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2015 CAHPS[®] Child Medicaid Member Satisfaction Survey Executive Summary

Oklahoma Health Care Authority (CHIP)

June 2015

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Executive Summary

Background and Protocol

Background

- CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

Protocol

- For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol.
- Oklahoma Health Care Authority (CHIP) chose the mail/telephone protocol. This protocol included mailing a questionnaire with a cover letter. For those selected members who did not respond to the first questionnaire, a second questionnaire with a cover letter encouraging participation was sent. Thank you/reminder postcards were mailed after each survey mailing. If a selected member still did not respond to the questionnaires, at least four telephone calls were made to complete the survey using trained telephone interviewers.
- NCQA originally designed this protocol with the goal of achieving a total response rate of at least 45%. In 2014, the average response rate for all Child Medicaid plans reporting to NCQA was 28%, which is lower than the 2013 average (29%).
- In February, 1980 Oklahoma Health Care Authority (CHIP) members were randomly selected to participate in the 2015 CAHPS® 5.0H Child Medicaid Survey. This report is compiled from the responses of the 500 Oklahoma Health Care Authority (CHIP) members who responded to the survey (25% response rate).

Executive Summary

Disposition Summary

- A response rate is calculated for those members who were eligible and able to respond. According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible criteria, have a language barrier, or are either mentally or physically incapacitated. Non-responders include those members who have refused to participate in the survey, could not be reached due to a bad address or telephone number, or members that reached a maximum attempt threshold and were unable to be contacted during the survey time period.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Oklahoma Health Care Authority (CHIP) 2015 Disposition Summary

Ineligible	Number	Non-response	Number
Deceased (M20/T20)	0	Bad address/phone (M23/T23)	77
Does not meet criteria (M21/T21)	14	Refusal (M32/T32)	1
Language barrier (M22/T22)	0	Maximum attempts made (M33/T33)	1388
Mentally/physically incapacitated (M24/T24)	0		
Total Ineligible	14	Total Non-response	1466

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\text{Completed mail and telephone surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from Oklahoma Health Care Authority (CHIP)'s Child Medicaid survey, the numerator and denominator used to compute the response rate are presented below:

$$\frac{\text{Mail completes (268)} + \text{Phone completes (232)}}{\text{Total Sample (1980)} - \text{Total Ineligible (14)}} = \frac{500}{1966} = \text{Response Rate} = \mathbf{25\%}$$

Executive Summary

Summary of Key Measures

- For purposes of reporting the CAHPS® results, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and four rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Oklahoma Health Care Authority (CHIP)			
Composite Measures	Trended Data		
	2013	2014	2015
Getting Care Quickly	93%	92%	92%
Shared Decision Making	NT	NT	78%
How Well Doctors Communicate	93%	97%	96%
Getting Needed Care	89%	89%	85%
Customer Service	84%	88%	86%
Overall Rating Measures			
Health Care	82%	85%	87%
Personal Doctor	85%	88%	89%
Specialist	89%	89%	88%
Health Plan	84%	86%	86%
Health Promotion & Education	68%	69%	67%
Coordination of Care	77%	82%	86%
Sample Size	1650	1650	1980
# of Completes	549	357	500
Response Rate	34%	22%	25%

Legend: ↑/↓ Statistically higher/lower compared to prior year results.
 NT= Data not trendable



