometimes) vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA
Q27. Ease of filling out forms from health plan	(Never + Sometimes) vs. Always	✓	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS measure set.[3-1] In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.[3-2] The result of this re-evaluation and update process was the development of the CAHPS 3.0H Health Plan Surveys.

The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.[3-3,3-4] In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.[3-5]

[3-1] National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.

[3-2] National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

[3-3] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

[3-4] National Committee for Quality Assurance. *HEDIS® 2009, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.

[3-5] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.[3-6] In October 2020, AHRQ released the CAHPS 5.1 Health Plan Surveys to acknowledge that members may receive care in person, by phone, or by video. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[3-7]

The sampling and data collection procedures for the CAHPS 5.1 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures.[3-8] These measures include four global rating questions, four composite measures, one individual item measure, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall member experience with the RBHA, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation. Figure 3-1 lists the measures included in the survey.

[3-6] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

[3-7] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

[3-8] AHCCCS elected to add 9 supplemental questions to the survey.

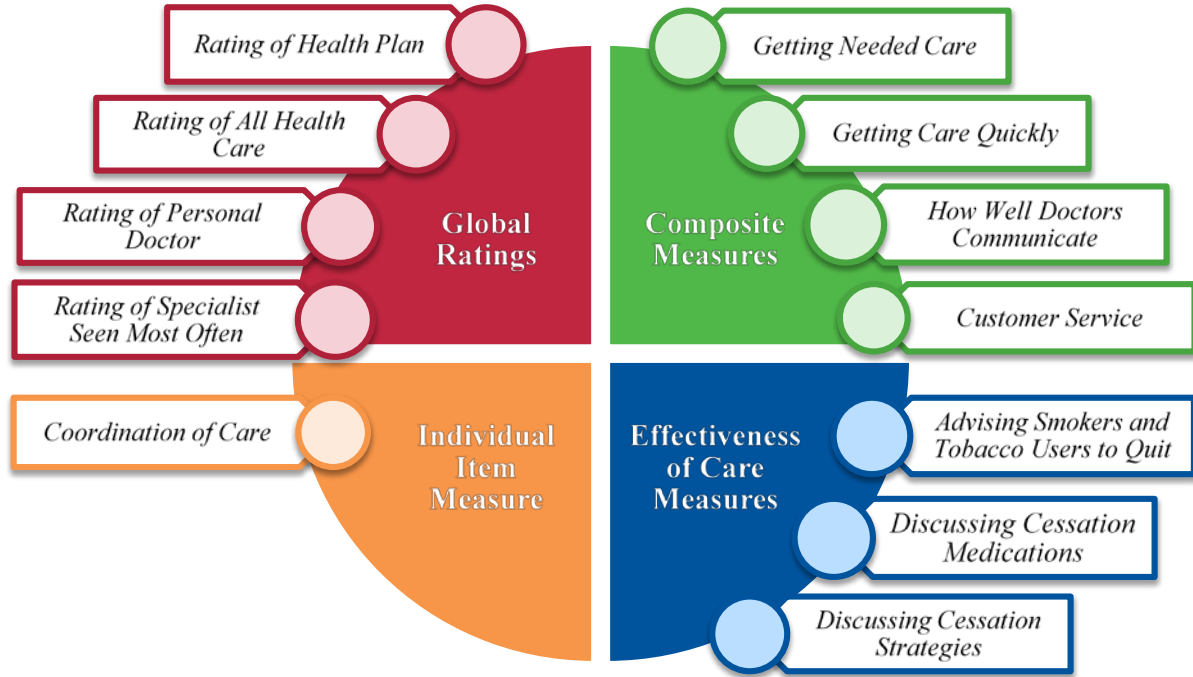**Figure 3-1—CAHPS Measures**

Table 3-1 presents the question language and response options for each measure.

Table 3-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
Rating of All Health Care	
8. 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?	0–10 Scale
Rating of Personal Doctor	
18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 Scale

Question Language	Response Options
Rating of Specialist Seen Most Often	
22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
Getting Needed Care	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
Getting Care Quickly	
4. 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, how often did you get an appointment for a check-up or routine care as soon as you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
12. 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
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
Customer Service	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
17. 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
Effectiveness of Care Measures	
Advising Smokers and Tobacco Users to Quit	
33. 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

Question Language	Response Options
Discussing Cessation Medications	
34. 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
Discussing Cessation Strategies	
35. 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

How CAHPS Results Were Collected

The sampling procedures and survey protocol that HSAG adhered to are described below.

