



COLORADO

**Department of Health Care
Policy & Financing**

2019 Colorado Patient-Centered Medical Home Survey Child Report

September 2019

*This report was produced by Health Services Advisory Group, Inc.,
for the Colorado Department of Health Care Policy and Financing.*



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1. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Patient-Centered Medical Home (PCMH) Survey conducted for parents/caretakers of child members who received services through Health First Colorado (Colorado's Medicaid Program).^{1-1,1-2} Health First Colorado's primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) were contracted to implement Phase II of Colorado's ACC. Key functions of the RAE's are to coordinate care, ensure members are attributed to a primary medical care provider (PMCP), and administer the capitated behavioral health benefit. Since this PCMH Survey was a preliminary evaluation of the RAE-contracted practices, the results presented in this report are baseline results.

The survey instrument administered was a modified CAHPS Clinician & Group (CG-CAHPS) 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. The administered survey is referred to as the PCMH Survey in this report. Parents/caretakers of child Medicaid members completed the surveys from April to June 2019.

¹⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻² For the child PCMH Survey, the survey questionnaire was addressed to the parent/caretaker of the child member (identified as having visited a participating practice clinician) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member.

Table 1-1 lists the seven Colorado RAEs along with the child RAE-contracted practices that were selected by the Department for inclusion in the 2019 PCMH Survey administration.

Table 1-1—Child RAE Practices

RAE Name	RAE Abbreviation	RAE Region	RAE-Contracted Practices	Practice Abbreviation
Rocky Mountain Health Plans	RMHP	1	Associates in Family Medicine	AFM (RAE 1)
			Mountain Family Health Centers	Mountain Family (RAE 1)
			Poudre Valley Health Care, Inc.	Poudre Valley (RAE 1)
Northeast Health Partners	NHP	2	Banner Health Physicians	Banner (RAE 2)
			North Colorado Family Medicine	North Colorado (RAE 2)
Colorado Access	Colorado Access	3	Brighton Pediatrics, PC	Brighton Peds (RAE 3)
			Guardian Angels Health Center	Guardian Angels (RAE 3)
			Mountainland Pediatrics	Mountainland Peds (RAE 3)
			Rocky Mountain Youth Clinic	RMYC (RAE 3)
Health Colorado, Inc.	HCI	4	Southern Colorado Clinic	Southern Colorado (RAE 4)
			Valley Wide Health Systems, Inc.	Valley Wide (RAE 4)
Colorado Access	Colorado Access	5	Child Group Practice 1 ¹⁻³	Child Group 1 (RAE 5)
			Children's Medical Center	Children's Medical (RAE 5)
			Lowry Pediatrics, PC	Lowry Peds (RAE 5)
			Rocky Mountain Youth Clinic	RMYC (RAE 5)
Colorado Community Health Alliance	CCHA	6	Child Group Practice 2 ¹⁻⁴	Child Group 2 (RAE 6)
			Rocky Mountain Pediatrics, PC	Rocky Mountain (RAE 6)
Colorado Community Health Alliance	CCHA	7	Iron Horse Pediatrics, LLC	Iron Horse Peds (RAE 7)
			Matthews-Vu Medical Group	Matthews-Vu (RAE 7)
			Mountain View Medical Group	Mountain View (RAE 7)

¹⁻³ Child Group Practice 1 is a combined population of the following practices: Inner City Health Center and South Federal Family Practice.

¹⁻⁴ Child Group Practice 2 is a combined population of the following practices: Catholic Health Initiatives and Pediatrics West, PC.

Survey Administration and Response Rates

Survey Administration

HSAG selected a sample of 427 to 1,200 members from each child RAE practice sample. Additional information on the sampling procedures is included in the Reader's Guide Section beginning on page 4-3.

The survey process employed allowed parents/caretakers of child members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) telephone. A cover letter that provided the option to complete a paper-based or a web-based survey was mailed to sampled members. The first mailing was followed by a second mailing that was sent to all non-respondents. The telephone phase consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not completed a survey. Additional information on the survey protocol is included in the Reader's Guide Section beginning on page 4-3.

Response Rates

The PCMH Survey response rate is the total number of completed surveys divided by all eligible members of the sample. HSAG followed the CAHPS PCMH completeness criteria where a member's survey was assigned a disposition code of "complete" if at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.^{1-5,1-6} Eligible members included the entire random sample minus ineligible members. For additional information on the calculation of response rates, please refer to the Reader's Guide Section on page 4-4.

Child RAE Practices

A total of 2,443 parents/caretakers returned a completed survey on behalf of their child. The 2019 Colorado PCMH Survey response rate for the child population was 15.50 percent.

Table 1-2, on the following page, shows the sample dispositions and response rates for each of the participating Colorado RAE practices and the Colorado RAE Aggregate for the child population.

¹⁻⁵ National Committee for Quality Assurance. *HEDIS® 2017: Specifications for the CAHPS® Survey for PCMH*. Washington, DC: NCQA Publication, 2017.

¹⁻⁶ Question 1 asked if the child member got care from the provider listed in the last 6 months.

Table 1-2—Child Population Sample Dispositions and Response Rates

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	16,111	345	15,766	2,443	15.50%
AFM (RAE 1)	457	16	441	73	16.55%
Banner (RAE 2)	569	6	563	82	14.56%
Brighton Peds (RAE 3)	1,120	21	1,099	147	13.38%
Child Group 1 (RAE 5)	427	19	408	64	15.69%
Child Group 2 (RAE 6)	935	7	928	170	18.32%
Children’s Medical (RAE 5)	554	8	546	85	15.57%
Guardian Angels (RAE 3)	870	31	839	159	18.95%
Iron Horse Peds (RAE 7)	1,200	27	1,173	207	17.65%
Lowry Peds (RAE 5)	538	18	520	80	15.38%
Matthews-Vu (RAE 7)	758	10	748	125	16.71%
Mountain Family (RAE 1)	819	16	803	144	17.93%
Mountain View (RAE 7)	712	15	697	128	18.36%
Mountainland Peds (RAE 3)	1,118	22	1,096	161	14.69%
North Colorado (RAE 2)	512	20	492	62	12.60%
Poudre Valley (RAE 1)	593	22	571	68	11.91%
Rocky Mountain (RAE 6)	725	8	717	106	14.78%
RMYC (RAE 3)	1,200	30	1,170	186	15.90%
RMYC (RAE 5)	604	12	592	73	12.33%
Southern Colorado (RAE 4)	1,200	22	1,178	156	13.24%
Valley Wide (RAE 4)	1,200	15	1,185	167	14.09%

2. Results

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for two global ratings: Rating of Provider and Rating of All Health Care. The analysis provides information on: (1) how well the Colorado RAE Aggregate is performing on the survey item (i.e., question), and (2) how important the item is to overall member experience.

Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined.²⁻¹ For additional information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 4-5. Table 2-1 depicts those items identified for each of the two global ratings as being key drivers of low member experience for the child Colorado RAE Aggregate (as indicated by a ✓).

Table 2-1—Colorado RAE Aggregate Key Drivers of Low Member Experience

Key Drivers	Rating of Provider	Rating of All Health Care
Respondents reported that their child’s provider did not always seem informed and up-to-date about the care their child received from specialists.		✓
Respondents reported that their child’s provider did not seem to know important information about their child’s medical history.		✓
Respondents reported that when their child’s provider ordered a blood test, x-ray, or other test for their child, no one from their child’s provider’s office followed up to give them the results.	✓	
Respondents reported that when they contacted their child’s provider’s office during regular office hours, they did not receive an answer to their medical questions within the same day.	✓	✓

²⁻¹ A problem score is the score associated with a response in which the member identified a negative experience and was assigned a “1.” A positive experience with care (i.e., non-negative) was assigned a “0.”

Child and Respondent Demographics

In general, the demographics of a response group influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻²

Child Demographics

Table 2-2 through Table 2-7 show the age, gender, race, ethnicity, overall general health status, and mental health status of children for whom a parent/caretaker completed a child PCMH Survey.

Table 2-2—Child Demographics: Age

Practice Name	0 to 3	4 to 7	8 to 12	13 to 18*
Colorado RAE Aggregate	27.9%	22.3%	25.2%	24.7%
AFM (RAE 1)	32.8%	23.4%	23.4%	20.3%
Mountain Family (RAE 1)	37.6%	12.8%	15.4%	34.2%
Poudre Valley (RAE 1)	43.3%	20.0%	16.7%	20.0%
Banner (RAE 2)	29.3%	16.0%	26.7%	28.0%
North Colorado (RAE 2)	27.8%	16.7%	20.4%	35.2%
Brighton Peds (RAE 3)	33.1%	22.6%	19.4%	25.0%
Guardian Angels (RAE 3)	15.9%	26.1%	32.6%	25.4%
Mountainland Peds (RAE 3)	25.9%	21.6%	26.6%	25.9%
RMYC (RAE 3)	32.7%	19.1%	28.4%	19.8%
Southern Colorado (RAE 4)	25.7%	22.1%	25.0%	27.1%
Valley Wide (RAE 4)	21.4%	27.6%	20.7%	30.3%
Child Group 1 (RAE 5)	7.3%	20.0%	41.8%	30.9%
Children's Medical (RAE 5)	14.5%	27.6%	25.0%	32.9%
Lowry Peds (RAE 5)	25.0%	21.9%	29.7%	23.4%
RMYC (RAE 5)	30.9%	23.6%	27.3%	18.2%
Child Group 2 (RAE 6)	34.0%	20.8%	25.8%	19.5%
Rocky Mountain (RAE 6)	17.7%	20.8%	28.1%	33.3%
Iron Horse Peds (RAE 7)	31.0%	29.3%	23.4%	16.3%
Matthews-Vu (RAE 7)	42.0%	23.5%	18.5%	16.0%
Mountain View (RAE 7)	20.7%	21.5%	33.1%	24.8%

Please note: Percentages may not total 100% due to rounding.

*Children were eligible for inclusion in the PCMH Survey if they were 17 or younger as of December 31, 2018. Some children eligible for the PCMH Survey turned 18 between January 1, 2019 and the time of the survey administration.

²⁻² Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

Table 2-3—Child Demographics: Gender

Practice Name	Male	Female
Colorado RAE Aggregate	50.0%	50.0%
AFM (RAE 1)	42.9%	57.1%
Mountain Family (RAE 1)	47.9%	52.1%
Poudre Valley (RAE 1)	47.5%	52.5%
Banner (RAE 2)	54.7%	45.3%
North Colorado (RAE 2)	45.5%	54.5%
Brighton Peds (RAE 3)	49.2%	50.8%
Guardian Angels (RAE 3)	54.7%	45.3%
Mountainland Peds (RAE 3)	48.2%	51.8%
RMYC (RAE 3)	58.4%	41.6%
Southern Colorado (RAE 4)	48.2%	51.8%
Valley Wide (RAE 4)	44.9%	55.1%
Child Group 1 (RAE 5)	41.8%	58.2%
Children's Medical (RAE 5)	44.7%	55.3%
Lowry Peds (RAE 5)	45.5%	54.5%
RMYC (RAE 5)	49.1%	50.9%
Child Group 2 (RAE 6)	51.9%	48.1%
Rocky Mountain (RAE 6)	54.1%	45.9%
Iron Horse Peds (RAE 7)	57.3%	42.7%
Matthews-Vu (RAE 7)	46.7%	53.3%
Mountain View (RAE 7)	46.3%	53.7%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Table 2-4—Child Demographics: Race

Practice Name	Multi-Racial	White	Black	Asian	Native American	Other
Colorado RAE Aggregate	13.8%	66.2%	5.4%	2.2%	1.1%	11.3%
AFM (RAE 1)	12.5%	78.1%	0.0%	3.1%	1.6%	4.7%
Mountain Family (RAE 1)	13.8%	64.9%	1.1%	1.1%	0.0%	19.1%
Poudre Valley (RAE 1)	14.8%	66.7%	1.9%	3.7%	0.0%	13.0%
Banner (RAE 2)	5.5%	84.9%	2.7%	0.0%	0.0%	6.8%
North Colorado (RAE 2)	15.9%	52.3%	6.8%	2.3%	0.0%	22.7%
Brighton Peds (RAE 3)	14.8%	73.1%	0.0%	0.9%	0.9%	10.2%
Guardian Angels (RAE 3)	7.3%	58.7%	7.3%	5.5%	0.9%	20.2%
Mountainland Peds (RAE 3)	12.5%	65.6%	1.6%	1.6%	2.3%	16.4%
RMYC (RAE 3)	17.5%	51.7%	16.8%	3.5%	0.7%	9.8%
Southern Colorado (RAE 4)	13.0%	69.5%	1.5%	0.0%	3.1%	13.0%
Valley Wide (RAE 4)	13.2%	76.5%	0.7%	0.7%	1.5%	7.4%
Child Group 1 (RAE 5)	6.5%	56.5%	2.2%	2.2%	4.3%	28.3%
Children's Medical (RAE 5)	18.3%	46.5%	22.5%	1.4%	2.8%	8.5%
Lowry Peds (RAE 5)	19.0%	41.3%	27.0%	3.2%	0.0%	9.5%
RMYC (RAE 5)	20.5%	36.4%	22.7%	4.5%	2.3%	13.6%
Child Group 2 (RAE 6)	12.9%	76.1%	1.3%	1.3%	0.0%	8.4%
Rocky Mountain (RAE 6)	14.8%	65.9%	2.3%	3.4%	1.1%	12.5%
Iron Horse Peds (RAE 7)	14.7%	70.1%	4.0%	2.8%	0.6%	7.9%
Matthews-Vu (RAE 7)	17.7%	67.3%	3.5%	3.5%	0.9%	7.1%
Mountain View (RAE 7)	12.6%	77.3%	2.5%	1.7%	0.0%	5.9%

Please note: Percentages may not total 100% due to rounding.

