



ValueOptions-Kansas

Fiscal Year 2011

Member Satisfaction Survey

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OBJECTIVES

The questionnaire used to survey ValueOptions-Kansas (VO-KS) members was developed to measure key indicators of quality care. The questionnaire includes measurements that track satisfaction with VO-KS services, ratings of practitioners, access to care, and outcomes for services. Specific questions assess:

- Satisfaction with substance abuse services of VO-KS;
- Quality of services received from VO-KS practitioners;
- Accessibility of VO-KS practitioners, including office location and availability of appointments;
- Satisfaction with the number of visits with practitioners; and
- Performance of VO-KS staff at the toll-free telephone number.

SAMPLE DESIGN

The population surveyed in this research comprises all VO-KS members who have accessed substance abuse services from July 1, 2010 – June 30, 2011.

QUESTIONNAIRE DEVELOPMENT

VO-KS developed the questionnaire in collaboration with Fact Finders. To encourage participation in the research, each interview starts with an introduction that states the purpose of the research and the importance of participation for ensuring representative survey information. The State underwent a federally required independent assessment.

The FY 2010 member satisfaction survey was revised to incorporate independent assessor recommendations. The FY 2011 survey is consistent with the FY 2010 survey; therefore, these surveys can be trended and answers can be compared year to year.

Based upon member recommendations from face to face surveys during FY 2010, the terminology for some of the questions changed. For example, question one from the previous year asked “In the last year, have you received any substance abuse services?” Members in a residential setting stated they did not receive treatment within the last year because they had not completed treatment. Since members surveyed were currently in treatment, this question was eliminated. The term practitioner was also removed from the surveys and was replaced with the word counselor.

DATA COLLECTION

The survey data was collected three different ways: 1) members completed surveys and mailed them to VO-KS, 2) face-to-face interviews at provider locations conducted by the Prevention, Education and Outreach Coordinator, and 3) interviews conducted by the AAPS (Addiction and Prevention Services) Consultants.

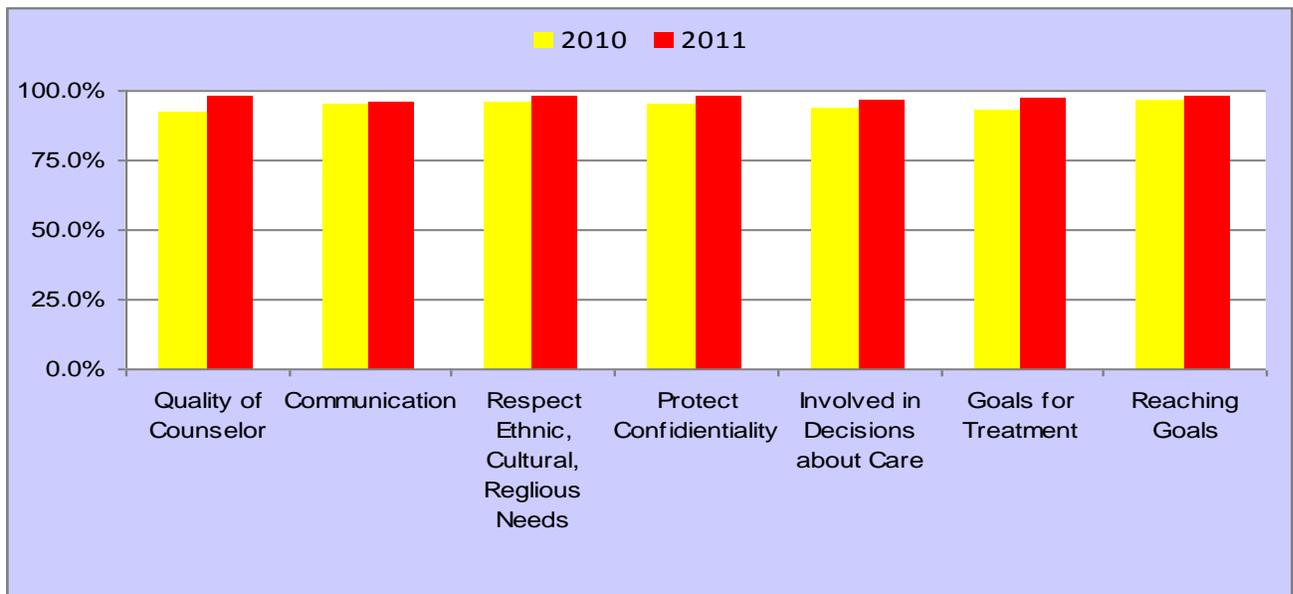
No member identifiable information was gathered, and all regions of Kansas were represented. In all, there were 479 surveys completed, which is a statistically significant

sample of all members seen for the year at a 95.0% confidence level and margin of error +/- 5%. Members surveyed identified themselves as Caucasian (71.2%), African American (11.4%), Native American (5.6%), and Hispanic (6.6%). Surveys were complete by 60.8% male and 39.2% female members. The average age of participants was 36. The age of the youngest member was 13 and the oldest member was 60.