Sampling Procedures

AHCCCS provided HSAG with a list of eligible members in the sampling frame. HSAG reviewed the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled members who met the following criteria:

- Were 18 years of age or older as of December 31, 2020.
- Were currently enrolled in an RBHA.
- Had been continuously enrolled in an RBHA during the measurement period (July 1, 2020 to December 31, 2020) with no more than one gap in enrollment of up to 45 days.[3-9]

A random sample of members was selected for inclusion in the survey. No more than one member per household was selected as part of the survey samples. A sample of 2,025 adult members was selected for each RBHA.

[3-9] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

Survey Protocol

A cover letter was mailed to sampled adult members and provided them two methods by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

Table 3-2 shows the mixed mode (i.e., mail and Internet) timeline used in the administration of the survey.

Table 3-2—Survey Timeline

Task	Timeline
Send first questionnaires with cover letter to members.	0 days
Make website available to complete the survey online.	0 days
Send first postcard reminders to non-respondents.	7 days
Send second questionnaires with cover letters to non-respondents.	28 days
Send second postcard reminders to non-respondents.	35 days
Send third questionnaires with cover letters to non-respondents.	56 days
Close survey field.	84 days

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess parents/caretakers' experience. This section provides an overview of the analyses.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.[3-10] A survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 10, 19, 23, and 28. Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 3-5), were mentally or physically incapacitated, or had a language barrier.

$$Response\ Rate = \frac{Number\ of\ Completed\ Surveys}{Sample - Ineligibles}$$

Demographics of Adult Members

The demographics analysis evaluated demographic information of adult members based on responses to the survey. The demographic characteristics included age, gender, race, ethnicity, level of education, and general health status.

Respondent Analysis

HSAG evaluated the demographic characteristics of adult members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a t test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided p value of the t test is less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the RBHA or program, then caution must be exercised when extrapolating the results to the entire population.

[3-10] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Scoring Calculations

For purposes of the NCQA Comparisons and Statewide Comparisons, HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores for the other measures following NCQA HEDIS Specifications for Survey Measures.[3-11]

Although NCQA requires a minimum of at least 100 responses on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 responses, which are denoted with a cross (+).

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores by assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *Coordination of Care* individual item measure.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores). For additional details, please refer to the *NCQA HEDIS Measurement Year 2020 Specifications for Survey Measures, Volume 3*.

For each measure, responses were also classified into response categories (i.e., proportions), as follows:

- "0 to 6 (Dissatisfied)," "7 to 8 (Neutral)," and "9 to 10 (Satisfied)" for the global ratings.
- "Never (Dissatisfied)," "Sometimes (Neutral)," and "Usually/Always (Satisfied)" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures, the *Coordination of Care* individual item measure.

[3-11] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three overall scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The scores presented deviate from NCQA's methodology of calculating a rolling average using the current and prior years' results, since only the current year's results were available.

NCQA Comparisons

In order to perform the NCQA Comparisons, HSAG compared the resulting overall scores for the Effectiveness of Care measures and top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.[3-12] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-3.

Table 3-3—Percentile Distributions

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

[3-12] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020.* Washington, DC: NCQA, September 2020.

Statewide Comparisons

RBHA Comparisons

The overall scores of the RBHAs for the Effectiveness of Care measures and top-box scores for the other measures were compared to the SMI Program to determine if the results were statistically significantly different. First, a global *F* test was calculated, which determined whether the difference between RBHAs was significant. If the *F* test demonstrated RBHA-level differences, then a *t* test was performed for each RBHA. The *t* test determined whether each RBHA's score was significantly different from the aggregate score. This analytic approach follows AHRQ's recommended methodology for identifying statistically significant plan-level performance differences.