Table 2-5—Child Demographics: Ethnicity

Practice Name	Hispanic	Non-Hispanic
Colorado RAE Aggregate	52.3%	47.7%
AFM (RAE 1)	15.4%	84.6%
Mountain Family (RAE 1)	80.2%	19.8%
Poudre Valley (RAE 1)	56.9%	43.1%
Banner (RAE 2)	46.7%	53.3%
North Colorado (RAE 2)	71.7%	28.3%
Brighton Peds (RAE 3)	64.8%	35.2%
Guardian Angels (RAE 3)	79.1%	20.9%
Mountainland Peds (RAE 3)	62.6%	37.4%
RMYC (RAE 3)	65.4%	34.6%
Southern Colorado (RAE 4)	58.3%	41.7%
Valley Wide (RAE 4)	70.5%	29.5%
Child Group 1 (RAE 5)	96.3%	3.7%
Children's Medical (RAE 5)	40.5%	59.5%
Lowry Peds (RAE 5)	23.4%	76.6%
RMYC (RAE 5)	72.7%	27.3%
Child Group 2 (RAE 6)	25.2%	74.8%
Rocky Mountain (RAE 6)	55.7%	44.3%
Iron Horse Peds (RAE 7)	29.2%	70.8%
Matthews-Vu (RAE 7)	25.2%	74.8%
Mountain View (RAE 7)	24.4%	75.6%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Table 2-6—Child Demographics: Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	40.1%	33.7%	20.3%	5.5%	0.5%
AFM (RAE 1)	49.2%	36.9%	12.3%	1.5%	0.0%
Mountain Family (RAE 1)	34.5%	30.2%	23.3%	12.1%	0.0%
Poudre Valley (RAE 1)	50.8%	33.9%	13.6%	1.7%	0.0%
Banner (RAE 2)	37.8%	43.2%	12.2%	6.8%	0.0%
North Colorado (RAE 2)	36.4%	25.5%	27.3%	10.9%	0.0%
Brighton Peds (RAE 3)	32.5%	35.0%	25.2%	6.5%	0.8%
Guardian Angels (RAE 3)	33.6%	31.4%	27.9%	7.1%	0.0%
Mountainland Peds (RAE 3)	31.0%	34.5%	21.8%	12.7%	0.0%
RMYC (RAE 3)	42.4%	29.7%	23.4%	4.4%	0.0%
Southern Colorado (RAE 4)	43.1%	34.3%	19.7%	2.2%	0.7%
Valley Wide (RAE 4)	38.5%	33.8%	20.9%	5.4%	1.4%
Child Group 1 (RAE 5)	29.1%	23.6%	43.6%	3.6%	0.0%
Children's Medical (RAE 5)	51.3%	22.4%	22.4%	2.6%	1.3%
Lowry Peds (RAE 5)	43.9%	40.9%	15.2%	0.0%	0.0%
RMYC (RAE 5)	45.5%	34.5%	16.4%	3.6%	0.0%
Child Group 2 (RAE 6)	51.6%	36.5%	9.4%	2.5%	0.0%
Rocky Mountain (RAE 6)	30.9%	37.1%	22.7%	9.3%	0.0%
Iron Horse Peds (RAE 7)	42.6%	34.4%	16.4%	5.5%	1.1%
Matthews-Vu (RAE 7)	40.8%	37.5%	19.2%	2.5%	0.0%
Mountain View (RAE 7)	41.0%	33.3%	19.7%	3.4%	2.6%
<i>Please note: Percentages may not total 100% due to rounding.</i>					

Table 2-7—Child Demographics: Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	40.9%	29.5%	20.6%	7.5%	1.4%
AFM (RAE 1)	46.2%	21.5%	24.6%	7.7%	0.0%
Mountain Family (RAE 1)	46.2%	25.6%	21.4%	4.3%	2.6%
Poudre Valley (RAE 1)	45.0%	28.3%	18.3%	6.7%	1.7%
Banner (RAE 2)	41.9%	31.1%	18.9%	6.8%	1.4%
North Colorado (RAE 2)	34.5%	34.5%	20.0%	9.1%	1.8%
Brighton Peds (RAE 3)	42.4%	19.2%	30.4%	8.0%	0.0%
Guardian Angels (RAE 3)	44.0%	25.5%	21.3%	8.5%	0.7%
Mountainland Peds (RAE 3)	26.8%	36.6%	21.8%	12.0%	2.8%
RMYC (RAE 3)	47.5%	24.1%	20.4%	6.2%	1.9%
Southern Colorado (RAE 4)	38.6%	35.7%	15.0%	10.7%	0.0%
Valley Wide (RAE 4)	40.1%	33.3%	23.1%	2.0%	1.4%
Child Group 1 (RAE 5)	54.5%	18.2%	23.6%	3.6%	0.0%
Children's Medical (RAE 5)	40.8%	30.3%	19.7%	7.9%	1.3%
Lowry Peds (RAE 5)	40.9%	36.4%	18.2%	4.5%	0.0%
RMYC (RAE 5)	40.0%	32.7%	21.8%	5.5%	0.0%
Child Group 2 (RAE 6)	43.4%	31.4%	19.5%	4.4%	1.3%
Rocky Mountain (RAE 6)	26.8%	29.9%	24.7%	16.5%	2.1%
Iron Horse Peds (RAE 7)	40.9%	30.1%	20.4%	7.0%	1.6%
Matthews-Vu (RAE 7)	45.4%	31.9%	13.4%	6.7%	2.5%
Mountain View (RAE 7)	38.0%	30.6%	17.4%	11.6%	2.5%
<i>Please note: Percentages may not total 100% due to rounding.</i>					

Respondent Demographics

Table 2-8 through Table 2-11 show the self-reported age, gender, level of education, and relationship to the child for respondents who completed the child PCMH Survey on behalf of the child member.

Table 2-8—Respondent Demographics: Age

Practice Name	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado RAE Aggregate	4.5%	5.8%	32.2%	33.0%	14.0%	5.9%	4.6%
AFM (RAE 1)	0.0%	4.7%	31.3%	35.9%	10.9%	10.9%	6.3%
Mountain Family (RAE 1)	0.9%	2.6%	34.5%	41.4%	17.2%	2.6%	0.9%
Poudre Valley (RAE 1)	3.4%	12.1%	22.4%	37.9%	15.5%	1.7%	6.9%
Banner (RAE 2)	5.4%	4.1%	35.1%	29.7%	14.9%	4.1%	6.8%
North Colorado (RAE 2)	9.4%	1.9%	28.3%	32.1%	11.3%	9.4%	7.5%
Brighton Peds (RAE 3)	5.9%	13.4%	27.7%	30.3%	13.4%	5.0%	4.2%
Guardian Angels (RAE 3)	3.7%	0.7%	35.6%	38.5%	14.8%	4.4%	2.2%
Mountainland Peds (RAE 3)	5.1%	8.1%	29.4%	30.1%	17.6%	5.9%	3.7%
RMYC (RAE 3)	1.3%	4.4%	32.7%	45.9%	11.3%	2.5%	1.9%
Southern Colorado (RAE 4)	6.5%	6.5%	37.4%	28.1%	8.6%	6.5%	6.5%
Valley Wide (RAE 4)	8.3%	4.9%	32.6%	20.8%	14.6%	9.7%	9.0%
Child Group 1 (RAE 5)	3.7%	1.9%	16.7%	57.4%	13.0%	3.7%	3.7%
Children's Medical (RAE 5)	4.2%	4.2%	26.8%	38.0%	12.7%	8.5%	5.6%
Lowry Peds (RAE 5)	6.1%	1.5%	25.8%	40.9%	18.2%	6.1%	1.5%
RMYC (RAE 5)	0.0%	11.1%	33.3%	35.2%	16.7%	0.0%	3.7%
Child Group 2 (RAE 6)	5.1%	8.2%	31.0%	27.8%	15.8%	6.3%	5.7%
Rocky Mountain (RAE 6)	7.4%	2.1%	26.6%	17.0%	16.0%	19.1%	11.7%
Iron Horse Peds (RAE 7)	2.8%	8.9%	41.9%	31.8%	10.1%	0.6%	3.9%
Matthews-Vu (RAE 7)	6.1%	7.8%	40.9%	32.2%	7.8%	4.3%	0.9%
Mountain View (RAE 7)	4.3%	3.4%	27.4%	29.1%	22.2%	11.1%	2.6%

Please note: Percentages may not total 100% due to rounding.

Table 2-9—Respondent Demographics: Gender

Practice Name	Male	Female
Colorado RAE Aggregate	9.8%	90.2%
AFM (RAE 1)	14.1%	85.9%
Mountain Family (RAE 1)	7.7%	92.3%
Poudre Valley (RAE 1)	10.3%	89.7%
Banner (RAE 2)	6.7%	93.3%
North Colorado (RAE 2)	15.4%	84.6%
Brighton Peds (RAE 3)	4.9%	95.1%
Guardian Angels (RAE 3)	10.1%	89.9%
Mountainland Peds (RAE 3)	8.5%	91.5%
RMYC (RAE 3)	10.0%	90.0%
Southern Colorado (RAE 4)	10.6%	89.4%
Valley Wide (RAE 4)	11.7%	88.3%
Child Group 1 (RAE 5)	10.9%	89.1%
Children's Medical (RAE 5)	4.1%	95.9%
Lowry Peds (RAE 5)	16.7%	83.3%
RMYC (RAE 5)	3.7%	96.3%
Child Group 2 (RAE 6)	10.1%	89.9%
Rocky Mountain (RAE 6)	7.1%	92.9%
Iron Horse Peds (RAE 7)	8.6%	91.4%
Matthews-Vu (RAE 7)	8.5%	91.5%
Mountain View (RAE 7)	19.0%	81.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Table 2-10—Respondent Demographics: Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado RAE Aggregate	6.0%	7.6%	28.4%	36.7%	21.4%
AFM (RAE 1)	0.0%	1.6%	9.5%	46.0%	42.9%
Mountain Family (RAE 1)	18.3%	10.4%	45.2%	9.6%	16.5%
Poudre Valley (RAE 1)	5.2%	10.3%	29.3%	25.9%	29.3%
Banner (RAE 2)	5.3%	2.7%	25.3%	46.7%	20.0%
North Colorado (RAE 2)	15.1%	17.0%	35.8%	24.5%	7.5%
Brighton Peds (RAE 3)	6.8%	7.6%	39.8%	34.7%	11.0%
Guardian Angels (RAE 3)	10.8%	17.3%	40.3%	17.3%	14.4%
Mountainland Peds (RAE 3)	3.5%	14.9%	34.8%	32.6%	14.2%
RMYC (RAE 3)	11.0%	13.5%	36.8%	29.0%	9.7%
Southern Colorado (RAE 4)	0.7%	2.8%	24.8%	56.0%	15.6%
Valley Wide (RAE 4)	10.3%	8.2%	30.1%	39.0%	12.3%
Child Group 1 (RAE 5)	18.5%	13.0%	44.4%	18.5%	5.6%
Children's Medical (RAE 5)	1.4%	1.4%	23.0%	45.9%	28.4%
Lowry Peds (RAE 5)	1.5%	4.5%	12.1%	48.5%	33.3%
RMYC (RAE 5)	14.5%	16.4%	32.7%	25.5%	10.9%
Child Group 2 (RAE 6)	0.6%	2.5%	17.0%	40.3%	39.6%
Rocky Mountain (RAE 6)	4.1%	8.2%	42.3%	30.9%	14.4%
Iron Horse Peds (RAE 7)	0.0%	2.7%	16.8%	50.5%	29.9%
Matthews-Vu (RAE 7)	3.4%	2.6%	16.2%	43.6%	34.2%
Mountain View (RAE 7)	0.8%	0.8%	15.0%	49.2%	34.2%
<i>Please note: Percentages may not total 100% due to rounding.</i>					