Executive Summary

Scoring for NCQA Accreditation

		2015 NCQA National Accreditation Comparisons*					
		Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
		Accreditation Points	0.33	0.65	1.11	1.43	1.63
<u>Composite Scores</u>	<u>Unadjusted</u>	<u>Approximate Percentile Threshold</u>					<u>Approximate Score</u>
Getting Care Quickly	2.657	50 th	2.54	2.61	2.66	2.69	1.11
How Well Doctors Communicate	2.786	90 th	2.63	2.68	2.72	2.75	1.63
Getting Needed Care	2.451	25 th	2.42	2.47	2.53	2.58	0.65
Customer Service	2.513	25 th	2.50	2.53	2.58	2.63	0.65
<u>Overall Ratings Scores</u>							
Q13 Health Care	2.587	75 th	2.49	2.52	2.57	2.59	1.43
Q26 Personal Doctor	2.683	75 th	2.58	2.62	2.65	2.69	1.43
Q30 Specialist***	0.000	NA	2.53	2.59	2.62	2.66	NA
		Accreditation Points	0.65	1.30	2.21	2.86	3.25
Q36 Health Plan	2.622	75 th	2.51	2.57	2.62	2.67	2.86
						Estimated Overall CAHPS® Score:	9.76

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). For 2015, this is the first year NCQA is no longer using an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: [NCQA Memorandum of January 30, 2015](#). Subject: 2015 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Executive Summary

Comparison to Quality Compass®

	Oklahoma Health Care Authority (CHIP)	2014 Child Medicaid Quality Compass® Comparisons*						
		5th Nat'l	10th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	95th Nat'l
Composite Scores		%	%	%	%	%	%	%
Getting Care Quickly (<i>% Always and Usually</i>)	92.19%	80.19	83.34	87.67	90.59	92.45	93.81	94.04
Shared Decision Making (<i>% Yes</i>)	78.29%	NA	NA	NA	NA	NA	NA	NA
How Well Doctors Communicate (<i>% Always and Usually</i>)	95.65%	88.40	89.71	91.96	93.25	94.67	95.61	95.96
Getting Needed Care (<i>% Always and Usually</i>)	85.41%	77.49	79.05	82.62	85.44	87.90	90.71	91.28
Customer Service (<i>% Always and Usually</i>)	86.32%	83.24	84.38	85.98	88.13	89.91	91.03	91.91
Overall Ratings Scores								
Q13 Health Care (<i>% 8, 9, and 10</i>)	87.47%	79.64	80.94	82.63	84.70	86.65	88.85	89.67
Q26 Personal Doctor (<i>% 8, 9, and 10</i>)	88.73%	83.17	84.38	85.89	87.84	89.43	90.93	91.46
Q30 Specialist (<i>% 8, 9, and 10</i>)	87.88%	78.66	80.69	83.06	85.01	87.36	89.50	91.52
Q36 Health Plan (<i>% 8, 9, and 10</i>)	86.40%	77.60	78.63	81.85	84.83	87.45	88.66	91.28

NA = Comparison data not available from NCQA.

*Data Source: 2014 Child Medicaid Quality Compass®. Scores above based on 94 plans who qualified and chose to publicly report their scores.

■	= Plan score falls below 5th Percentile
■	= Plan score falls on 5th or below 10th Percentile
■	= Plan score falls on 10th or below 25th Percentile
■	= Plan score falls on 25th or below 50th Percentile

■	= Plan score falls on 50th or below 75th Percentile
■	= Plan score falls on 75th or below 90th Percentile
■	= Plan score falls on 90th or below 95th Percentile
■	= Plan score falls on or above 95th Percentile



Executive Summary

Key Driver Recommendations

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

1. The relative importance of the individual issues (Correlation to overall measures).
2. The current levels of performance on each issue (Percentile group from Quality Compass®)

The key drivers for the health plan and health care are shown below:

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Health Plan</u> Q33 - Treated You with Courtesy and Respect Q14 - Easy to Get Care Believed Necessary for Child	<u>Health Care</u> Q14 - Easy to Get Care Believed Necessary for Child Q18 - Listen Carefully to You
Continue to Target Efforts (High correlation/Relatively high performance)	
<u>Health Plan</u> None	<u>Health Care</u> Q22 - Spend Enough Time with Child