Statistically significant differences between the RBHA scores and the SMI Program are noted with arrows. RBHA scores that were statistically significantly higher than the SMI Program are noted with upward arrows (↑). RBHA scores that were statistically significantly lower than the SMI Program are noted with downward arrows (↓). RBHA scores that were not statistically significantly different than the SMI Program are not noted with arrows. Also, the NCQA adult Medicaid national averages are presented in the figures for comparison.[3-13]

Weighting

HSAG calculated a weighted score for the SMI Program based on each RBHA's total eligible population.

The weighted score was:

$$\mu = \frac{\sum_p w_p \mu_p}{\sum_p w_p}$$

Where w_p is the eligible population size for the RBHA p and μ_p is the score for the RBHA p.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

[3-13] The source for the national data contained in this publication is Quality Compass® 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Table 3-4 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✔), as well as each survey item's baseline response that was used in the statistical calculation.

Table 3-4—Potential Key Drivers

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✔	✔	✔	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✔	✔	✔	Always
Q9. Ease of getting the care, tests, or treatment needed	✔	✔	✔	Always
Q12. Personal doctor explained things in an understandable way	✔	✔	✔	Always
Q13. Personal doctor listened carefully	✔	✔	✔	Always
Q14. Personal doctor showed respect for what was said	✔	✔	✔	Always
Q15. Personal doctor spent enough time	✔	✔	✔	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✔	✔	✔	Always
Q20. Received appointment with a specialist as soon as needed	✔	✔		Always
Q24. Health plan's customer service gave the information or help needed	✔	✔		Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✔	✔		Always

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q27. Ease of filling out forms from health plan	✓	✓		Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member's experience. As the value of the correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provides a non-baseline response to choose a lower rating increases.

In the example figure below, the results indicate that respondents who answered "Never" or "Sometimes" and "Usually" to Question 27 are 4.161 and 1.238 times, respectively, more likely to provide a lower rating for their RBHA than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond. Please refer to Appendix A. Additional Data for the figures showing the detailed results of the key drivers of member experience analysis.

Key Drivers of Member Experience: Rating of Health Plan
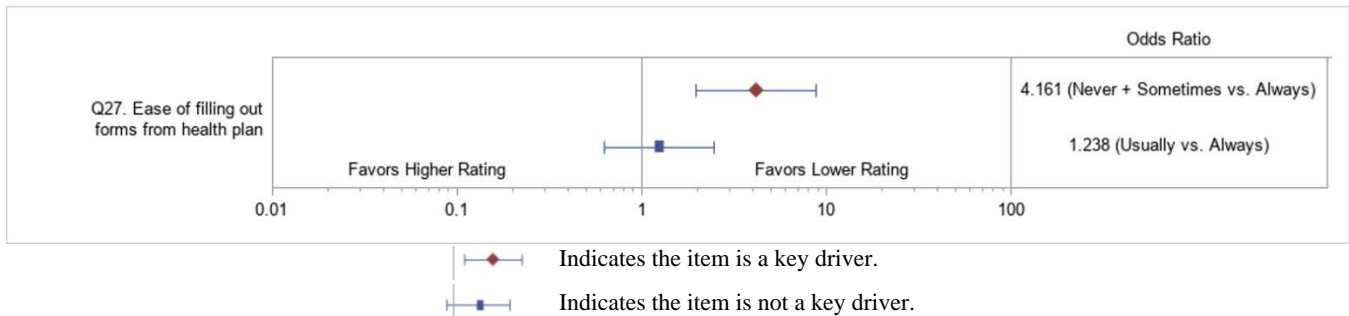
Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Baseline Results

It is important to note that in 2021, the experience of care for members determined to have SMI and receiving physical and behavioral health services from one of the RBHAs was assessed for the first time. The 2021 results presented in this report represent a baseline assessment of the experiences of services members received through the RBHAs.

Causal Inferences

Although this report examines whether members report different experiences with various aspects of their health care, these differences may not be completely attributable to an RBHA. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

Coronavirus Disease 2019 (COVID-19) Impact

Caution should be exercised when evaluating the results as the number of completed surveys may have been impacted by COVID-19, as well as members' perceptions of and experiences with the health care system.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by RBHA or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[3-14] To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the *Getting Care Quickly* composite measure. While the first-year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, AHCCCS should consider that potential non-response bias does exist when interpreting CAHPS results for this measure.