Table 2-11—Respondent Demographics: Relationship to Child

Practice Name	Mother or Father	Grandparent	Legal Guardian	Other
Colorado RAE Aggregate	91.6%	6.2%	1.2%	1.0%
AFM (RAE 1)	90.3%	6.5%	3.2%	0.0%
Mountain Family (RAE 1)	97.4%	2.6%	0.0%	0.0%
Poudre Valley (RAE 1)	92.7%	3.6%	0.0%	3.6%
Banner (RAE 2)	85.1%	9.5%	5.4%	0.0%
North Colorado (RAE 2)	84.9%	15.1%	0.0%	0.0%
Brighton Peds (RAE 3)	89.1%	7.6%	2.5%	0.8%
Guardian Angels (RAE 3)	94.9%	2.9%	1.4%	0.7%
Mountainland Peds (RAE 3)	93.5%	5.8%	0.0%	0.7%
RMYC (RAE 3)	96.2%	1.9%	1.9%	0.0%
Southern Colorado (RAE 4)	91.2%	5.9%	0.7%	2.2%
Valley Wide (RAE 4)	80.6%	16.5%	2.2%	0.7%
Child Group 1 (RAE 5)	94.5%	3.6%	0.0%	1.8%
Children's Medical (RAE 5)	94.3%	5.7%	0.0%	0.0%
Lowry Peds (RAE 5)	95.4%	4.6%	0.0%	0.0%
RMYC (RAE 5)	94.5%	5.5%	0.0%	0.0%
Child Group 2 (RAE 6)	89.7%	6.5%	1.3%	2.6%
Rocky Mountain (RAE 6)	79.3%	16.3%	3.3%	1.1%
Iron Horse Peds (RAE 7)	95.7%	3.8%	0.0%	0.5%
Matthews-Vu (RAE 7)	92.2%	3.4%	1.7%	2.6%
Mountain View (RAE 7)	95.7%	2.6%	0.9%	0.9%
<i>Please note: Percentages may not total 100% due to rounding.</i>				

RAE and Practice Comparisons

For purposes of the RAE and Practice Comparisons analyses, HSAG calculated top-box scores for each measure.²⁻³ HSAG compared the case-mix adjusted RAE-level and practice-level results to the Colorado RAE Aggregate to determine if the results were statistically significantly different than the Colorado RAE Aggregate. In some instances, the top-box scores presented for two RAEs or practices were similar, but one was statistically significantly different from the Colorado RAE Aggregate and the other was not. In these instances, it was the difference in the number of top-box responses compared to the overall number of respondents between the two practices that explains the different statistical results. It is more likely that a statistically significant result will be found in a practice with a larger number of respondents.

²⁻³ HSAG followed *HEDIS® 2017: Specifications for the CAHPS® Survey for PCMH* for calculating top-box responses.

CAHPS Health Plan Survey Database benchmarks are presented in the figures for comparative purposes.^{2-4,2-5,2-6} Due to difference in selected practices, the 2018 Colorado State Innovation Model (SIM) Aggregate and 2017 Colorado Accountable Care Collaborative (ACC) Aggregate are presented in the figures for reference purposes only and are not comparable to the 2019 RAE Aggregate results.^{2-7,2-8} Results with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For additional information on the RAE and Practice Comparisons, please refer to the Reader's Guide section beginning on page 4-6.

²⁻⁴ Agency for Healthcare Research and Quality. Aggregated Data: Clinician & Group. Available at: <https://cahpsdatabase.ahrq.gov/CAHPSIDB/CG/about.aspx>. Accessed on: July 1, 2019.

²⁻⁵ The CAHPS Clinician & Group Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0, CG-CAHPS Survey 2.0, and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2019 Colorado PCMH Survey. These benchmarks are not displayed in the figures.

²⁻⁶ The CAHPS Database is the repository for data from selected CAHPS surveys, which is collected through participating organizations. 2016 CAHPS Clinician & Group Survey Database benchmarks were the only available data for the child population at the time this report was prepared.

²⁻⁷ The 2018 Colorado State Innovation Model (SIM) Aggregate results were weighted based on the child eligible population for each practice. The Colorado SIM contracted practices selected by the Department for inclusion in the 2018 Child PCMH Survey administration included the following: Child Group Practice; Denver Health – Eastside Family Health Child Clinic; Denver Health – Westside Pediatrics Clinic; Denver Health – Level One Physicians Clinic; KidsFirst Pediatrics, Prof LLP; Parker Pediatrics and Adolescents; Pediatric Partners of the Southwest; Salud Family Health Centers – Fort Collins; Salud Family Health Centers – Longmont; Salud Family Health Centers – Commerce City; Primary Care Partners, Inc.; and Pueblo Community Health Center, Inc. Eligible members in the Child Group Practice was a combined population of the following practices: Castle Valley Children's Clinic; Doctors Care; Salud Family Health Centers – Fort Morgan; and Rocky Ford Family Health Center, LLC.

²⁻⁸ The 2017 Colorado Accountable Care Collaborative (ACC) Aggregate results were weighted based on the child eligible population for each practice. The Colorado ACC contracted practices selected by the Department for inclusion in the 2017 Child PCMH Survey administration included the following: 1st Allergy Asthma and Pediatrics Too; Clinica Campesina Family Health; Colorado Springs Health Partners, LLC; Metro Community Provider Network, Inc.; Primary Care Partners, Inc.; Peak Pediatrics Professional, LLC; Peak Vista Community Health Centers; Pediatric Associates Professional, LLC; and Pueblo Community Health Center, Inc.

Global Ratings

Rating of Provider

Parents or caretakers of child members were asked to rate their child's provider on a scale of 0 to 10, with 0 being the "worst provider possible" and 10 being the "best provider possible." Top-box scores were defined as those responses with a rating of "9" or "10."

Figure 2-1 shows the Rating of Provider top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

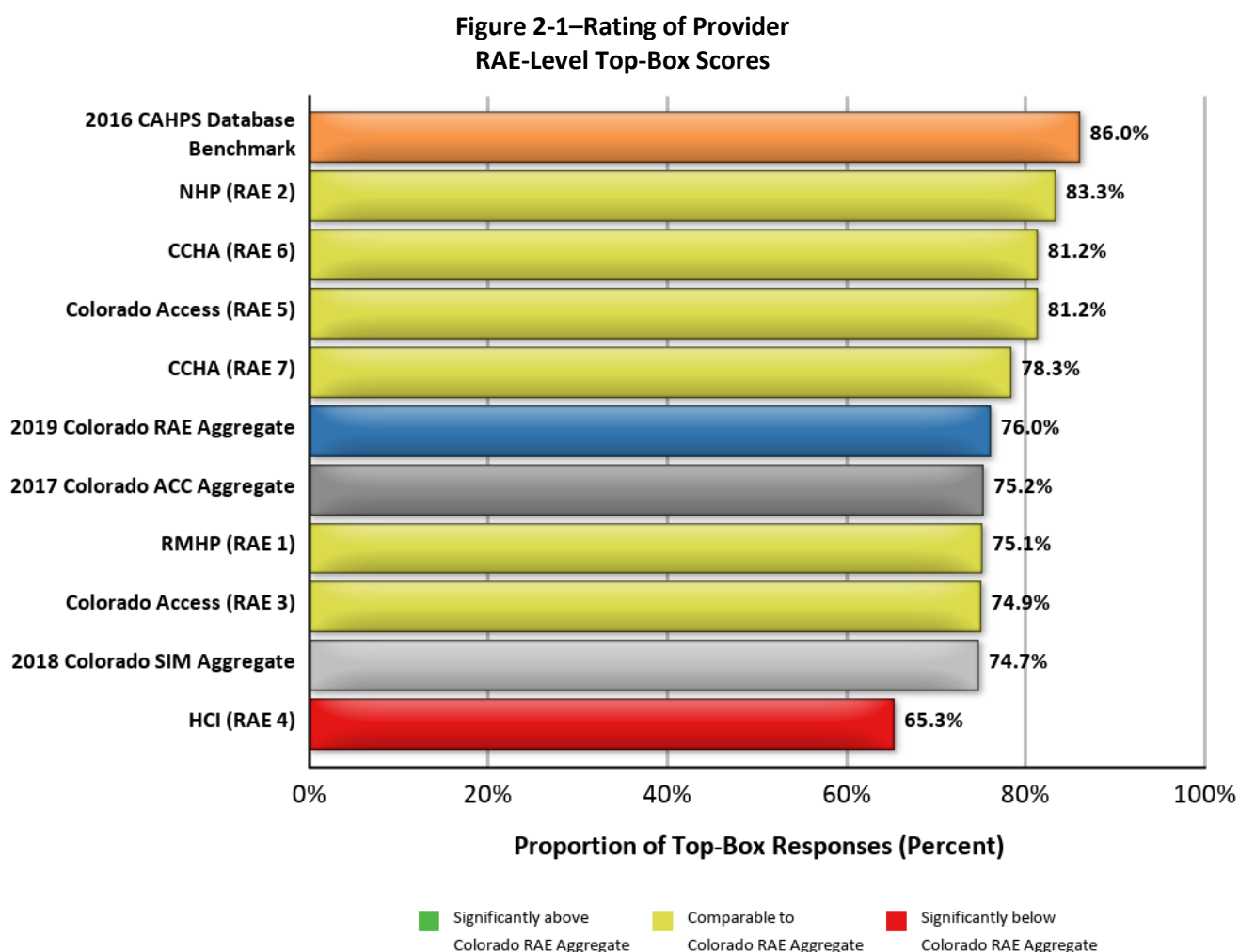
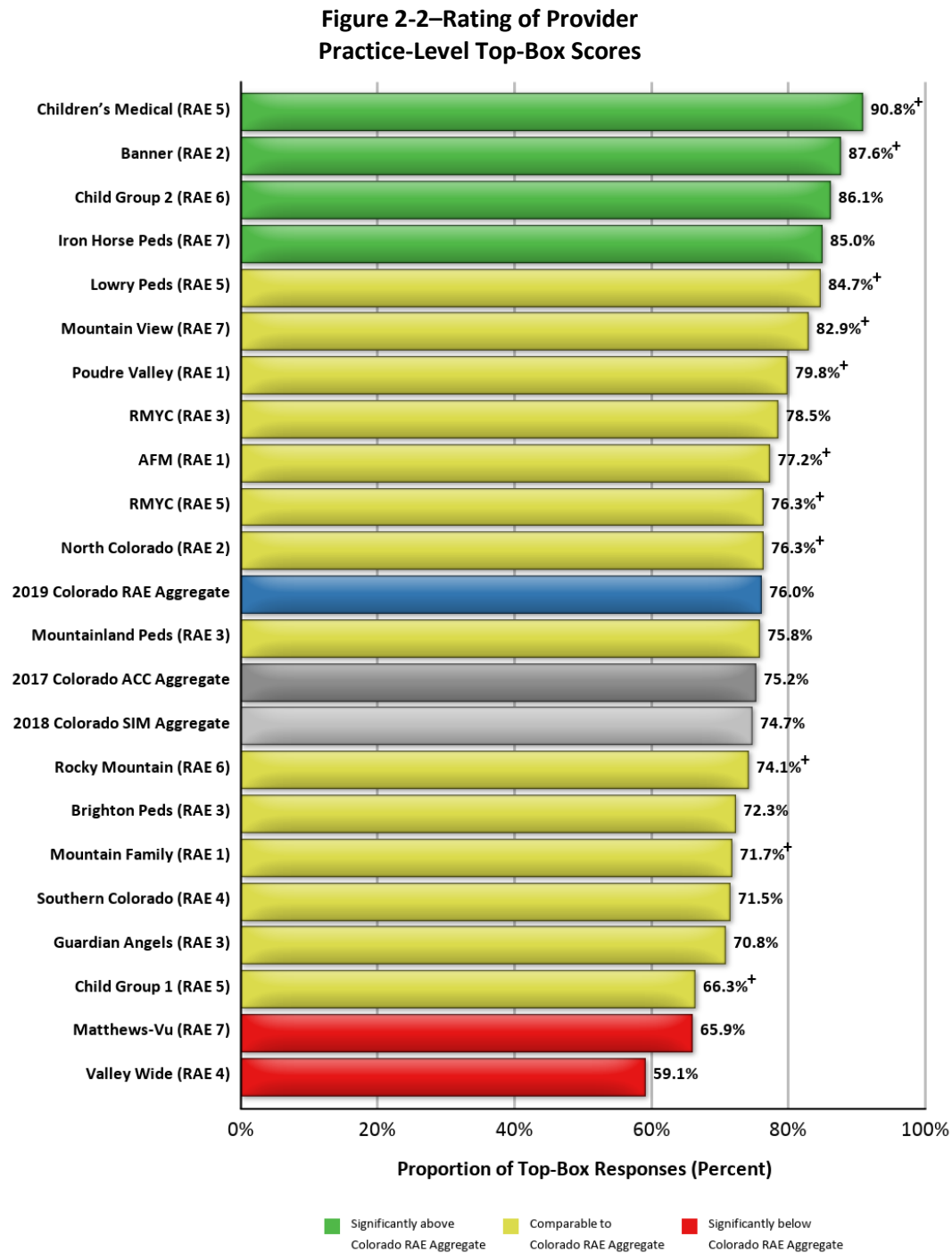


