



ValueOptions-Kansas

Fiscal Year 2010

Member Satisfaction Survey

Tammy L. Adams, LMSW
Prevention, Education and Outreach Coordinator
VALUEOPTIONS of Kansas

100 SE 9th Street
Suite 501
Topeka, KS 66612

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, 2009 – June 30, 2010.

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 independent assessors recommended excluding “don’t know” and “no opinion” from the sample calculations. For this reason, member satisfaction calculations in FY 2010 no longer contain these responses. The assessors also recommended changing questions with a yes/no response to at least a four point Likert scale to better determine the level of satisfaction. These changes were also made for the FY ’10 survey tool. For these reasons, trending on most indicators will not be possible.

Based upon member recommendations from face to face surveys last year, 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

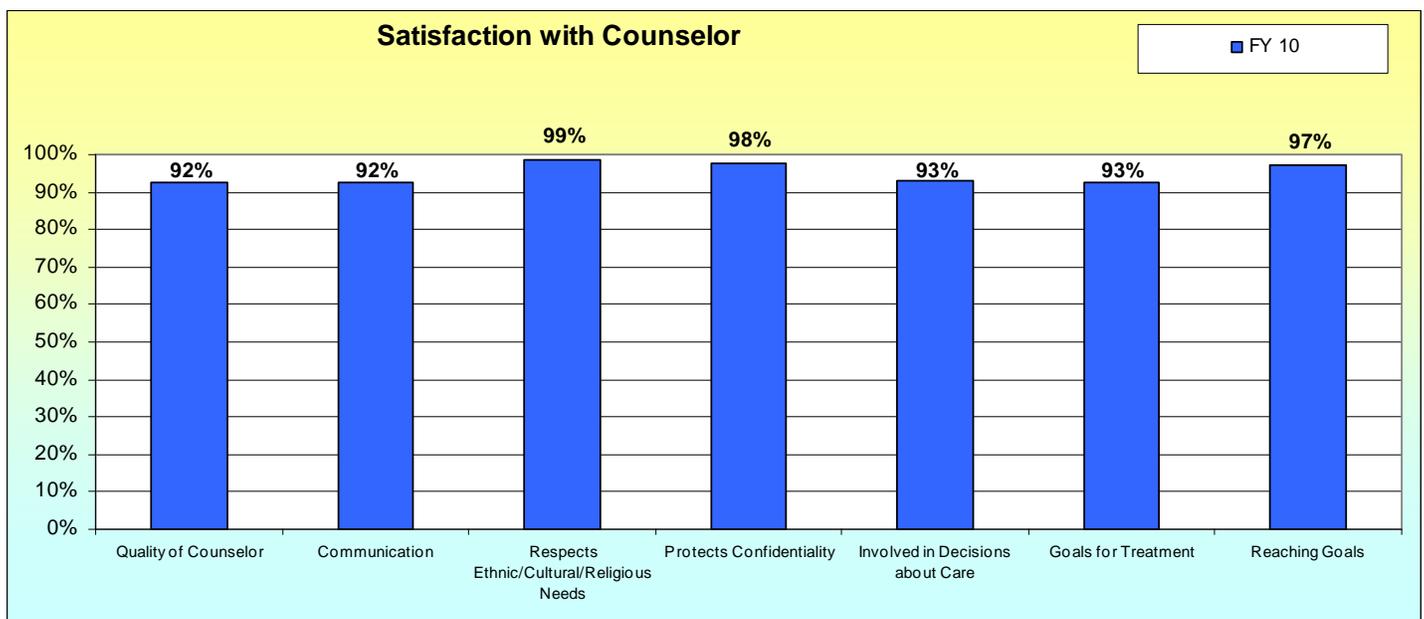
AAPS (Addiction and Prevention Services) Consultants. The addition of AAPS Consultants assisting with the data collection was new for this fiscal year.

No member identifiable information was gathered, and all regions of Kansas were represented. In all, there were 413 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 (75.1%), African American (13.9%), Native American (4.3%), and Hispanic (4.6%). Surveys were complete by 56.7% male and 43.3% female members. The average age of participants was 34. The age of the youngest member was 14 and the oldest member was 65.