[3-14] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.

SURVEY INSTRUCTIONS

➤ **Please be sure to fill the response circle <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> 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 in [HEALTH PLAN NAME]. Is that right?**

   ○ Yes ➔ *Go to Question 3*
   ○ No

2. **What is the name of your health plan? (Please print)**

   _____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

3. **In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u>?**

   ○ Yes
   ○ No ➜ *Go to Question 5*

4. **In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

5. **In the last 6 months, did you make any in person, phone, or video appointments for a <u>check-up or routine care</u>?**

   ○ Yes
   ○ No ➜ *Go to Question 7*

6. **In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7. **In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?**

   ○ None ➜ *Go to Question 10*
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

7a. **In the last 6 months, did you have a healthcare visit by phone or video?**

   ○ Yes
   ○ No ➜ *Go to Question 8*

7b. **What type of device did you use for a healthcare visit by phone or video? (Choose one or more)**

   ○ Personal computer with video
   ○ Smartphone or tablet with video
   ○ Telephone without video
   ○ Other

7c. **In the last 6 months, how often were you concerned about privacy during a healthcare visit by phone or video?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

7d. **How easy or difficult has it been to use technology during a healthcare visit by phone or video?**

   ○ Very easy
   ○ Easy
   ○ Difficult
   ○ Very difficult

7e. In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?

○ Much worse
○ Slightly worse
○ About the same
○ Slightly better
○ Much better

8. 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?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10
Worst   Best
Health Care   Health Care
Possible   Possible

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

○ Never
○ Sometimes
○ Usually
○ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to 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 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

○ None ➜ *Go to Question 18*
○ 1 time
○ 2
○ 3
○ 4
○ 5 to 9
○ 10 or more times

12. 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

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

16. **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 18*

17. **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

18. **Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?**

    ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
    0 1 2 3 4 5 6 7 8 9 10
    Worst   Best
    Personal Doctor   Personal Doctor
    Possible   Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do <u>not</u> include dental visits or care you got when you stayed overnight in a hospital.

19. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?**

    ○ Yes
    ○ No ➜ *Go to Question 23*

20. **In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?**

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

21. **How many specialists have you talked to in the last 6 months?**

    ○ None ➜ *Go to Question 23*
    ○ 1 specialist
    ○ 2
    ○ 3
    ○ 4
    ○ 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0   1   2   3   4   5   6   7   8   9   10
Worst   Best
Specialist   Specialist
Possible   Possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

○ Yes
○ No ➜ *Go to Question 26*

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

○ Never
○ Sometimes
○ Usually
○ Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

○ Never
○ Sometimes
○ Usually
○ Always

26. In the last 6 months, did your health plan give you any forms to fill out?

○ Yes
○ No ➜ *Go to Question 28*

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

○ Never
○ Sometimes
○ Usually
○ Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0   1   2   3   4   5   6   7   8   9   10
Worst   Best
Health Plan   Health Plan
Possible   Possible

ABOUT YOU

29. In general, how would you rate your overall health?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

30. In general, how would you rate your overall <u>mental or emotional</u> health?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- ○ Yes
- ○ No
- ○ Don't know

32. 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 36*
- ○ Don't know ➔ *Go to Question 36*

33. 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

34. 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

35. 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

36. 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

37. Are you male or female?

- ○ Male
- ○ Female

38. 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

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

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

40. 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

ADDITIONAL QUESTIONS

40a. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ○ None
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

40b. In the last 6 months, have you been a patient in a hospital overnight or longer?

- ○ Yes
- ○ No

40c. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- ○ Yes
- ○ No

40d. Do you currently have any health care bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- ○ Yes
- ○ No
- ○ Don't know

