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2017 CAHPS® Child Medicaid Survey Summary Report

Oklahoma Health Care Authority

June 2017



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**Detailed exhibits and data tables available in online reporting portal.*



2017 Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2017	2016	2017 Score versus 2016 Quality Compass
Getting Care Quickly	92%	93%	77 th
How Well Doctors Communicate	96%	97%	94 th
Care Coordination	86%	89%	83 rd
Getting Needed Care	81%↓	89%	25 th
Customer Service	91%	86%	88 th
Shared Decision Making	80%	78%	69 th
OVERALL RATING SCORES			
Health Care	84%	88%	29 th
Personal Doctor	88%	89%	39 th
Specialist	81%	83%	13 th
Health Plan	87%	86%	72 nd

Green (light) shade = relative strength Red (dark) shade = relative weakness

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	2017 Approx. Points	2016 Approx. Points	Difference from 2016
75 th	1.430	1.430	0.000
NA	NA	NA	NA
75 th	1.430	1.430	0.000
25 th	0.650	1.430	-0.780
75 th	1.430	0.325	1.105
NA	NA	NA	NA
50 th	1.105	1.625	-0.520
90 th	1.625	1.625	0.000
NA	NA	NA	NA
75 th	2.860	2.860	0.000
	10.530	10.725	-0.195

Total Possible CAHPS Points = 13.00



Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.
- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.



Background, Protocol and Sample

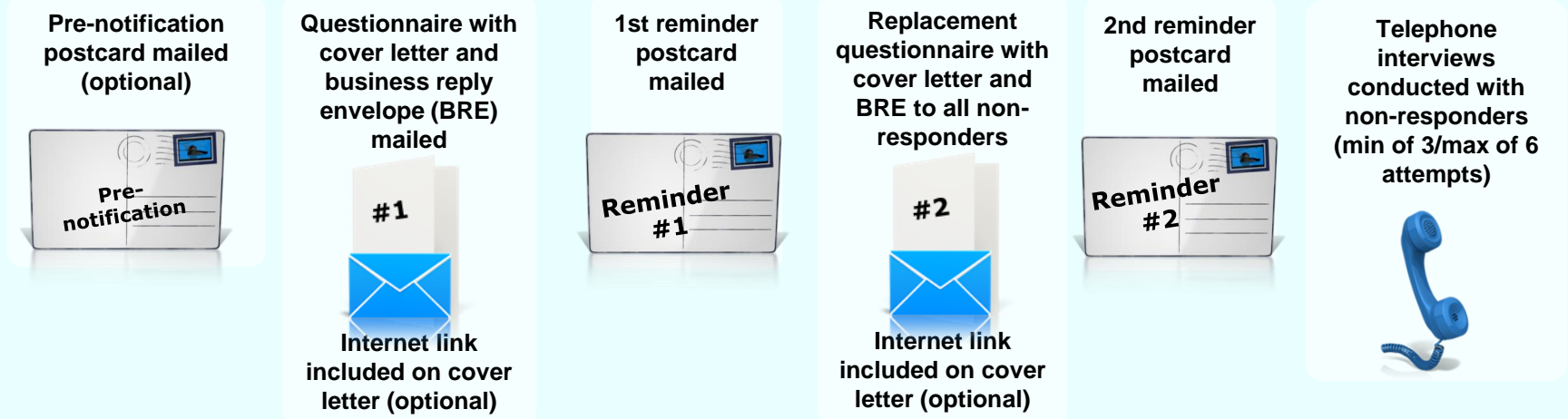
Background

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.

The protocol includes the following:



- Oklahoma Health Care Authority chose the mail/telephone/Internet protocol.