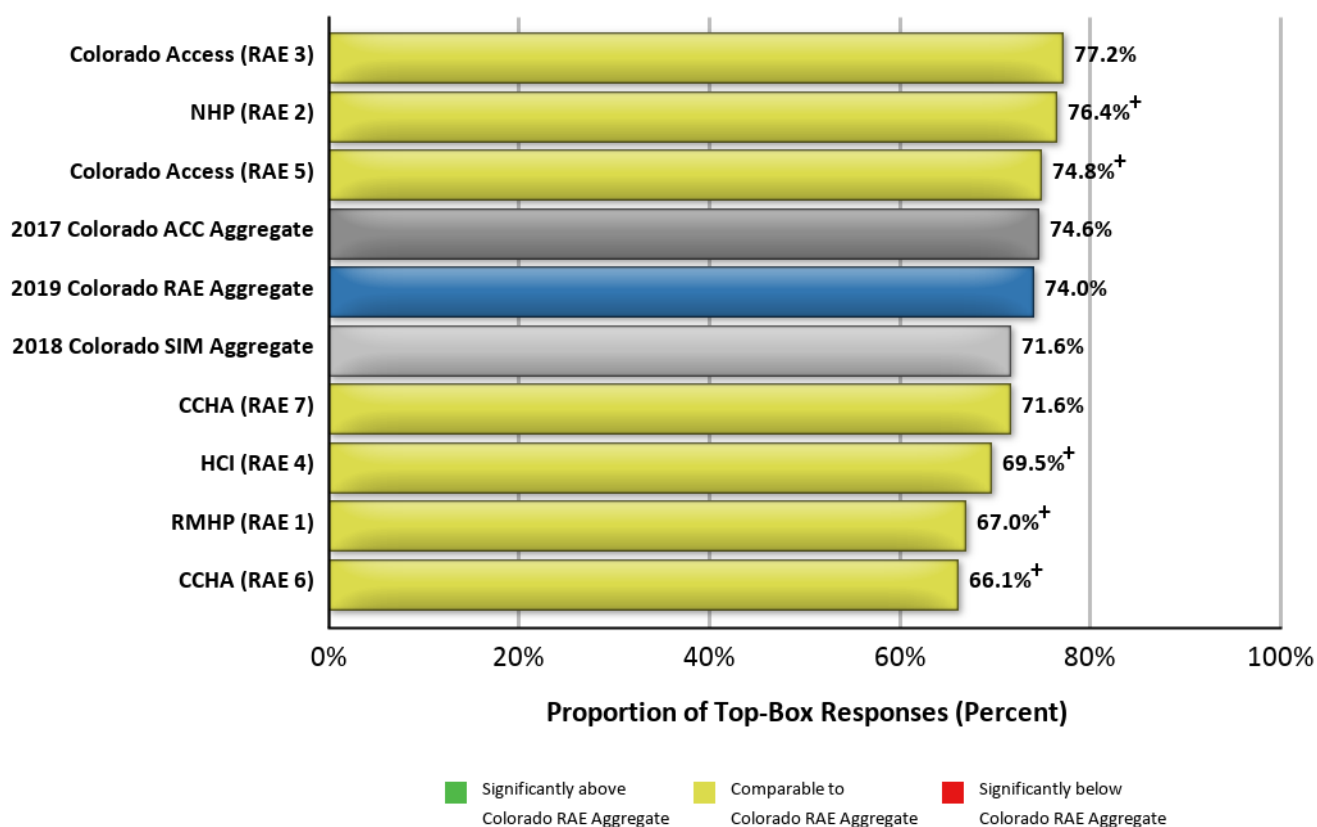
Figure 2-2 shows the Rating of Provider top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.



Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate the specialist their child saw most often in the last 6 months on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Top-box scores were defined as those responses with a rating of “9” or “10.” Figure 2-3 shows the Rating of Specialist Seen Most Often top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

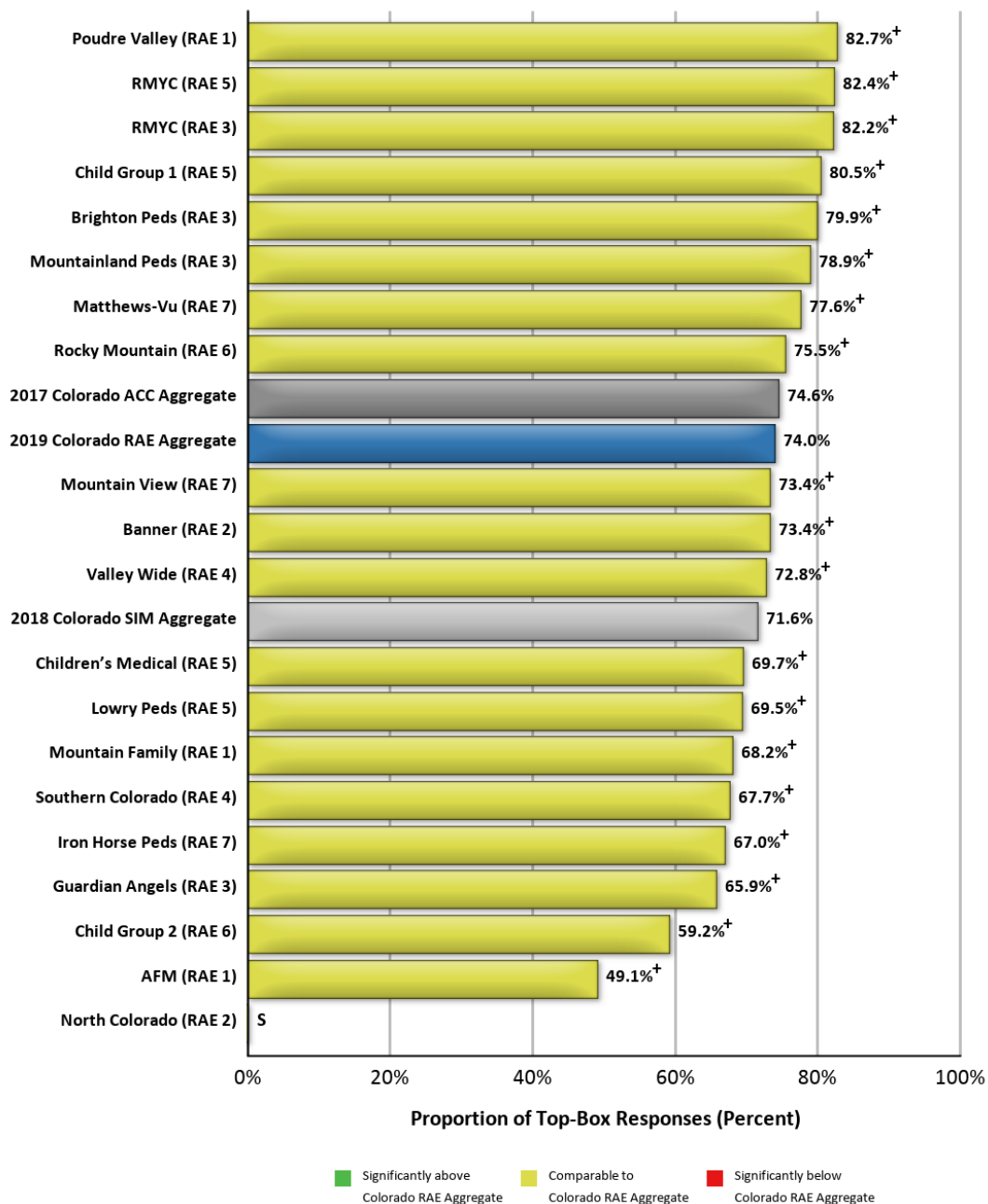
**Figure 2-3—Rating of Specialist Seen Most Often
RAE-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 2-4 shows the Rating of Specialist Seen Most Often top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-4—Rating of Specialist Seen Most Often
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
An "S" data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Rating of All Health Care

Parents or caretakers of child members were asked to rate their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Top-box scores were defined as those responses with a rating of "9" or "10." Figure 2-5 shows the Rating of All Health Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-5—Rating of All Health Care
RAE-Level Top-Box Scores**