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

When you are done, please use the enclosed prepaid envelope to mail the survey to:
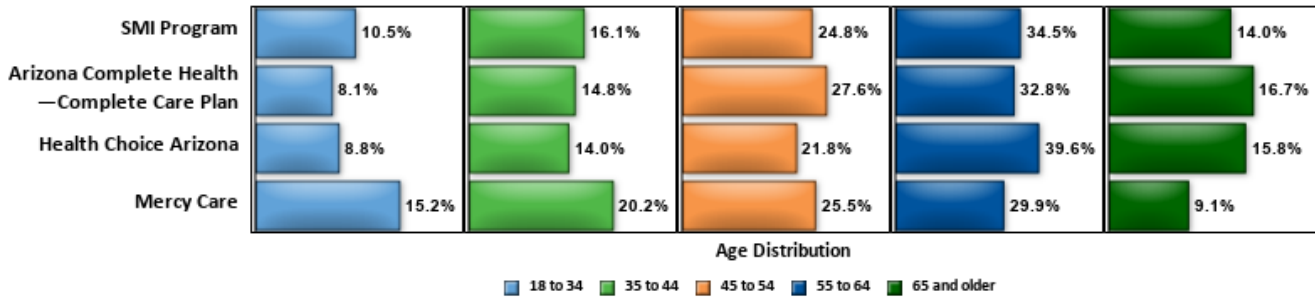
**DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108**

Demographics of Members

Figure A-1 through Figure A-6 depict the self-reported demographic characteristics of adult members who completed a survey for age, gender, race, ethnicity, education level, and general health status.
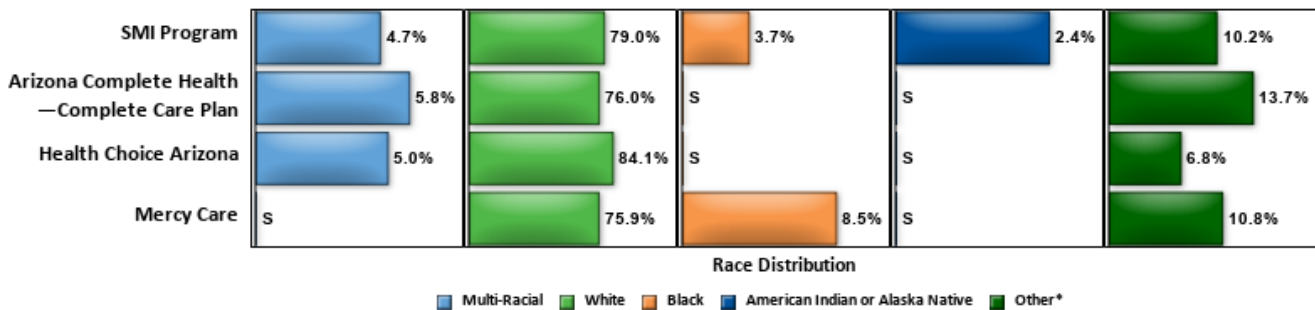
Figure A-1—Adult Member Demographics: Age