Sample

	Sample Size	Total Completes	English Completes	Spanish Completes
Oklahoma Health Care Authority	2063	496	459	37

Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 15, 27, 31, 36).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- 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 2017 Disposition Summary

Ineligible	Number
Deceased	0
Does not meet eligible population criteria	20
Language barrier	6
Mentally/physically incapacitated	0
Total Ineligible	26

Non-response	Number
Partial complete	11
Refusal	21
Maximum attempts made	1509
Do Not Call list	0
Total Non-response	1541

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

$$\frac{\text{Total completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from Oklahoma Health Care Authority's survey, the 2017 response rate is calculated using the equation below:

$$\text{Response Rate} = \frac{\text{Mail (282)} + \text{Phone (170)} + \text{Internet (44)} = 496}{\text{Total Sample (2063)} - \text{Total Ineligible (26)} = 2037} = \mathbf{24\%}$$

Memo:
2016 NCQA Avg.
Response Rate = 23%



Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and 4 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				
Trended Data				
Composite Measures	2014	2015	2016	2017
Getting Care Quickly	92%	92%	93%	92%
Shared Decision Making	NA	78%	78%	80%
How Well Doctors Communicate	97%	96%	97%	96%
Getting Needed Care	89%	85%	89%	81% ↓
Customer Service	88%	86%	86%	91%
Overall Rating Measures				
Health Care	85%	87%	88%	84%
Personal Doctor	88%	89%	89%	88%
Specialist	89%	88%	83%	81%
Health Plan	86%	86%	86%	87%
Health Promotion & Education	69%	67%	70%	67%
Care Coordination	82%	86%	89%	86%
Sample Size	1650	1980	2073	2063
# of Completes	357	500	441	496
Response Rate	22%	25%	22%	24%

↑/↓ Statistically higher/lower compared to prior year results.
NA=Data not available



Comparison to Quality Compass®

	Oklahoma Health Care Authority	2016 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/Usually</i>)	92.26%	79.02	82.62	85.91	89.23	92.02	93.59	94.56
Shared Decision Making (<i>% Yes</i>)	80.10%	73.28	74.15	76.28	78.31	80.56	82.51	84.04
How Well Doctors Communicate (<i>% Always/Usually</i>)	95.90%	89.20	90.83	91.94	93.26	94.78	95.67	96.28
Getting Needed Care (<i>% Always/Usually</i>)	81.06%	75.49	76.78	81.01	84.25	87.07	89.19	90.23
Customer Service (<i>% Always/Usually</i>)	91.43%	83.05	84.02	86.38	88.16	89.61	91.84	92.57
Overall Ratings Scores								
Q13 Rating of Health Care (% 8, 9, 10)	84.17%	79.58	81.48	83.87	85.85	88.14	90.10	91.24
Q26 Rating of Personal Doctor (% 8, 9, 10)	87.79%	83.48	85.06	86.81	88.56	90.40	91.82	93.19
Q30 Rating of Specialist (% 8, 9, 10)	80.95%	78.95	79.65	83.33	86.24	88.14	89.47	90.71
Q36 Rating of Health Plan (% 8, 9, 10)	87.42%	76.84	78.77	82.34	85.16	87.87	90.55	91.21

*The 2016 Child Medicaid Quality Compass® consists of 129 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

 = Plan score falls below 5th Percentile



Accreditation Details

Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.325	0.650	1.105	1.430	1.625	
<u>Composite Scores</u>	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=267)	2.662	75 th		2.54	2.61	2.66	2.69	1.430	
How Well Doctors Communicate	(n=329)	2.795	90 th		2.63	2.68	2.72	2.75	1.625	
Getting Needed Care	(n=237)	2.388	25 th		2.37	2.46	2.51	2.56	0.650	
Customer Service	(n=105)	2.581	75 th		2.50	2.53	2.58	2.63	1.430	
<u>Overall Ratings Scores</u>										
Health Care	(n=379)	2.559	50 th		2.49	2.52	2.57	2.59	1.105	
Personal Doctor	(n=434)	2.719	90 th		2.58	2.62	2.65	2.69	1.625	
Specialist***	(n=84)	0.000	NA		2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.650	1.300	2.210	2.860	3.250	
Health Plan	(n=485)	2.639	75 th		2.51	2.57	2.62	2.67	2.860	
								Estimated Overall CAHPS® Score:	10.725	

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). Starting in 2015, NCQA will no longer use 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: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Accreditation Details

Scoring for NCQA Accreditation (Includes Care Coordination)