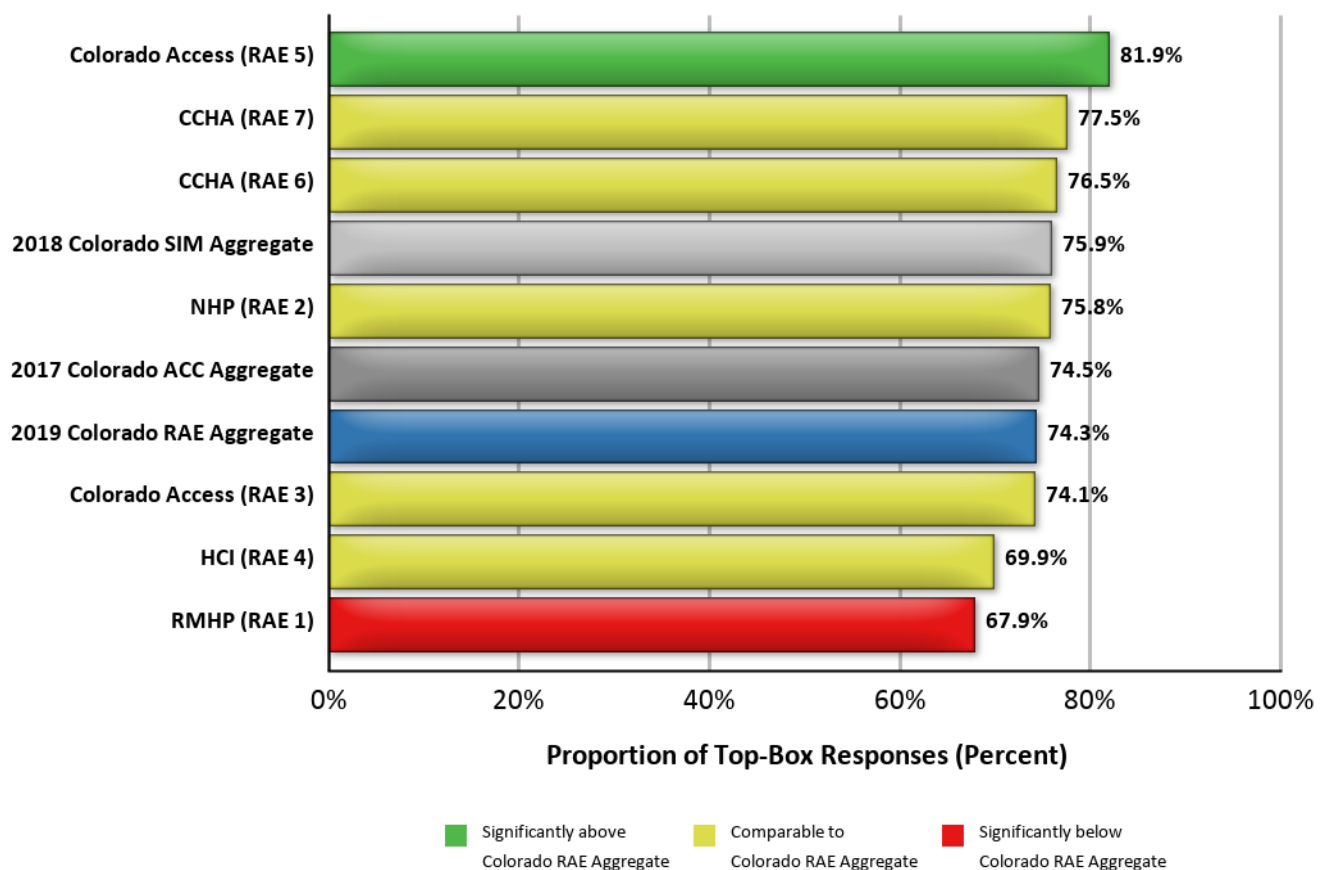
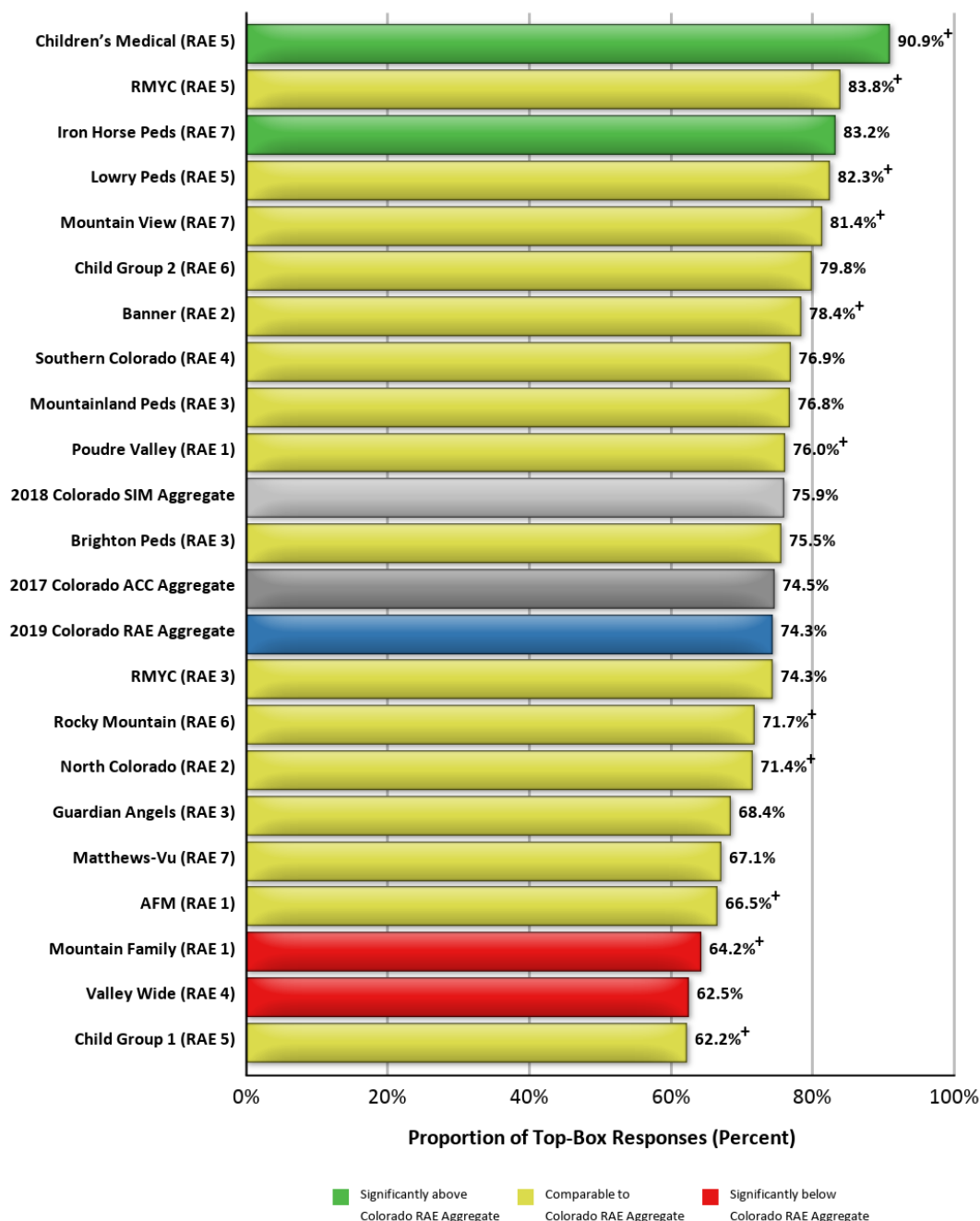


Figure 2-6 shows the Rating of All Health Care Often top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-6—Rating of All Health Care
Practice-Level Top-Box Scores**



⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

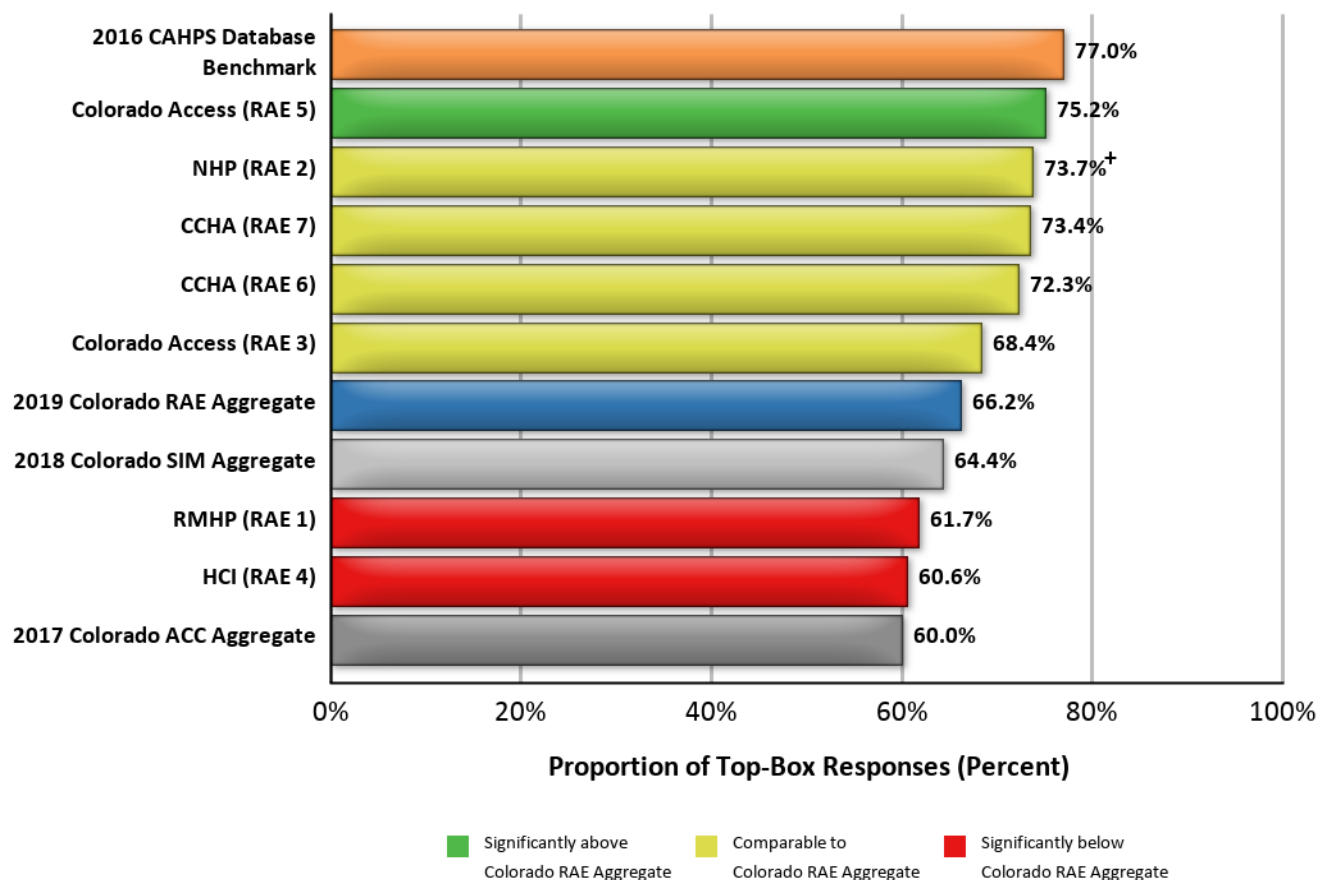
Parents or caretakers were asked three questions (Questions 13, 15, and 18 in the child PCMH Survey) to assess how often it was easy to get timely appointments, care, and information for their child:

- **Question 13.** In the last 6 months, when you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 15.** In the last 6 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 18.** In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Getting Timely Appointments, Care, and Information composite measure, which was defined as a response of "Always."

Figure 2-7 shows the Getting Timely Appointments, Care, and Information top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

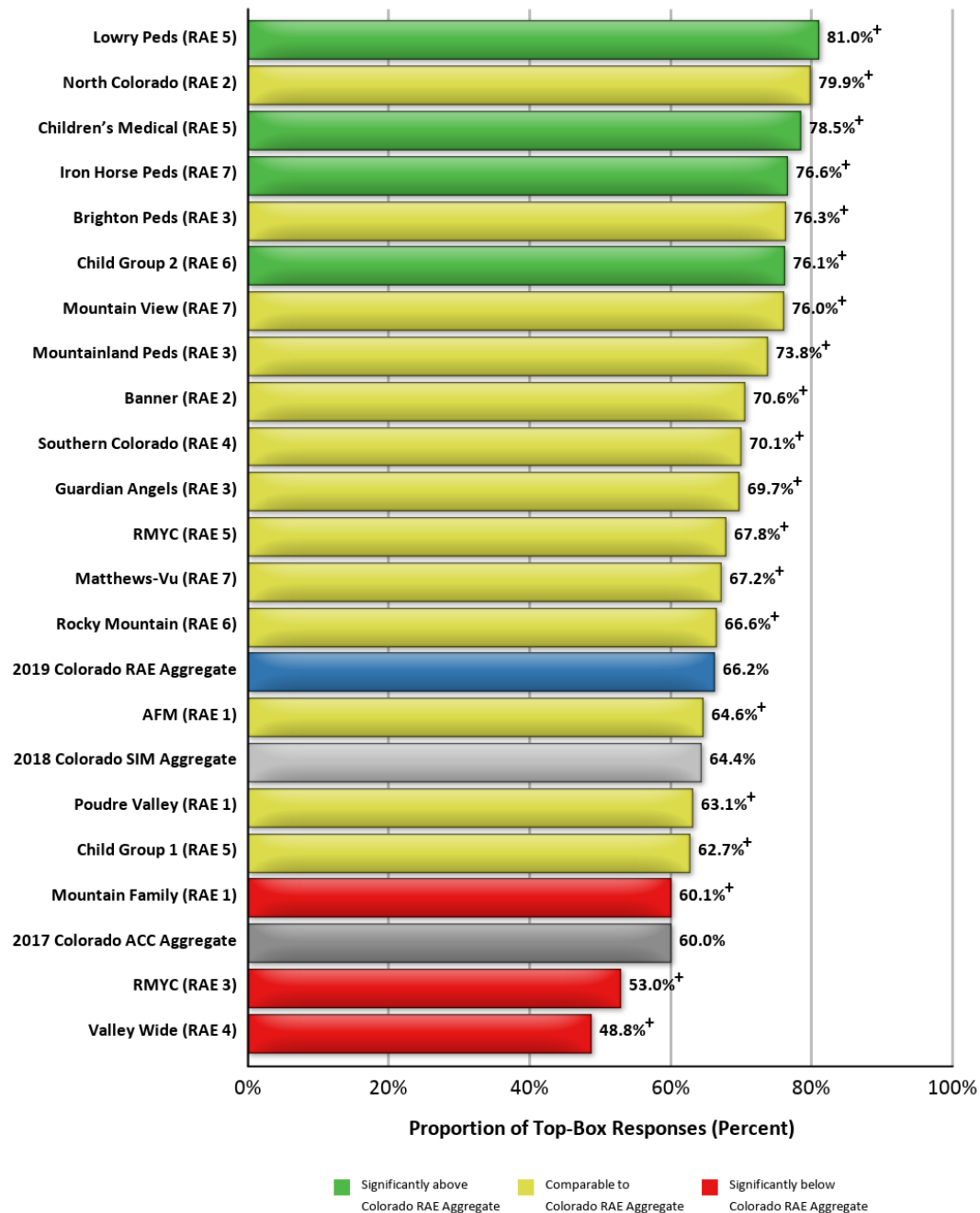
**Figure 2-7—Getting Timely Appointments, Care, and Information
RAE-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 2-8 shows the Getting Timely Appointments, Care, and Information top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-8—Getting Timely Appointments, Care, and Information
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Patient-Centered Communication: How Well Providers Communicate with Child