ANALYSIS

Members indicated during the FY 2010 survey that 97.0% are overall satisfied with VO-KS. Satisfaction with treatment outcomes was also high. 98.5% of members reported feeling better since beginning treatment. 73.1% of members stated the time spent in a residential treatment facility was “just right”.

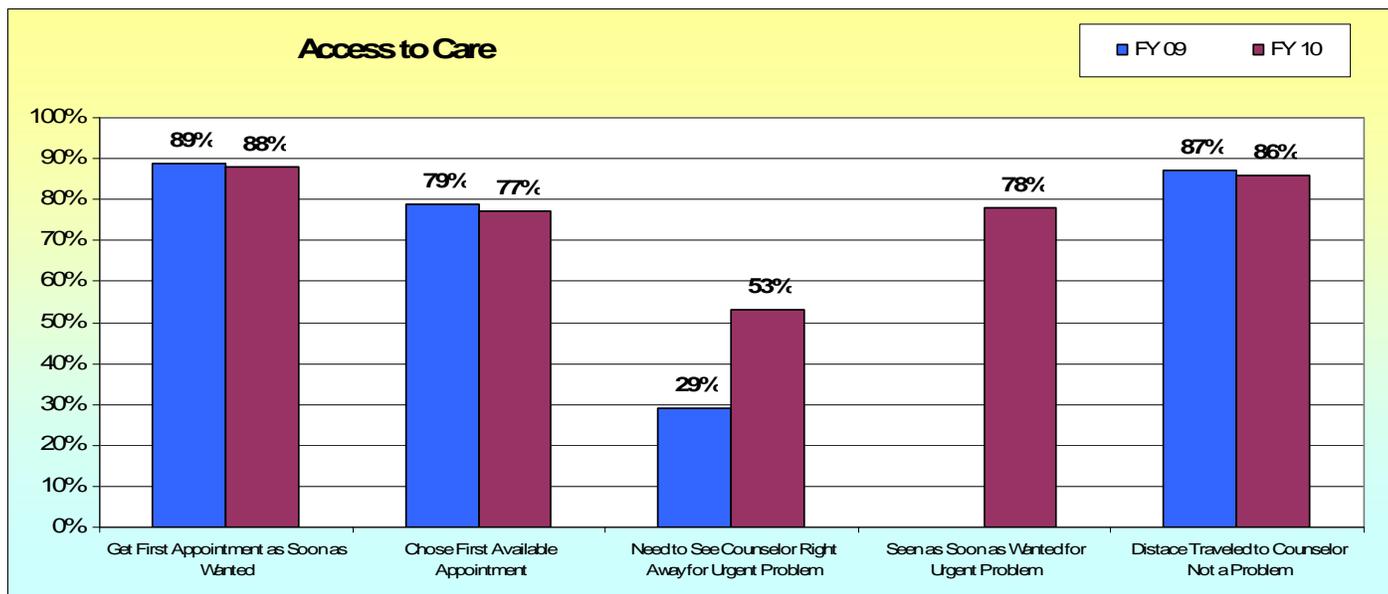
Overall satisfaction with their counselor remained high at 92%. In fact, every item in this category scored above the performance goal of 85.0%.



Members were also asked about their satisfaction with access to care. In April of 2009, access to care standards were changed to better meet regulatory standards. VO-KS continues to work with providers on identifying and triaging different levels of urgency (Emergent, Urgent, Routine, and IV Drug Users) according to ASAM Criteria. The table below lists the changes which took place.

Indicator	Referral/Assessment	Treatment (after assessment)	Populations included	Total Time from Initial Contact to Treatment
Emergent	Immediate	Immediate	Clinically triaged	Immediate
Urgent/Pregnant	24 hours	48 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 28.7% of members that stated they needed to see their counselor right away for an urgent problem, and 94.5% were satisfied with the time it took for them to see someone. This result may be due to a new code added in July 2009 to build the capacity for crisis intervention services. There were 88.4% of members that reported they were able to get a first appointment as soon as they wanted, and 88.6% 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.



Three open-ended survey questions were reviewed. Only 16 of respondents reported calling the ValueOptions toll free number over the last year. Of those, only six 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 and supportive attitude.

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.