Executive Summary

Key Driver Analysis – Health Plan

Q36. Rating of Health Plan

			Sample Size	Health Plan's Score	Plan's Percentile Range
Q33. Treated You with Courtesy and Respect	0.34	117	91.45%	10 th	
Q14. Easy to Get Care Believed Necessary for Child	0.32	375	89.33%	25 th	
Q18. Listen Carefully to You	0.27	323	94.74%	25 th	
Q4. Getting Care for Child as Soon as Needed	0.27	209	91.87%	50 th	
Q12. Asked Preference for Medicine	0.25	127	71.65%	5 th	
Q28. Easy to Get Appointment for Child with Specialist	0.25	108	81.48%	25 th	
Q32. Got Information or Help Needed	0.20	117	81.20%	25 th	
Q22. Spend Enough Time with Child	0.19	319	94.67%	95 th	
Q6. Getting Appointment for Child as Soon as Needed	0.19	321	92.52%	75 th	
Q19. Show Respect for What You Had to Say	0.17	322	96.58%	50 th	
Q17. Explain Things in a Way You Could Understand	0.16	323	96.59%	90 th	
Q11. Discussed Reasons Not to Take Medicine	0.12	128	70.31%	NA	
Q10. Discussed Reasons to Take Medicine	0.01	127	92.91%	NA	

High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q33 - Treated You with Courtesy and Respect
Q14 - Easy to Get Care Believed Necessary for Child

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

None

Legend:
95th = Plan score falls on or above 95th Percentile
90th = Plan score falls on 90th or below 95th Percentile
75th = Plan score falls on 75th or below 90th Percentile
50th = Plan score falls on 50th or below 75th Percentile
25th = Plan score falls on 25th or below 50th Percentile
10th = Plan score falls on 10th or below 25th Percentile
5th = Plan score falls on 5th or below 10th Percentile
Below 5th = Plan score falls below 5th Percentile


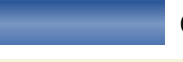
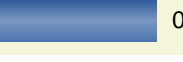


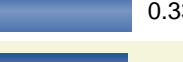


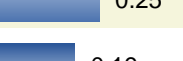


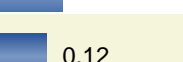

Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes".



Executive Summary

Key Driver Analysis – Health Care

<u>Q13. Rating of Health Care</u>			<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile Range</u>
Q14. Easy to Get Care Believed Necessary for Child		0.45	375	89.33%	25 th
Q18. Listen Carefully to You		0.41	323	94.74%	25 th
Q22. Spend Enough Time with Child		0.39	319	94.67%	95 th
Q19. Show Respect for What You Had to Say		0.34	322	96.58%	50 th
Q6. Getting Appointment for Child as Soon as Needed		0.34	321	92.52%	75 th
Q17. Explain Things in a Way You Could Understand		0.33	323	96.59%	90 th
Q12. Asked Preference for Medicine		0.32	127	71.65%	5 th
Q4. Getting Care for Child as Soon as Needed		0.32	209	91.87%	50 th
Q33. Treated You with Courtesy and Respect		0.25	117	91.45%	10 th
Q10. Discussed Reasons to Take Medicine		0.19	127	92.91%	NA
Q11. Discussed Reasons Not to Take Medicine		0.17	128	70.31%	NA
Q28. Easy to Get Appointment for Child with Specialist		0.16	108	81.48%	25 th
Q32. Got Information or Help Needed		0.12	117	81.20%	25 th

0.0 0.5 1.0

Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes".

High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q14 - Easy to Get Care Believed Necessary for Child
Q18 - Listen Carefully to You