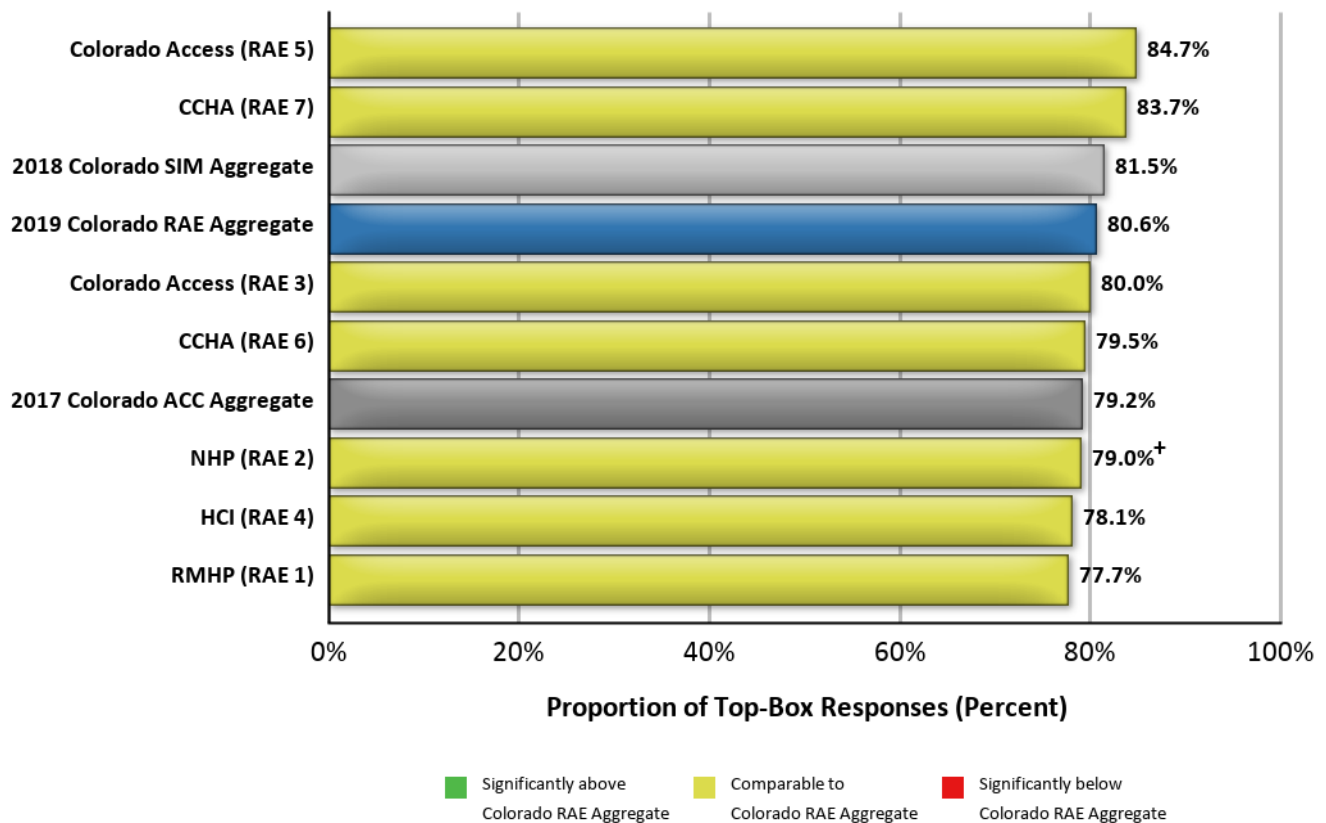
Parents or caretakers were asked two questions (Questions 8 and 9 in the child PCMH Survey) to assess how often providers communicated well with their child:

- **Question 8.** In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 9.** In the last 6 months, how often did this provider listen carefully to your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the How Well Providers Communicate with Child composite measure, which was defined as a response of “Always.”

Figure 2-9 shows the How Well Providers Communicate with Child top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

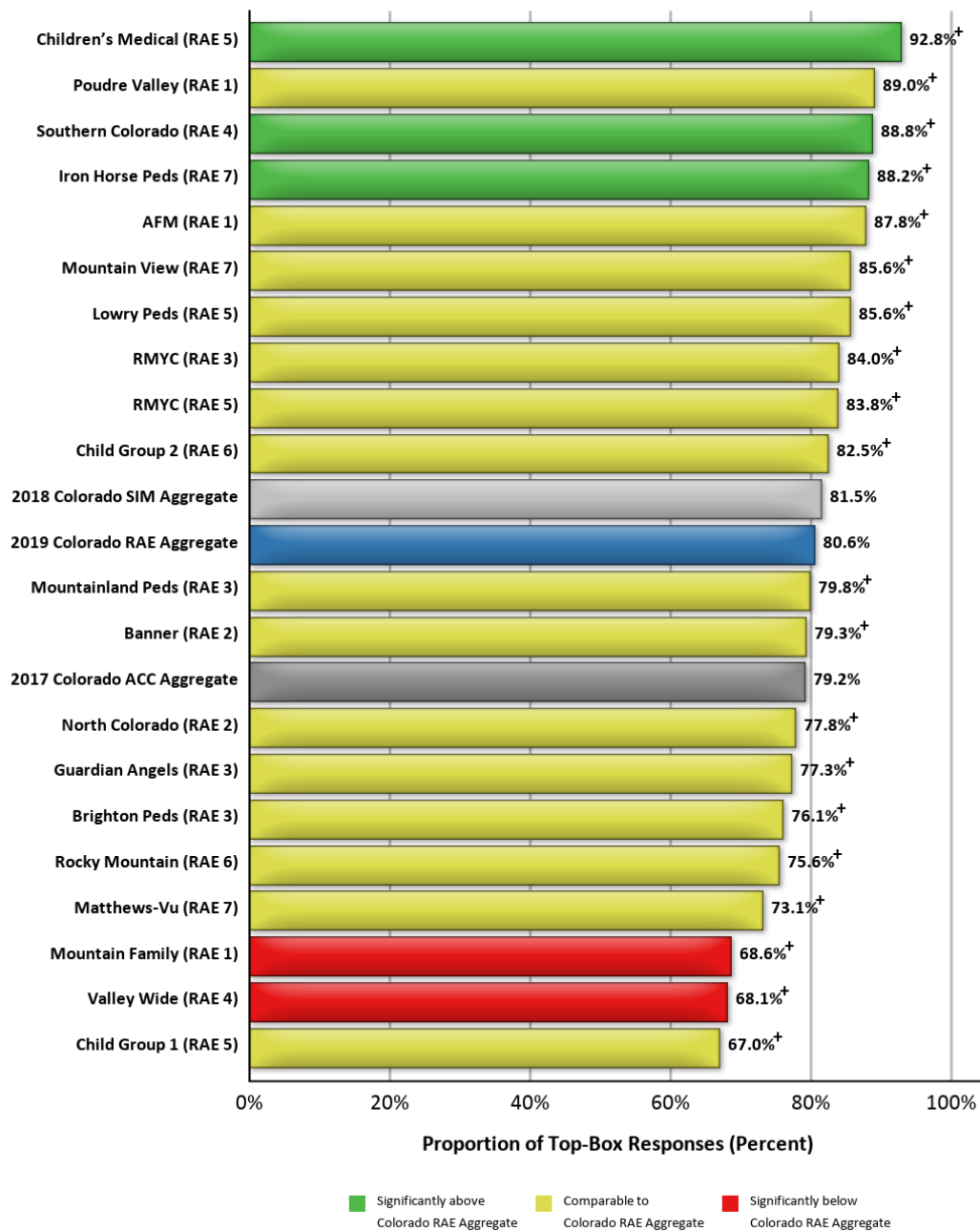
**Figure 2-9—How Well Providers Communicate with Child
RAE-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 2-10 shows the How Well Providers Communicate with Child top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-10—How Well Providers Communicate with Child
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Patient-Centered Communication: How Well Providers Communicate with Parents or Caretakers

Parents or caretakers were asked four questions (Questions 19, 20, 22, and 23 in the child PCMH Survey) to assess how often providers communicated well with them:

- **Question 19.** In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 20.** In the last 6 months, how often did this provider listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 22.** In the last 6 months, how often did this provider show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 23.** In the last 6 months, how often did this provider spend enough time with your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the How Well Providers Communicate with Parents or Caretakers composite measure, which was defined as a response of "Always."

Figure 2-11 shows the How Well Providers Communicate with Parents or Caretakers top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-11—How Well Providers Communicate with Parents or Caretakers
RAE-Level Top-Box Scores**

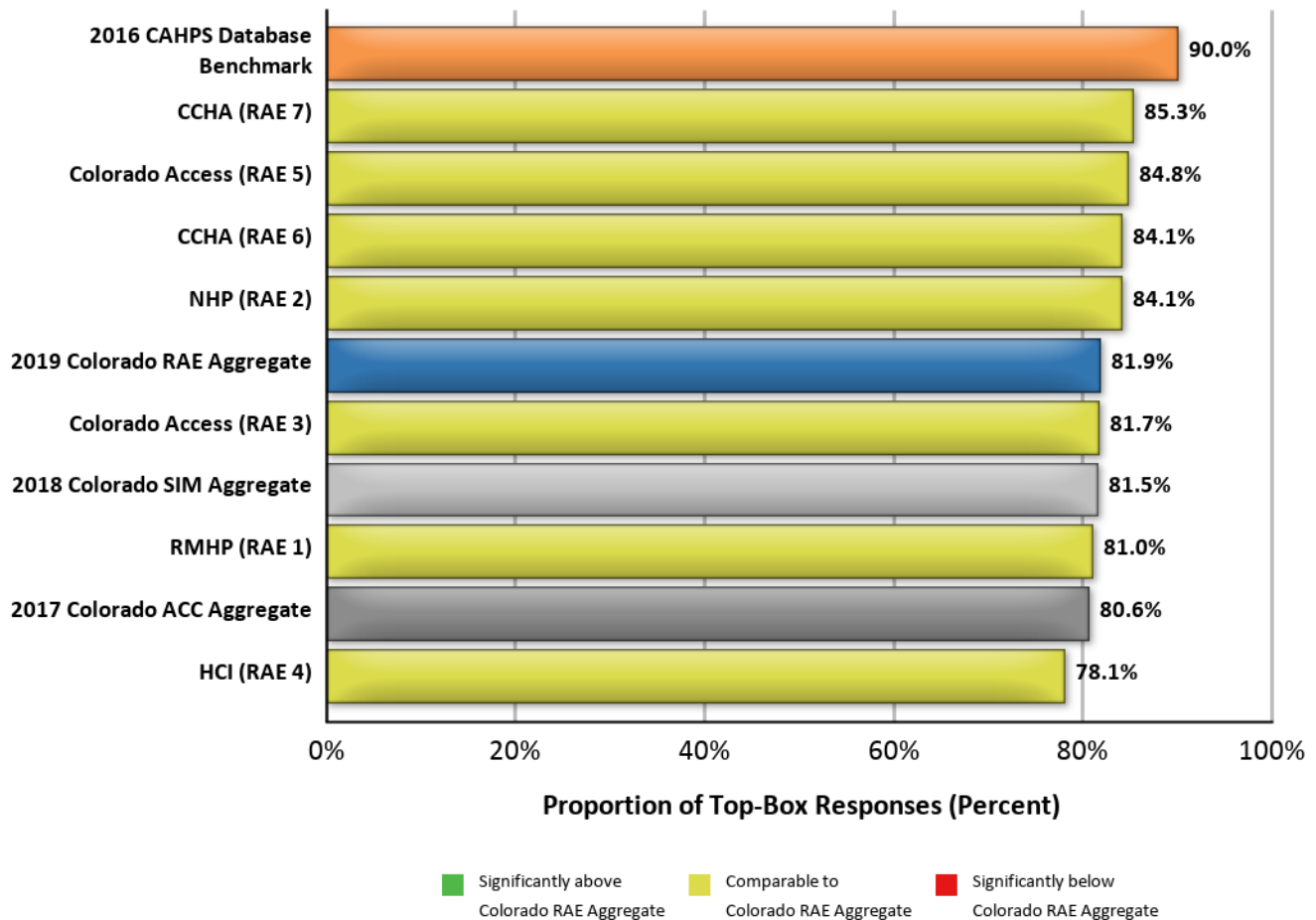
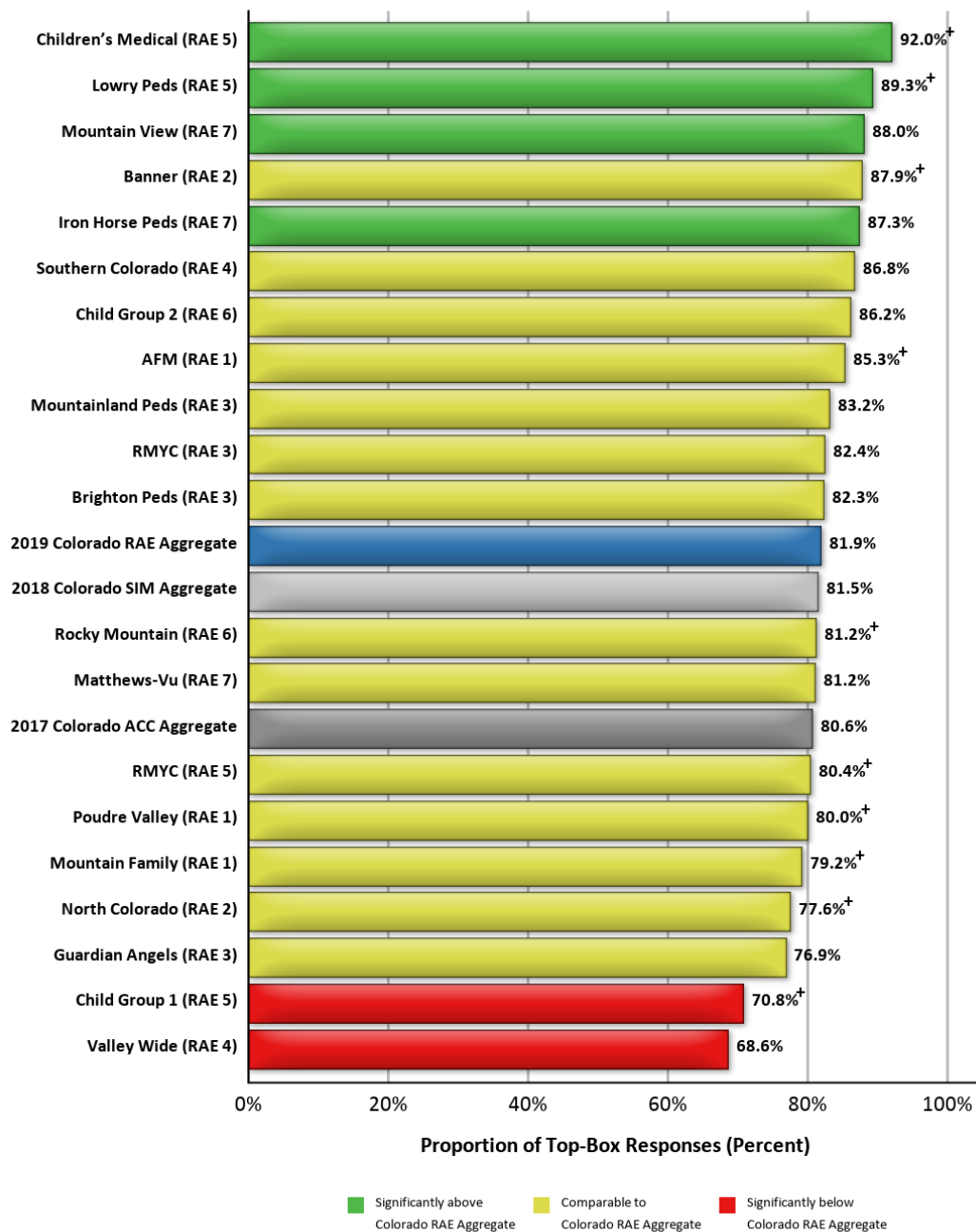