ANALYSIS

Members indicated during the FY 2011 survey that 98.7% are overall satisfied with VO-KS, which is an increase of 1.7 percentage points over FY 2010. Satisfaction with treatment outcomes was also high. 98.9% of members reported feeling much better / better since beginning treatment. Of the 340 members that answered the question regarding waiting list placement 66.3% stated they were not placed on a waiting list.

Overall satisfaction with their counselor remained high at 97.6%. In fact, every item in this category scored above the performance goal of 90.0%.



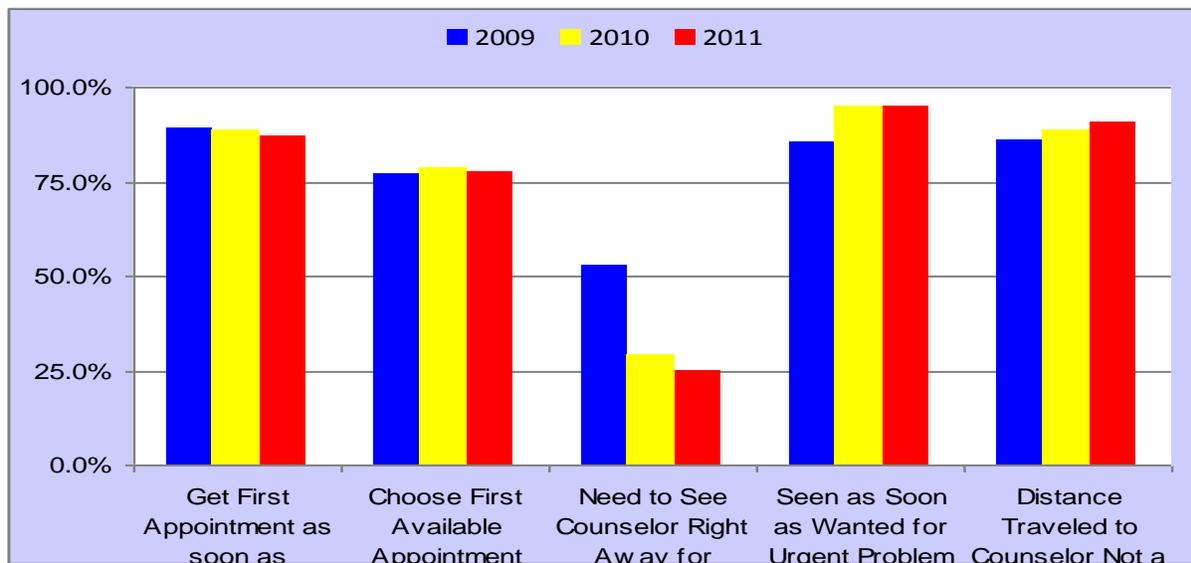
Quality Indicators	2010	2011
Quality of Counselor	92.1%	97.6%
Communication	94.8%	95.7%
Respect Ethnic, Cultural, Religious Needs	96.0%	98.0%
Protect Confidentiality	94.9%	97.6%
Involved in Decisions about Care	93.9%	96.7%
Goals for Treatment	93.2%	97.2%
Reaching Goals	96.4%	98.2%

Members were also asked about their satisfaction with access to care. In April of 2009, access to care standards was changed to better meet regulatory standards. VO-KS

continues to work with providers on identifying and triaging different levels of urgency according to ASAM Criteria. The table below shows current access to care standards.

Indicator	Referral / Assessment	Treatment (after assessment)	Populations included	Total Time from Initial Contact to Treatment
Urgent/Pregnant	24 hours	24 hours	Clinically triaged; Hospital d/c Involuntary commitments; All pregnant women	48 hours
Routine	14 days	14 days	Clinically triaged	28 days
IV Drug Users	no requirement	14 days including assessment	All members who report using IV Drugs within the last 6 months	14 days

The survey responses indicate that there were 24.9% of members that stated they needed to see their counselor right away for an urgent problem, and 94.6% were satisfied with the time it took for them to see someone. There were 94.6% of members that reported they were able to get a first appointment as soon as they wanted, and 90.5% reported that the distance traveled to their counselor is not a problem. These results are consistent with GeoAccess reports that show adequate network coverage across a majority of Kansas. The results also support the AAPS funded provider report showing that a majority of members are able to be seen within their home region.



Access to Care Indicators	2009	2010	2011
Get First Appointment as soon as Wanted	88.7%	88.4%	87.0%
Choose First Available Appointment	76.7%	78.6%	77.6%
Need to See Counselor Right Away for Urgent Problem	52.6%	28.7%	24.9%
Seen as Soon as Wanted for Urgent Problem	85.5%	94.5%	94.6%
Distance Traveled to Counselor Not a Problem	85.6%	88.6%	90.5%

Three open-ended survey questions were reviewed. Only 10 of respondents reported calling the ValueOptions toll free number over the last year. Of those, only two answered the open-ended question about help that was needed that was not received. When members were asked if there was anything they could suggest in “improve” treatment, “no” was the most frequent response. The second most frequent response was that more time was needed with the counselors. When asked what was done well, members most often cited the one-on-one counseling supportive attitude and communication.

These results will be discussed in the multidisciplinary VO-KS Clinical / Quality / Compliance Committee. Future survey development will involve members of these committees as well. The results will also be shared with providers at the Regional Quality Improvement Committees.