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

Q22 - Spend Enough Time with Child

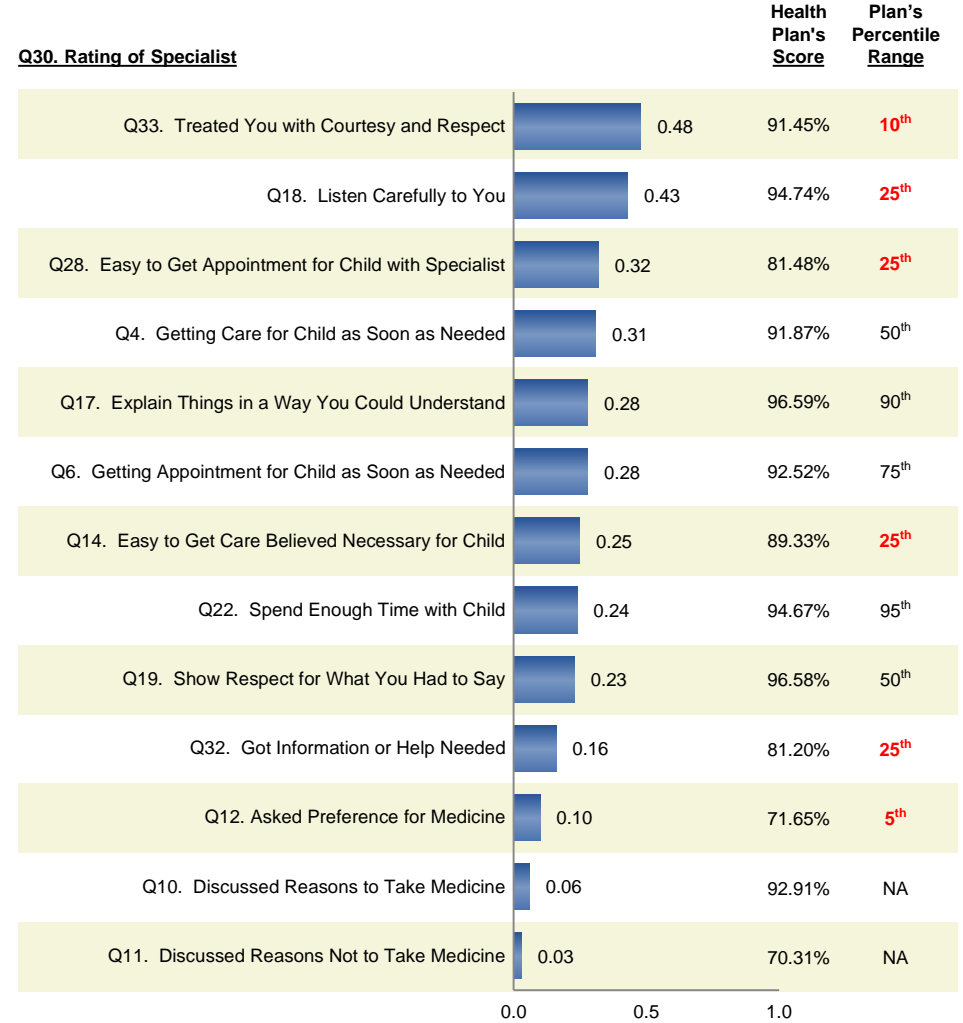
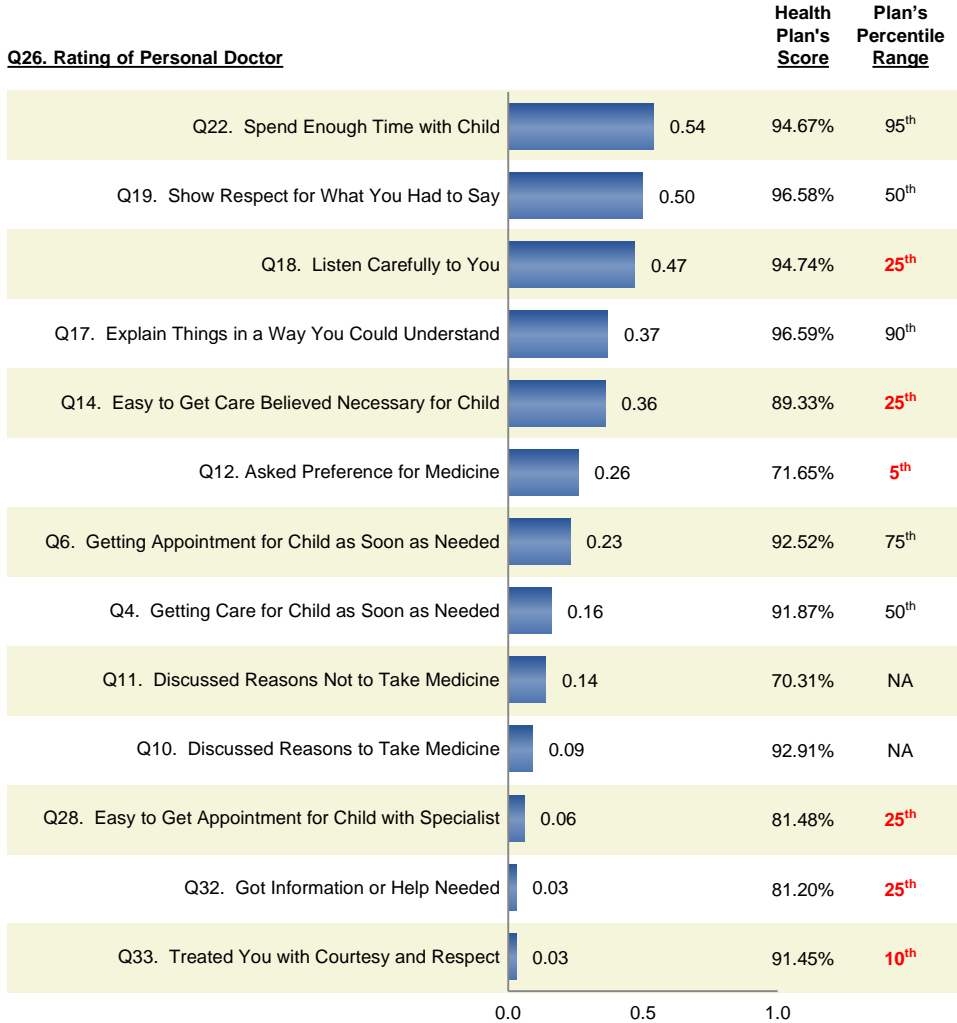
Legend:

95th = Plan score falls on or above 95th Percentile
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75th = Plan score falls on 75th or below 90th Percentile
50th = Plan score falls on 50th or below 75th Percentile
25th = Plan score falls on 25th or below 50th Percentile
10th = Plan score falls on 10th or below 25th Percentile
5th = Plan score falls on 5th or below 10th Percentile
Below 5th = Plan score falls below 5th Percentile



Executive Summary

Key Driver Analysis – Doctor and Specialist



"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes".



Executive Summary

Action Plans for Improving CAHPS® Scores

Morpace has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS® Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

www.cahps.ahrq.gov/quality-improvement/index.html

Getting Needed Care

- Ease of obtaining appointment with specialist
 - Review panel of specialists to assure that there are an adequate number of specialists and that they are disbursed geographically to meet the needs of your members.
 - Conduct an Access to Care survey with either or both of 2 audiences: physician's office and/or among members.
 - Conduct a CG-CAHPS survey including specialists in the sample to identify the specialists with whom members are having a problem obtaining an appointment.
 - Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
 - Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
 - Utilize Provider Relations staff to question PCP office staff when making a regular visit to determine with which types of specialists they have the most problems scheduling appointments.
 - Develop materials to promote your specialist network and encourage the PCPs to develop new referral patterns that align with the network.

Getting Needed Care

- Ease of obtaining care, tests, or treatment you needed through your health plan
 - Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment for which the member has a problem obtaining.
 - Review complaints received by Customer Service regarding inability to receive care, tests or treatments.
 - Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the policies and procedures are delivered to the member, whether the delivery of the information is directly to the member or through their provider. Members may be hearing that they cannot receive the care, tests, or treatment, but are not hearing why.
 - When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member.