Figure 2-12 shows the How Well Providers Communicate with Parents or Caretakers top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-12—How Well Providers Communicate with Parents or Caretakers
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Coordinating Medical Care: Providers' Use of Information to Coordinate Patient Care

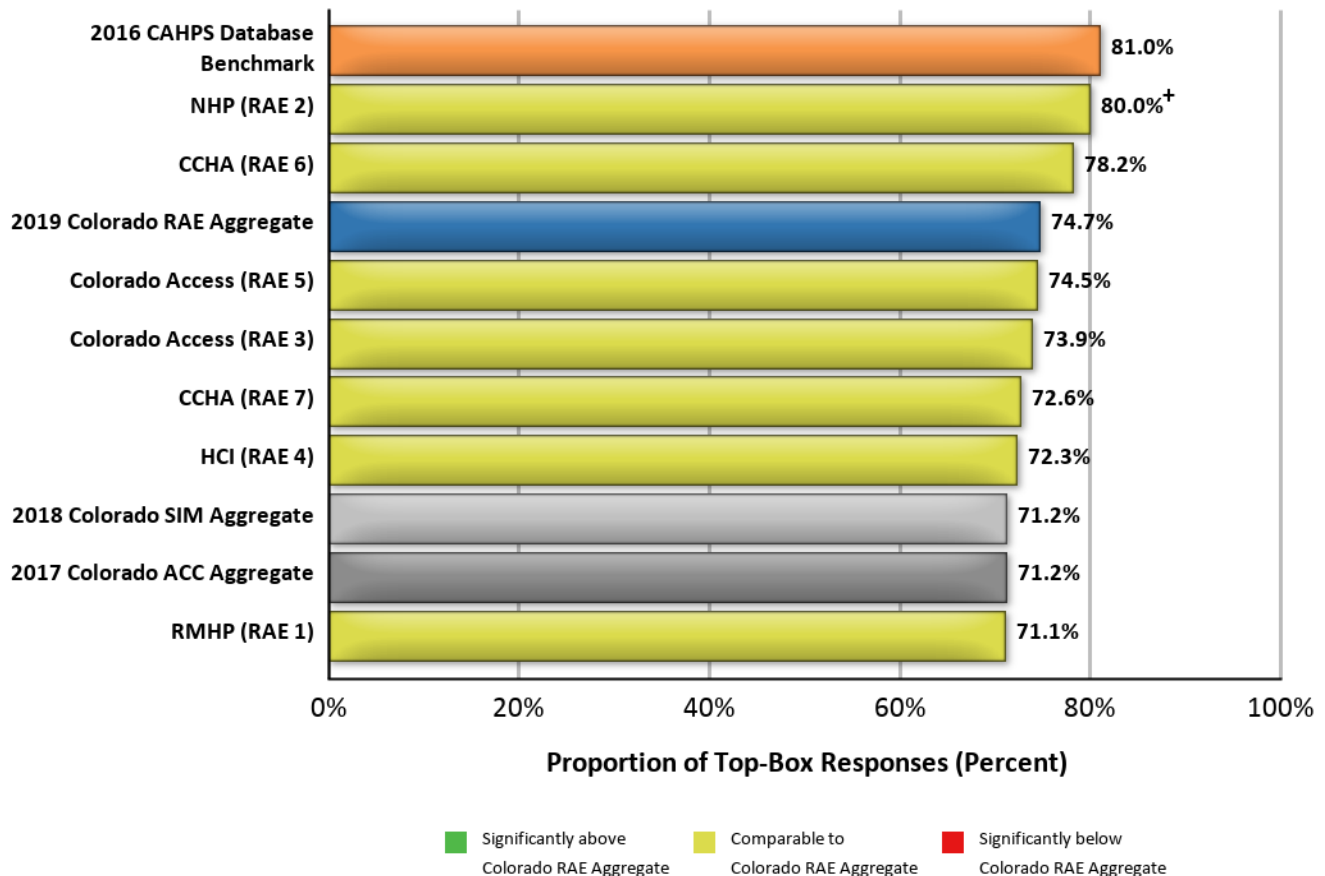
Parents or caretakers were asked two questions (Questions 21 and 25 in the child PCMH Survey) to assess how often providers used information to coordinate their child's care:

- **Question 21.** In the last 6 months, how often did this provider seem to know the important information about your child's medical history?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 25.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Providers' Use of Information to Coordinate Patient Care composite measure, which was defined as a response of "Always."

Figure 2-13 shows the Providers' Use of Information to Coordinate Patient Care top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

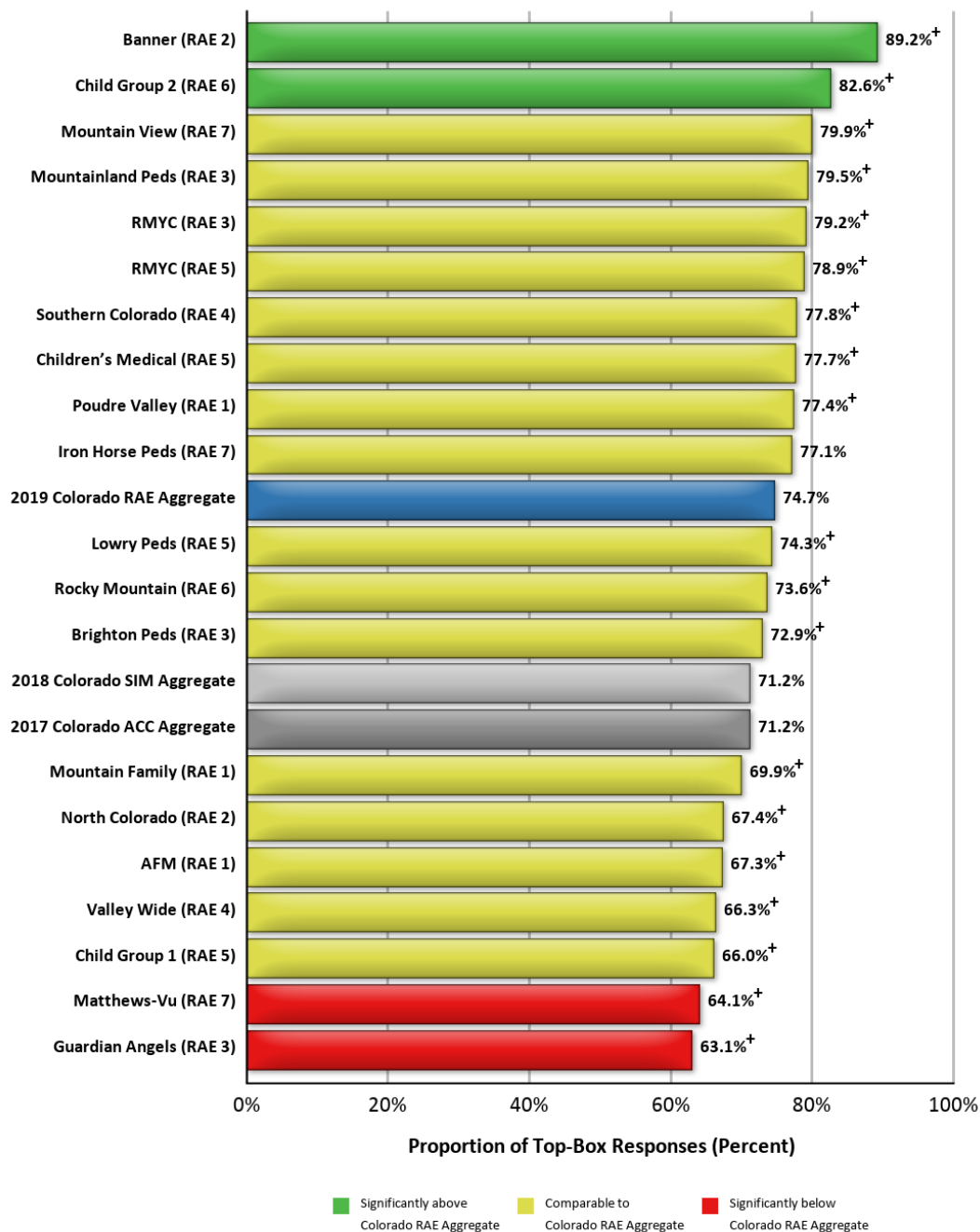
**Figure 2-13—Providers' Use of Information to Coordinate Patient Care
RAE-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 2-14 shows the Providers' Use of Information to Coordinate Patient Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-14—Providers' Use of Information to Coordinate Patient Care
Practice-Level Top-Box Scores**



Medical Home: Comprehensiveness—Child Development

Parents or caretakers were asked five questions (Questions 29, 30, 31, 35, and 35a in the child PCMH Survey) to assess if providers discussed the physical or emotional development of their child with them:

- **Question 29.** In the last 6 months, did you and someone from this provider’s office talk about the kinds of behaviors that are normal for your child at this age?
 - Yes
 - No
- **Question 30.** In the last 6 months, did you and someone from this provider’s office talk about how your child’s body is growing?
 - Yes
 - No
- **Question 31.** In the last 6 months, did you and someone from this provider’s office talk about your child’s moods and emotions?
 - Yes
 - No
- **Question 35.** In the last 6 months, did you and someone from this provider’s office talk about how your child gets along with others?
 - Yes
 - No
- **Question 35a.** In the last 6 months, did you and anyone in this provider’s office talk about your child’s learning ability?
 - Yes
 - No

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Comprehensiveness—Child Development composite measure, which was defined as a response of “Yes.”