Please note, some percentages may not total 100 percent due to rounding.
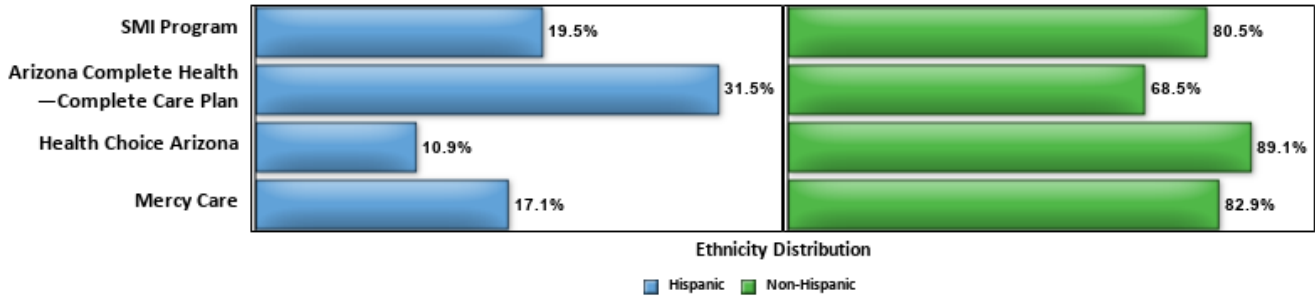
Figure A-2—Adult Member Demographics: Gender
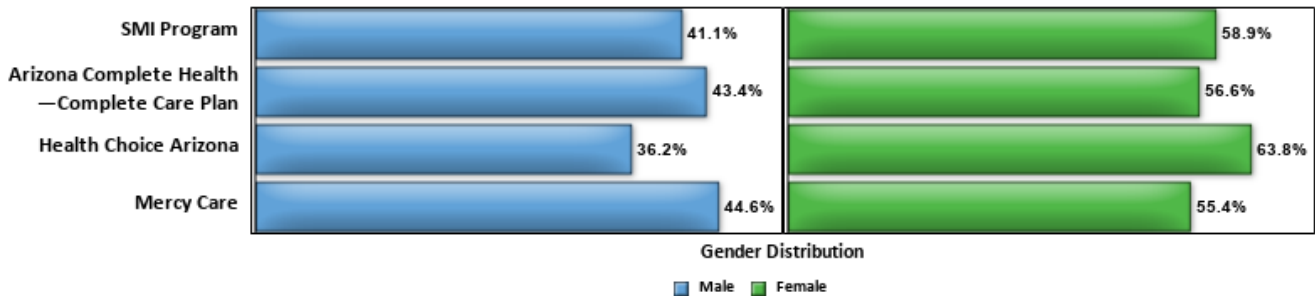
Please note, some percentages may not total 100 percent due to rounding.
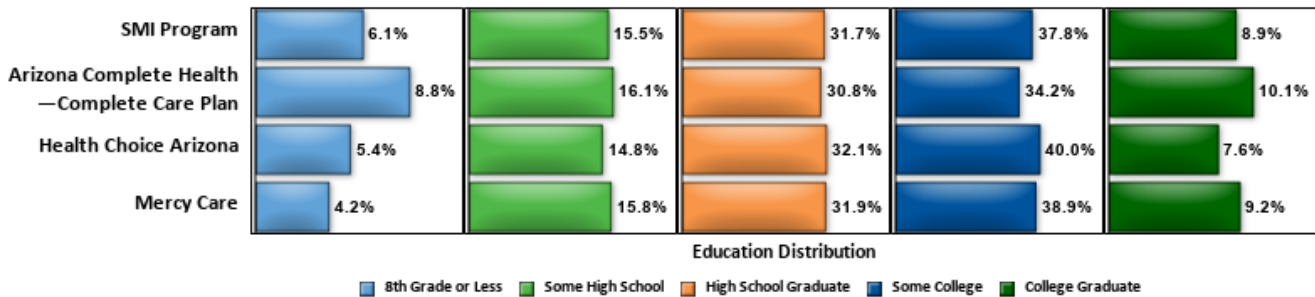
Figure A-3—Adult Member Demographics: Race

Please note, some percentages may not total 100 percent due to rounding. Results based on fewer than 11 responses were suppressed and noted with an "S."
*The "Other" Race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, and Other.

### Figure A-4—Adult Member Demographics: Ethnicity

Ethnicity Distribution

■ Hispanic ■ Non-Hispanic

Please note, some percentages may not total 100 percent due to rounding.

Figure A-5—Adult Member Demographics: Education Level

Education Distribution

■ 8th Grade or Less ■ Some High School ■ High School Graduate ■ Some College ■ College Graduate

Please note, some percentages may not total 100 percent due to rounding.

Figure A-6—Adult Member Demographics: General Health Status
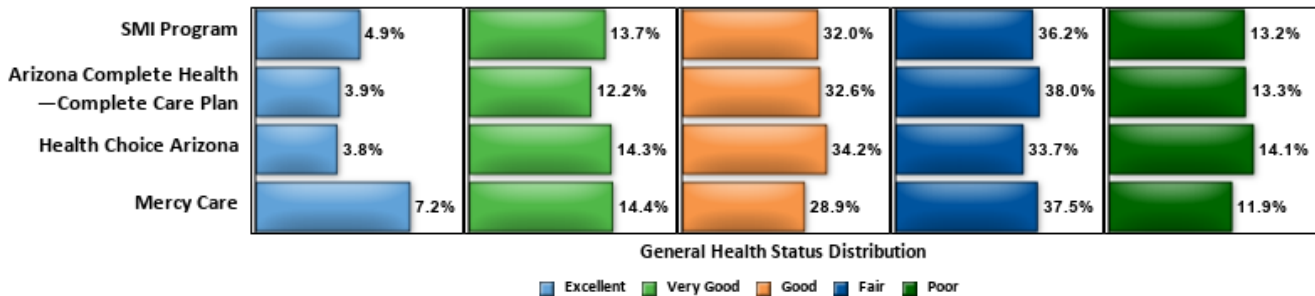
General Health Status Distribution