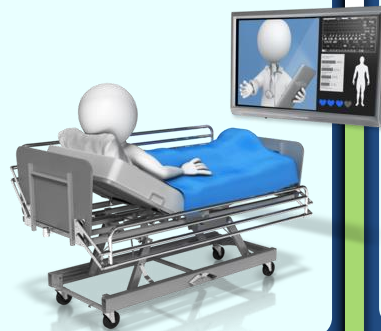


Executive Summary

Action Plans for Improving CAHPS® Scores (cont'd)

Getting Care Quickly

- Obtaining care for urgent care (illness, injury or condition that needed care right away) as soon as you needed
- Obtaining an appointment for routine care/check-ups
 - Conduct a CG-CAHPS survey to identify offices with scheduling issues.
 - Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to physician office – blinded (Secret Shopper)
 - Calls to members with recent claims
 - Desk audit by provider relations staff
 - Develop seminars for physicians' office staff that could include telephone skills (answering, placing a person on hold, taking messages from patients, dealing with irate patients over the phone, etc.) as well as scheduling advice. Use this time to obtain feedback concerning what issues members have shared with the office staff concerning interactions with the plan.
 - These seminars could be offered early morning, lunch times or evenings so as to be convenient for the office staff. Most physicians would be appreciative of having this type of training for their staff as they do not have the time or talents to train their employees in customer service and practice management.



How Well Doctors Communicate

- Doctor explained things in a way that was easy to understand
- Doctor listened carefully
- Doctor showed respect for what member had to say
- Doctor spent enough time with member
 - Conduct a CG-CAHPS survey to identify lower performing physicians for whom improvement plans should be developed.
 - Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.
 - Include supplemental questions from the Item Set for Addressing Health Literacy to better identify communication issues.
 - Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms.
 - Offer in-service programs with CMEs for physicians on improving communication with patients. This could be couched in terms of motivating patients to comply with medication regimens or to incorporate healthy lifestyle habits. Research has shown that such small changes as having physicians sit down instead of stand when talking with a patient leads the patient to think that the doctor has spent more time with them.
 - Provide the physicians with patient education materials, which the physician will then give to the patient. These materials could reinforce that the physician has heard the concerns of the patient or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance.
 - Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Executive Summary

Action Plans for Improving CAHPS® Scores (cont'd)

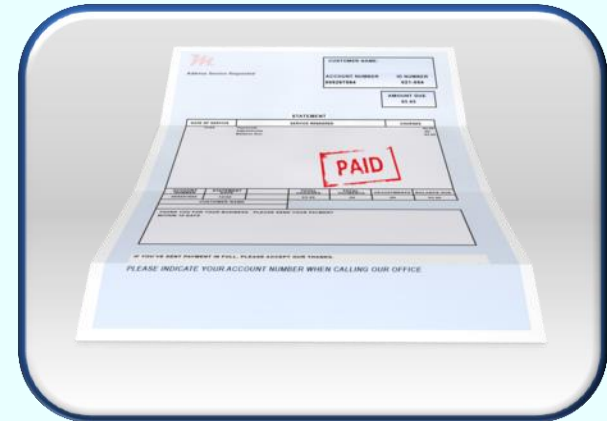
Shared Decision Making

- Doctor talked about reasons you might want to take a medicine
- Doctor talked about reasons you might not want to take a medicine
- Doctor asked you what you thought was best
 - Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.
 - Develop patient education materials on common medicines described for your members explaining pros and cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.
 - Develop audio recordings and/or videos of patient/doctor dialogues/vignettes on common medications. Distribute to provider panel via podcast or other method.



Health Plan Customer Service

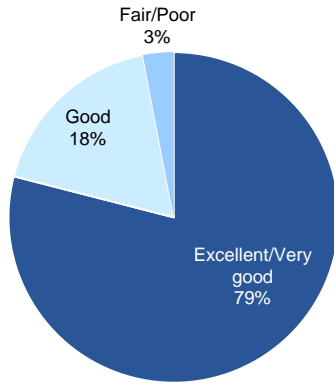
- Customer service gave the information or help needed
- Customer service treated member with courtesy and respect
 - Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
 - At the end of each Customer Service call, have your representative enter/post the reason for the call. At the end of a month, synthesize the information to discern the major reasons for a call. Have the customer service representatives and other appropriate staff discuss ways to address the reason for the majority of the calls and design interventions so that the reason for the call no longer exists.