2017 NCQA National Accreditation Comparisons*									
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	
				Accreditation Points	0.325	0.650	1.105	1.430	1.625
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score
Getting Care Quickly	(n=267)	2.662	75 th		2.54	2.61	2.66	2.69	1.430
Getting Needed Care	(n=237)	2.388	25 th		2.37	2.46	2.51	2.56	0.650
Customer Service	(n=105)	2.581	75 th		2.50	2.53	2.58	2.63	1.430
Care Coordination	(n=147)	2.517	75 th		2.36	2.42	2.48	2.52	1.430
Overall Ratings Scores									
Health Care	(n=379)	2.559	50 th		2.49	2.52	2.57	2.59	1.105
Personal Doctor	(n=434)	2.719	90 th		2.58	2.62	2.65	2.69	1.625
Specialist***	(n=84)	0.000	NA		2.53	2.59	2.62	2.66	NA
				Accreditation Points	0.650	1.300	2.210	2.860	3.250
Health Plan	(n=485)	2.639	75 th		2.51	2.57	2.62	2.67	2.860
								Estimated Overall CAHPS® Score:	10.530

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). Starting in 2015, NCQA will no longer use 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: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Key Driver Analysis and Action Plans

Action Plan – Rating of Health Plan

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 in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

High Priority for Improvement (High correlation/Relatively low performance)	
<u>Overall Rating of Health Plan</u>	<u>Primary Recommendation</u>
None	



Key Driver Analysis – Health Plan

Q36. Rating of Health Plan

			<u>Composite</u>	<u>Sample Size</u>	<u>Health Plan's Score</u>	<u>Plan's Percentile</u>
Q14. Easy to get care believed necessary for child		0.41		379	91.29%	70 th
Q19. Show respect for what you had to say		0.32		329	97.87%	92 nd
Q17. Explain things in a way you could understand		0.25		330	95.15%	72 nd
Q18. Listen carefully to you		0.23		330	96.97%	88 th
Q22. Spend enough time with child		0.22		328	93.60%	93 rd
Q6. Getting appointment for child as soon as needed		0.22		334	91.02%	79 th
Q28. Easy to get appointment for child with specialist		0.21		96	70.83%	9 th
Q32. Got information or help needed		0.18		105	85.71%	76 th
Q33. Treated you with courtesy and respect		0.10		105	97.14%	95 th
Q10. Discussed reasons to take medicine		0.06		132	96.21%	88 th
Q4. Getting care for child as soon as needed		0.05		200	93.50%	71 st
Q12. Asked preference for medicine		0.03		130	76.15%	28 th
Q11. Discussed reasons not to take medicine		0.02		131	67.94%	75 th

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

None

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

Q14 - Easy to Get Care Believed Necessary for Child

Q19 - Show Respect for What You Had to Say

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"

Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis – Health Care

Q13. Rating of Health Care

	Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q14. Easy to get care believed necessary for child	0.46	379	91.29%	70 th
Q17. Explain things in a way you could understand	0.38	330	95.15%	72 nd
Q18. Listen carefully to you	0.37	330	96.97%	88 th
Q6. Getting appointment for child as soon as needed	0.32	334	91.02%	79 th
Q19. Show respect for what you had to say	0.29	329	97.87%	92 nd
Q22. Spend enough time with child	0.29	328	93.60%	93 rd
Q28. Easy to get appointment for child with specialist	0.29	96	70.83%	9 th
Q4. Getting care for child as soon as needed	0.27	200	93.50%	71 st
Q12. Asked preference for medicine	0.19	130	76.15%	28 th
Q32. Got information or help needed	0.18	105	85.71%	76 th
Q11. Discussed reasons not to take medicine	0.17	131	67.94%	75 th
Q33. Treated you with courtesy and respect	0.09	105	97.14%	95 th
Q10. Discussed reasons to take medicine	0.08	132	96.21%	88 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"

Red Text indicates measure is 25th percentile or lower.