■ Excellent ■ Very Good ■ Good ■ Fair ■ Poor

*Please note, some percentages may not total 100 percent due to rounding.*

Key Drivers of Member Experience Analysis

Figure A-7 through Figure A-9 depict the results of the analysis for the SMI Program. The items identified as key drivers are indicated with a red diamond.

Figure A-7—Key Drivers of Member Experience: Rating of Health Plan
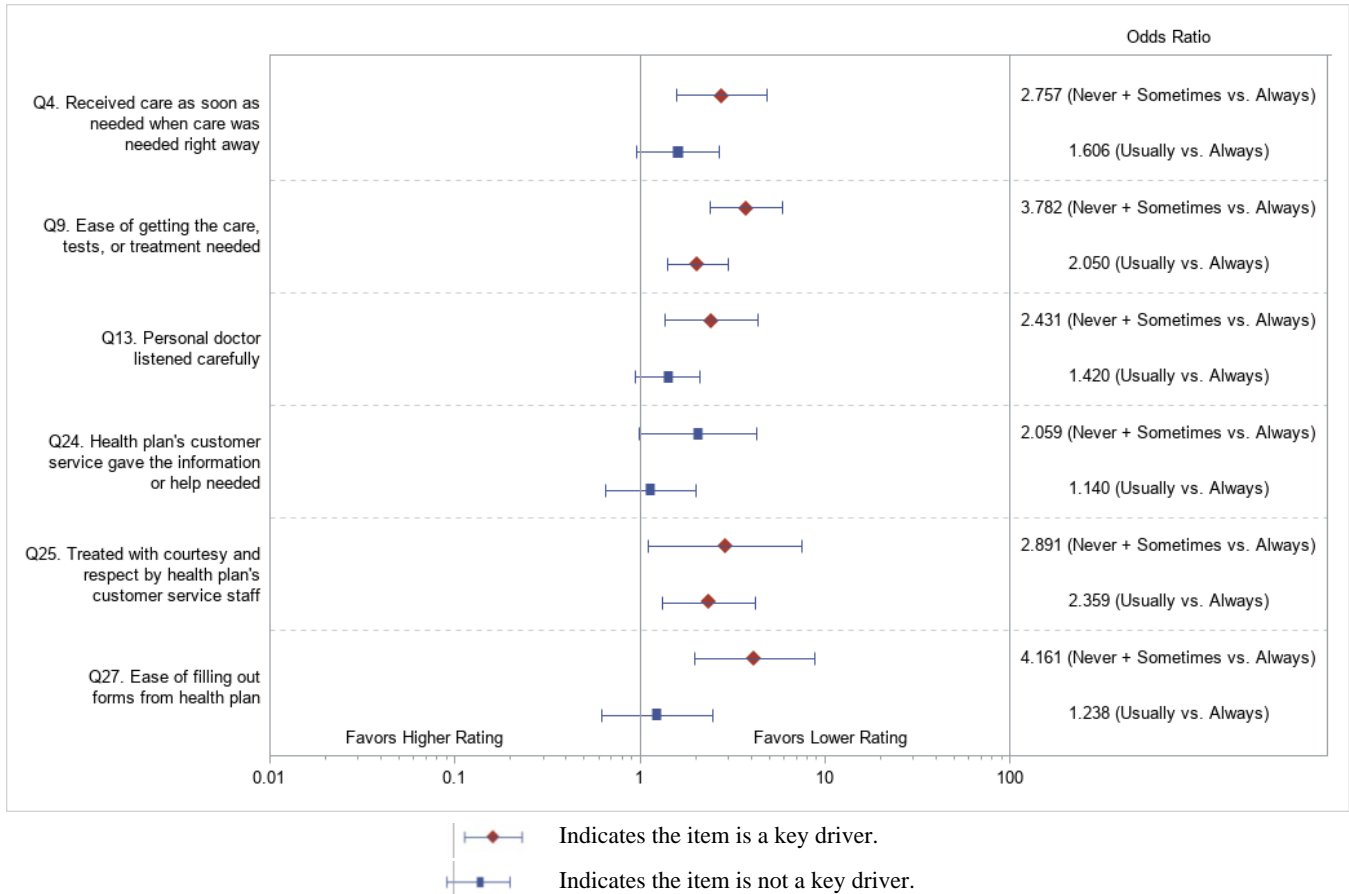
Figure A-8—Key Drivers of Member Experience: Rating of All Health Care
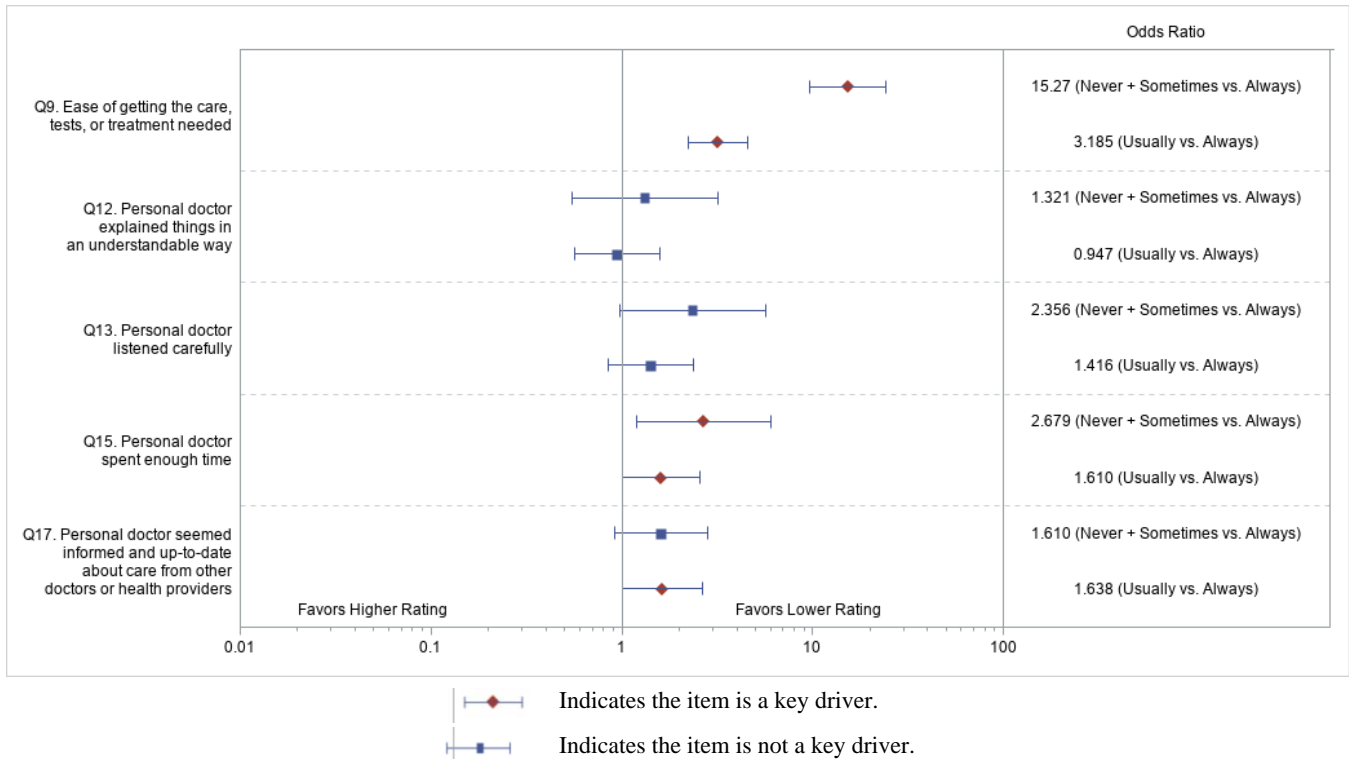
Figure A-9—Key Drivers of Member Experience: Rating of Personal Doctor