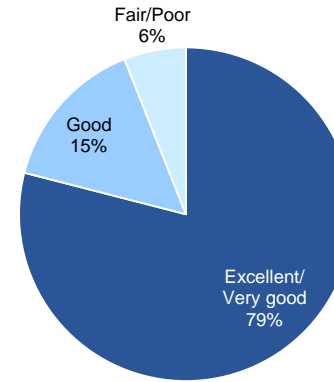
Executive Summary

Demographics

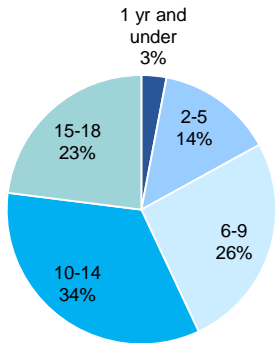
CHILD'S HEALTH STATUS



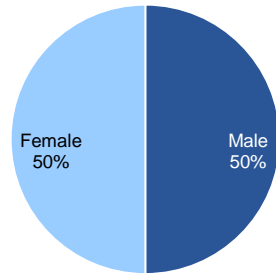
CHILD'S MENTAL/EMOTIONAL HEALTH STATUS



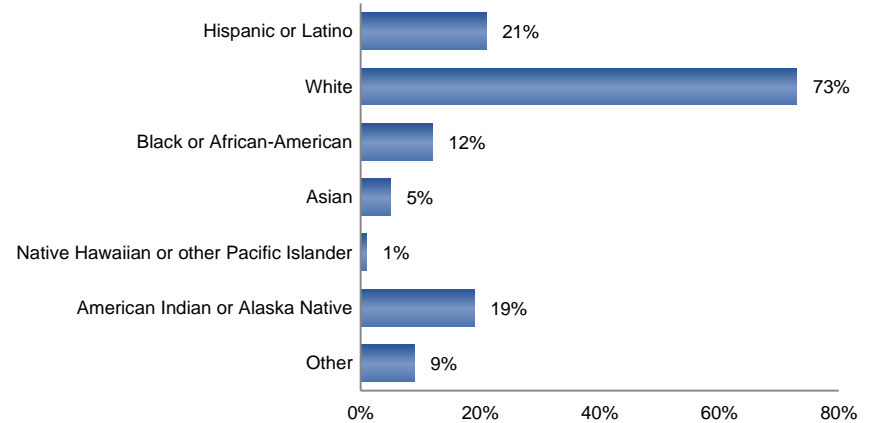
CHILD'S AGE



CHILD'S GENDER



CHILD'S RACE / ETHNICITY



Data shown are self reported.



Executive Summary

Child Demographics

		2013	2014	2015	2014 Quality Compass®
Q37. Child's Health Status					
	Excellent/Very good	80%	77%	79%	76%
	Good	17%	20%	18%	19%
	Fair/Poor	3%	3%	3%	4%
Q38. Child's Mental/Emotional Health Status					
	Excellent/Very good	79%	77%	79%	75%
	Good	16%	16%	15%	17%
	Fair/Poor	5%	7%	6%	9%
Q39. Child's Age					
	1 yr and under	2%	1%	3%	NA
	2-5	15%	11%	14%	NA
	6-9	27%	24%	26%	NA
	10-14	33%	39%	34%	NA
	15-18	23%	26%	23%	NA
Q40. Child's Gender					
	Male	52%	54%	50%	52%
	Female	48%	46%	50%	48%
Q41/42. Child's Race/Ethnicity					
	Hispanic or Latino	21%	17%	21%	30%
	White	68%	71%	73%	46%
	Black or African-American	11%	9%	12%	21%
	Asian	5%	3%	5%	5%
	Native Hawaiian or other Pacific Islander	1%	2%	1%	1%
	American Indian or Alaska Native	22%	23%	19%	2%
	Other	10%	6%	9%	11%