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

None

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

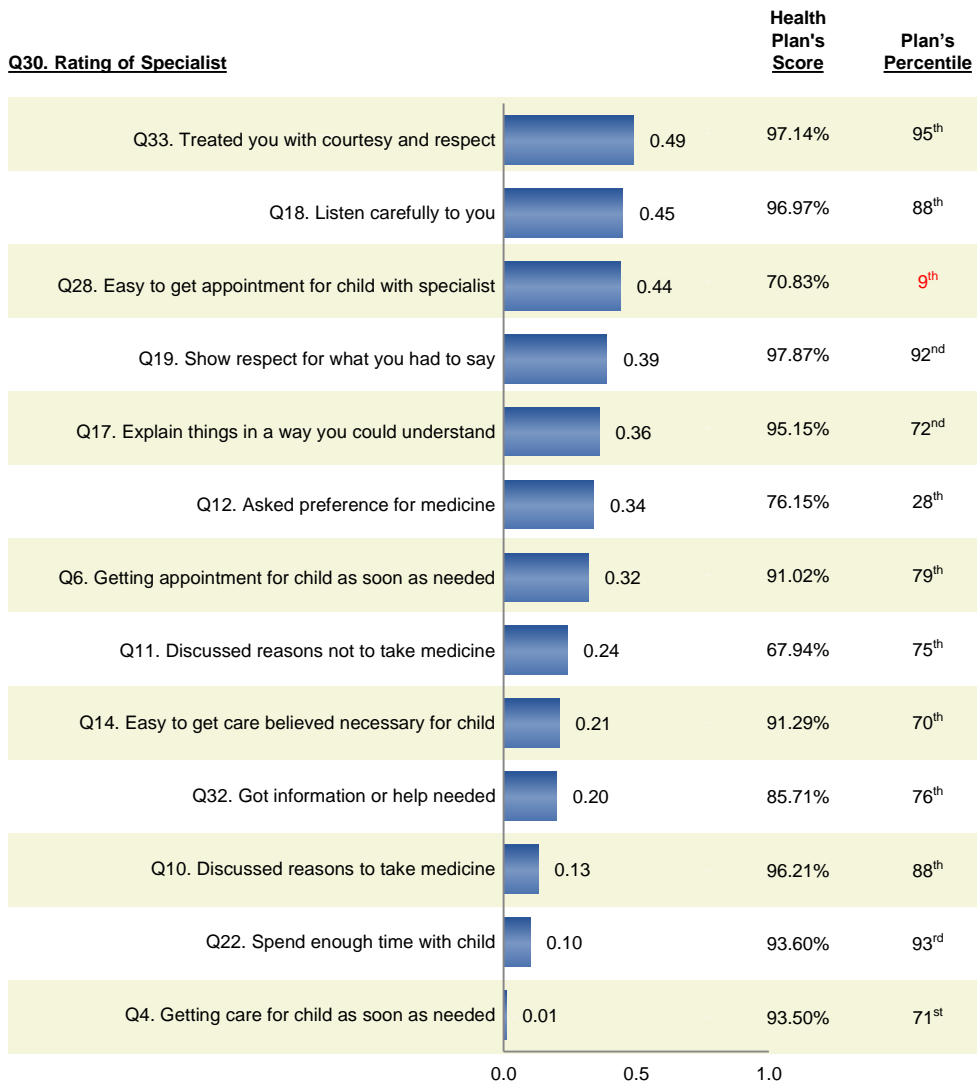
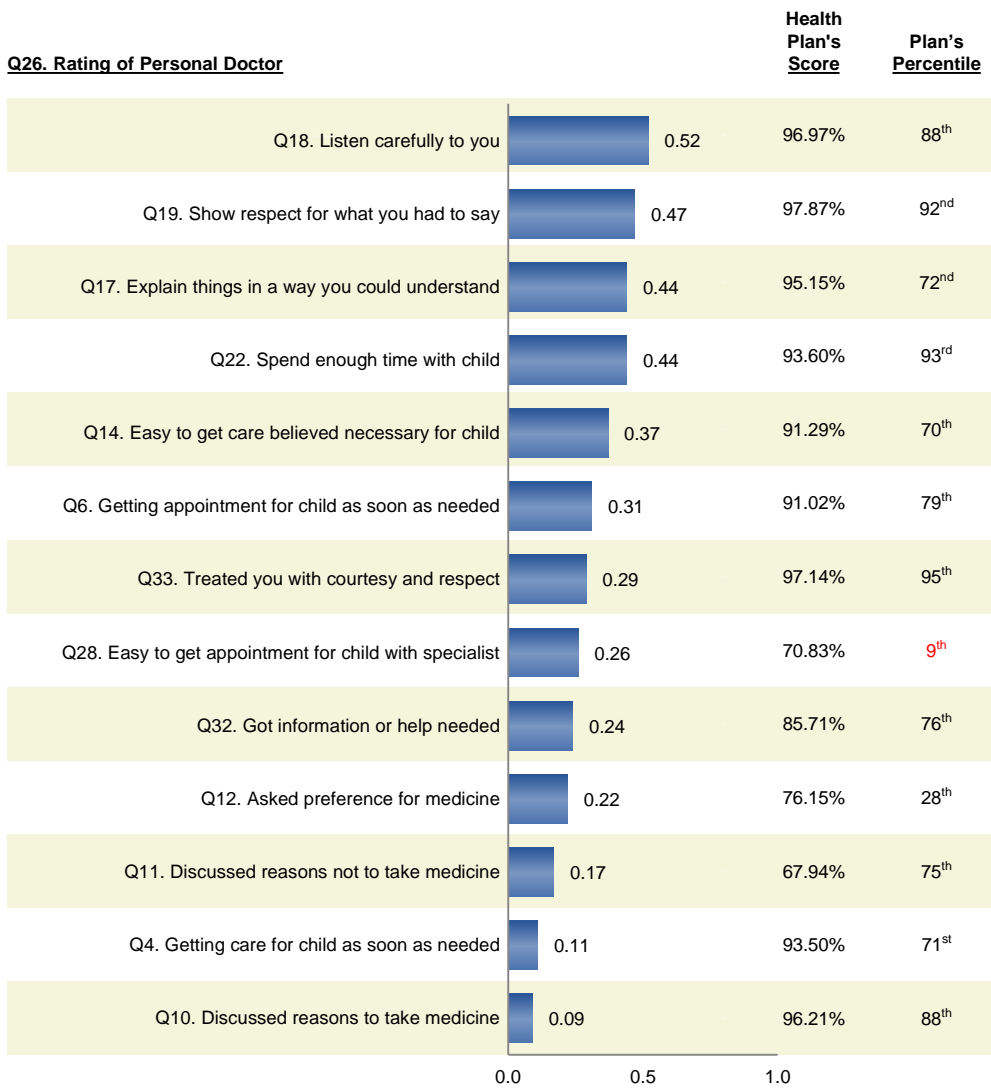
Q14 - Easy to Get Care Believed Necessary for Child