Data shown are self reported.
NA = Data not available



Executive Summary

Respondent Demographics

	2013	2014	2015	2014 Quality Compass®
Q7. Number of Times Going to Doctor's Office/Clinic for Care				
None	23%	23%	23%	25%
1 time	26%	26%	30%	26%
2 times	24%	21%	24%	22%
3 times	13%	14%	13%	13%
4 times	6%	7%	5%	6%
5-9 times	6%	8%	4%	6%
10 or more times	1%	2%	1%	2%
Q16. Number of Times Visited Personal Doctor to Get Care				
None	22%	24%	23%	21%
1 time	31%	30%	36%	32%
2 times	23%	21%	21%	23%
3 times	13%	13%	11%	12%
4 times	4%	6%	5%	6%
5-9 times	5%	6%	4%	6%
10 or more times	1%	1%	1%	1%
Q43. Respondent's Age				
Under 18	5%	7%	3%	7%
18 to 24	5%	1%	3%	8%
25 to 34	35%	27%	33%	33%
35 to 44	33%	41%	38%	30%
45 to 54	18%	17%	14%	14%
55 to 64	4%	7%	6%	5%
65 or older	1%	1%	1%	2%
Q44. Respondent's Gender				
Male	12%	15%	16%	12%
Female	88%	85%	84%	88%
Q45. Respondent's Education				
Did not graduate high school	15%	14%	15%	22%
High school graduate or GED	34%	34%	30%	34%
Some college or 2-year degree	37%	36%	40%	32%
4-year college graduate	10%	11%	10%	8%
More than 4-year college degree	5%	5%	5%	4%

Data shown are self reported.



Executive Summary

General Knowledge about Demographic Differences

The commentary below is based on generally recognized industry knowledge per various published sources:

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower.
Education	More educated respondents tend to be less satisfied.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	Whites give the highest ratings to both rating and composite questions. In general, Asian/Pacific Islanders and American Indian/Alaska Natives give the lowest ratings. Growing evidence that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, their lower scores might not reflect an accurate comparison of their experience with health care.
Ethnicity	Hispanics tend to give lower ratings than non-Hispanics. Non-English speaking Hispanics tend to give lower ratings than English-speaking Hispanics.

Note: If a health plan's population differs from Quality Compass® in any of the demographic groups, these differences could account for the plan's score when compared to Quality Compass®. For example, if a plan's population rates themselves in better health than the Quality Compass® population, this could impact a plan's score positively. Conversely, if a plan's population rates themselves in poorer health than the Quality Compass® population, the plan's scores could be negatively impacted.

Executive Summary

Composite & Rating Scores by Demographics

Demographic	Child's Age					Child's Race				Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	Caucasian	African American	Asian	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=15)	(n=69)	(n=127)	(n=161)	(n=108)	(n=367)	(n=59)	(n=24)	(n=137)	(n=103)	(n=382)	(n=224)	(n=266)	(n=385)	(n=89)	(n=14)
Composites (% Always/Usually)																
Getting Care Quickly	88	95	92	90	94	94	90	74	94	90	93	92	93	94	88	100
Shared Decision Making (% Yes)	81	82	78	82	71	80	73	89	79	71	80	70	85	76	91	60
How Well Doctors Communicate	96	93	97	96	97	96	94	85	96	91	97	94	97	96	95	95
Getting Needed Care	97	88	86	83	85	89	74	76	87	89	85	84	86	86	84	79
Customer Service	80	90	77	88	89	86	81	78	91	84	86	89	84	85	88	100
Ratings (% 8,9,10)																
Personal Doctor	86	83	90	91	90	88	87	87	84	91	88	89	88	89	86	92
Specialist	100	94	71	90	93	91	77	100	88	100	87	89	88	88	88	83
Health Care	93	85	92	84	91	89	80	82	85	93	86	89	88	89	81	100
Health Plan	93	86	87	86	87	86	83	79	88	92	85	87	86	88	80	93