Q17 - Explain Things in a Way You Could Understand

Q18 - Listen Carefully to You



Key Driver Analysis – Doctor and Specialist



"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.



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:

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get 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.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.



Action Plans for Improving CAHPS® Scores

GETTING NEEDED CARE (2 of 2)

Easy to get care believed necessary

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.



Action Plans for Improving CAHPS® Scores

GETTING CARE QUICKLY

Getting care as soon as you needed

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to members with recent claims
 - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues



Action Plans for Improving CAHPS® Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/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. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- 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.

Spend enough time with you

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.



Action Plans for Improving CAHPS® Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- Develop patient education materials about common medicines described for your members explaining pros of each medicine.
Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- Develop patient education materials about common medicines described for your members explaining cons of each medicine.
Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications.
Distribute to provider panel via podcast or other method.



Action Plans for Improving CAHPS® Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- 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.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.



Action Plans for Improving CAHPS® Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.



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.
<p>Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.</p>	
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.



Demographic Profile

Child Demographics

		Oklahoma Health Care Authority				
		2014	2015	2016	2017	2016 Quality Compass®
Q37. Child's Health Status						
	Excellent/Very good	77%	79%	79%	81%	76%
	Good	20%	18%	17%	17%	19%
	Fair/Poor	3%	3%	5%	3%	5%
Q38. Child's Mental/Emotional Health Status						
	Excellent/Very good	77%	79%	79%	77%	75%
	Good	16%	15%	16%	18%	17%
	Fair/Poor	7%	6%	6%	5%	8%
Q39. Child's Age						
	1 yr and under	1%	3%	1%	3%	NA
	2-5	11%	14%	14%	11%	NA
	6-9	24%	26%	28%	19%	NA
	10-14	39%	34%	34%	29%	NA
	15-18	26%	23%	24%	39%	NA
Q40. Child's Gender						
	Male	54%	50%	51%	49%	52%
	Female	46%	50%	49%	51%	48%
Q41/42. Child's Race/Ethnicity						
	Hispanic or Latino	17%	21%	26%	30%	34%
	White	71%	73%	73%	66%	46%
	African American	9%	12%	12%	8%	20%
	Asian	3%	5%	3%	4%	5%
	Native Hawaiian or other Pacific Islander	2%	1%	0%	0%	1%
	American Indian or Alaska Native	23%	19%	17%	20%	3%
	Other	6%	9%	10%	13%	13%

Data shown are self reported.
NA = Data not available



Demographic Profile

Respondent Demographics

		Oklahoma Health Care Authority				
		2014	2015	2016	2017	2016 Quality Compass®
Q7. Number of Times Going to Doctor's Office/Clinic for Care						
	None	23%	23%	21%	22%	25%
	1 time	26%	30%	29%	29%	26%
	2 times	21%	24%	23%	24%	22%
	3 times	14%	13%	13%	14%	12%
	4 times	7%	5%	7%	5%	6%
	5-9 times	8%	4%	7%	5%	6%
	10 or more times	2%	1%	0%	1%	2%
Q16. Number of Times Visited Personal Doctor to Get Care						
	None	24%	23%	21%	23%	21%
	1 time	30%	36%	36%	36%	32%
	2 times	21%	21%	21%	21%	23%
	3 times	13%	11%	12%	10%	12%
	4 times	6%	5%	4%	3%	6%
	5-9 times	6%	4%	5%	5%	5%
	10 or more times	1%	1%	1%	1%	1%
Q43. Respondent's Age						
	Under 18	7%	3%	4%	3%	6%
	18 to 24	1%	3%	2%	3%	6%
	25 to 34	27%	33%	32%	26%	32%
	35 to 44	41%	38%	43%	42%	34%
	45 to 54	17%	14%	14%	16%	15%
	55 to 64	7%	6%	3%	5%	5%
	65 or older	1%	1%	2%	3%	2%
Q44. Respondent's Gender						
	Male	15%	16%	15%	15%	12%
	Female	85%	84%	85%	85%	88%
Q45. Respondent's Education						
	Did not graduate high school	14%	15%	17%	17%	21%
	High school graduate or GED	34%	30%	32%	37%	34%
	Some college or 2-year degree	36%	40%	34%	32%	32%
	4-year college graduate	11%	10%	11%	9%	8%
	More than 4-year college degree	5%	5%	6%	4%	5%

Data shown are self reported.



Composite & Rating Scores by Demographics

Oklahoma Health Care Authority

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	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=13)	(n=52)	(n=93)	(n=139)	(n=187)	(n=327)	(n=42)	(n=175)	(n=145)	(n=341)	(n=263)	(n=225)	(n=395)	(n=81)	(n=14)

Composites (% Always/Usually)

Getting Care Quickly	92	96	92	94	90	93	93	90	85	95	89	96	93	92	100
Shared Decision Making (% Yes)	85	81	78	82	80	84	76	74	77	81	80	80	79	79	96
How Well Doctors Communicate	98	99	96	96	95	97	98	96	92	97	94	98	97	91	89
Getting Needed Care	79	92	82	75	80	80	89	81	73	84	81	81	86	68	79
Customer Service	80	95	90	91	92	90	94	91	91	92	94	89	90	94	100

Overall Ratings (% 8,9,10)

Health Care	100	95	87	80	81	86	87	85	85	84	83	85	87	71	75
Personal Doctor	100	93	87	85	88	88	87	87	90	87	86	90	89	83	83
Specialist	67	80	80	81	82	80	100	88	86	80	93	71	84	70	83
Health Plan	92	90	88	89	85	88	93	86	89	87	88	87	89	78	79