Figure 2-15 shows the Comprehensiveness—Child Development top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-15—Comprehensiveness—Child Development
RAE-Level Top-Box Scores**

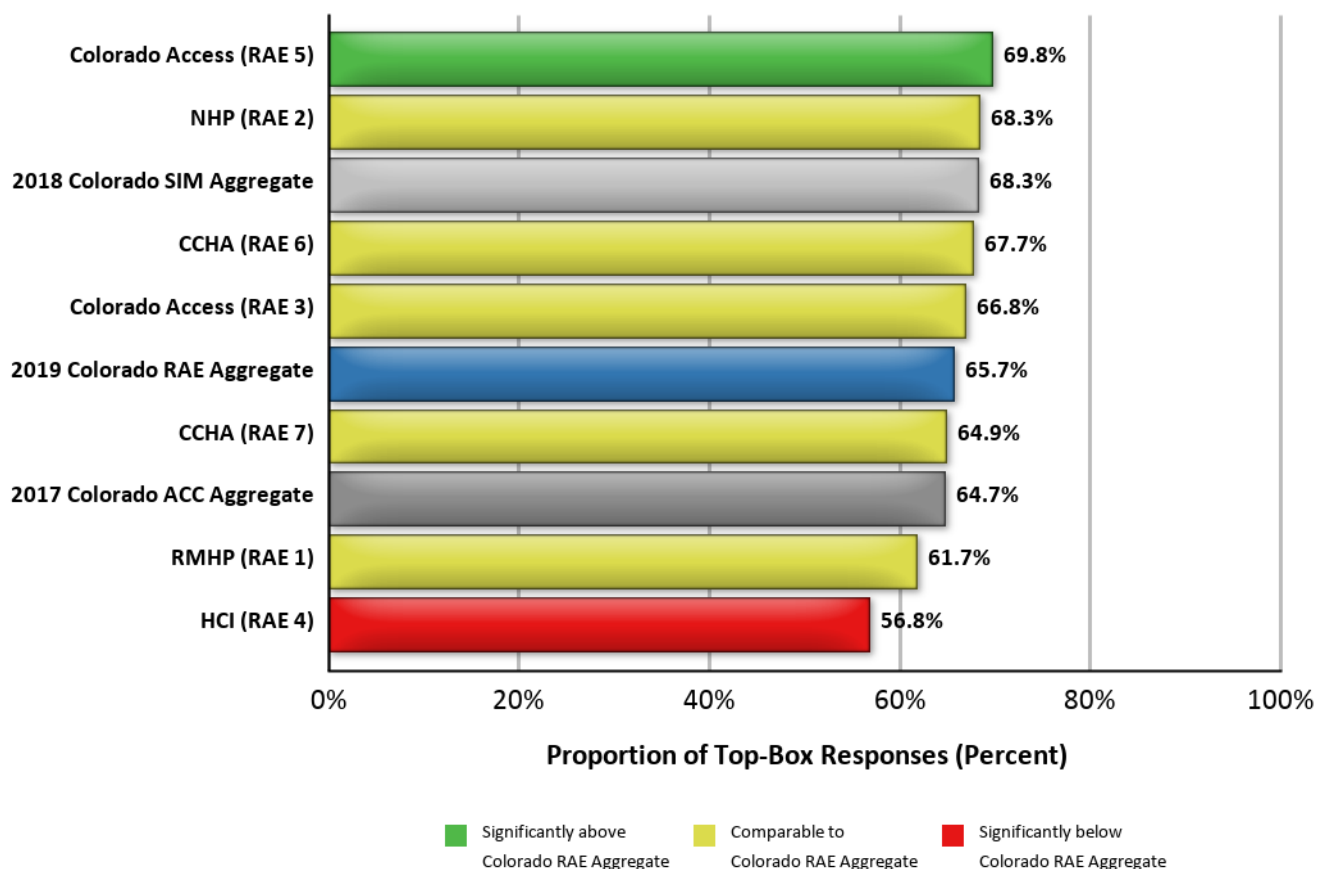
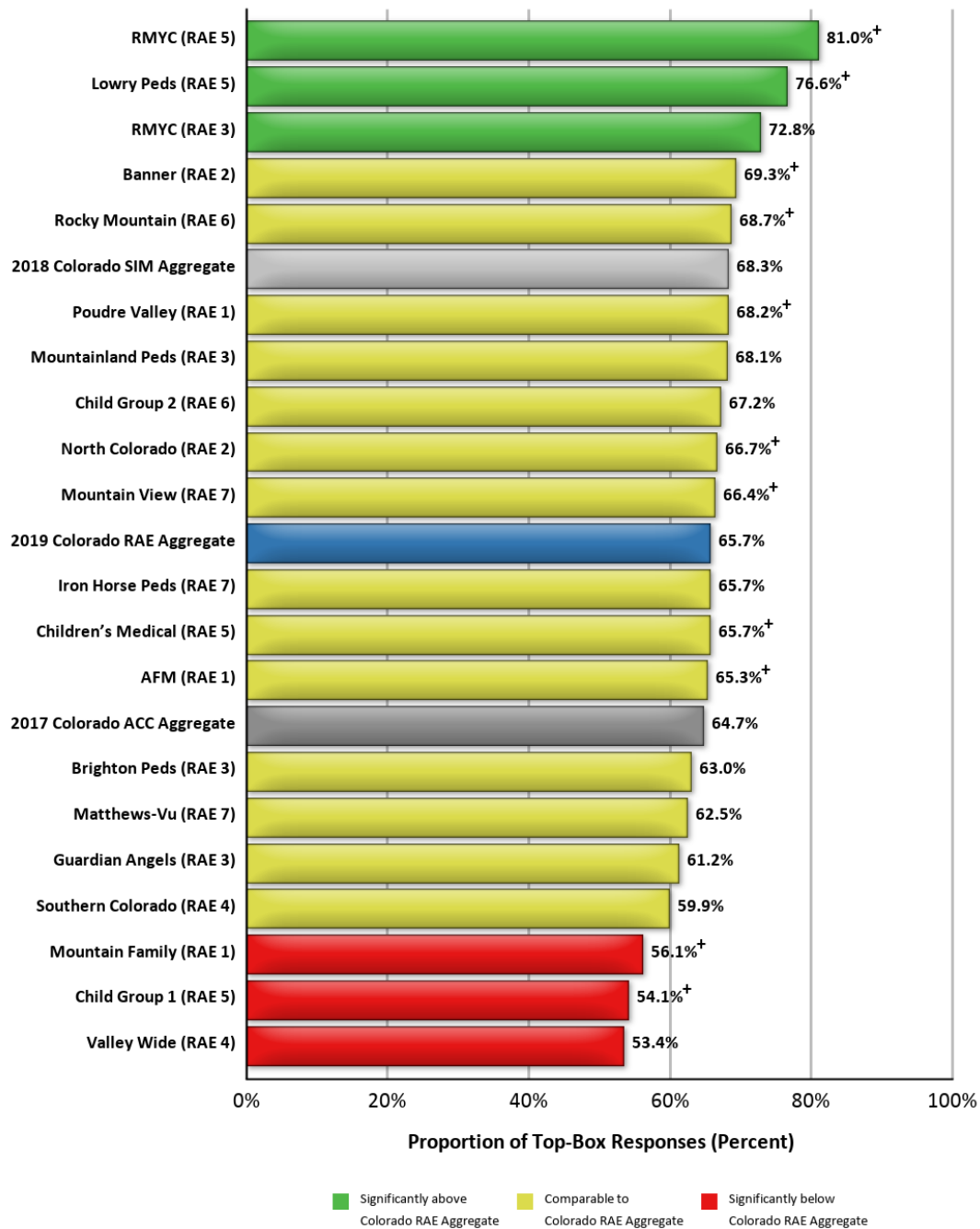


Figure 2-16 shows the Comprehensiveness—Child Development top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-16—Comprehensiveness—Child Development
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Medical Home: Comprehensiveness—Child Safety and Healthy Lifestyles

Parents or caretakers were asked four questions (Questions 32, 33, 34, and 35b in the child PCMH Survey) to assess if providers discussed their child's lifestyles with them:

- **Question 32.** In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?
 - Yes
 - No
- **Question 33.** In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?
 - Yes
 - No
- **Question 34.** In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?
 - Yes
 - No
- **Question 35b.** In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?
 - Yes
 - No

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Comprehensiveness—Child Safety and Healthy Lifestyles composite measure, which was defined as a response of “Yes.”

Figure 2-17 shows the Comprehensiveness—Child Safety and Healthy Lifestyles top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-17—Comprehensiveness—Child Safety and Healthy Lifestyles
RAE-Level Top-Box Scores**

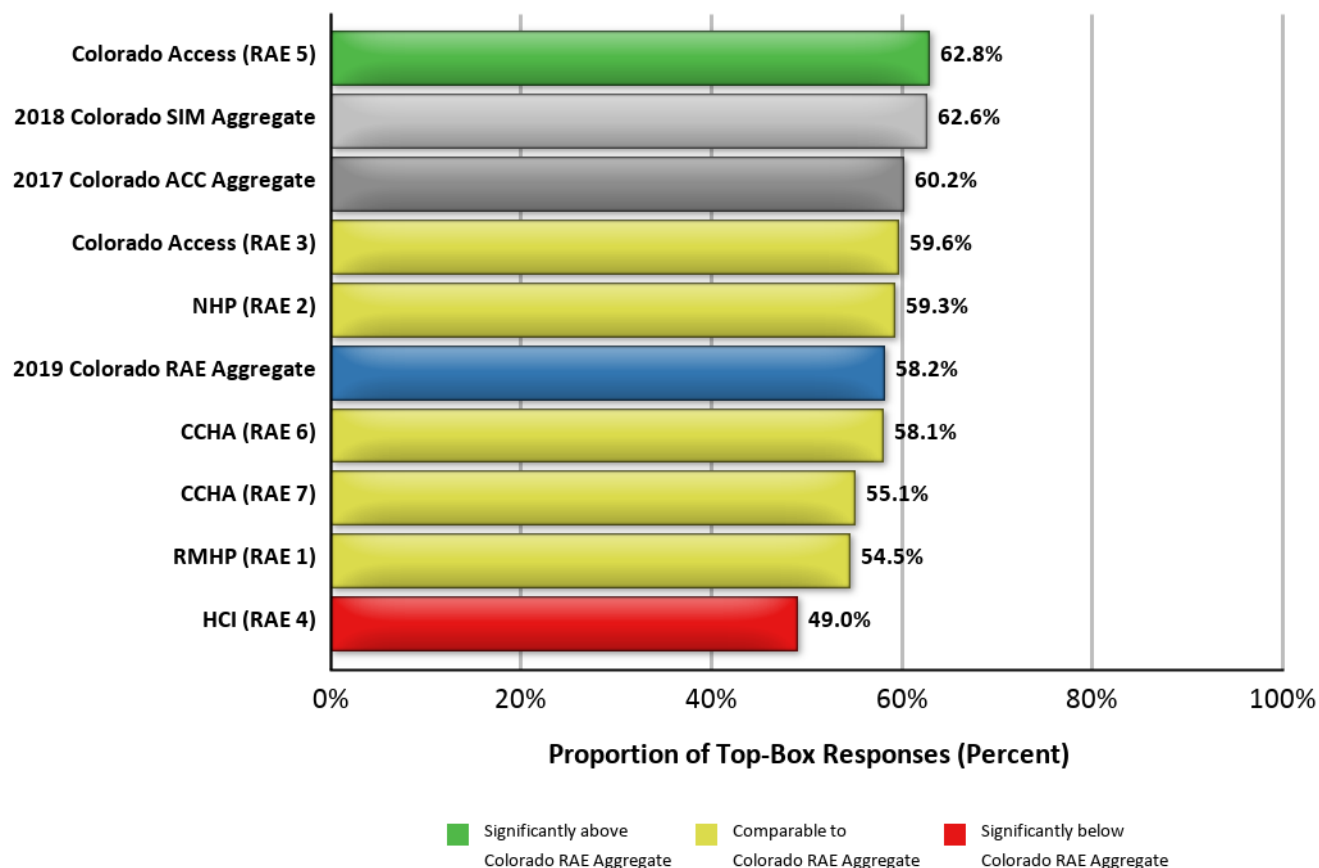
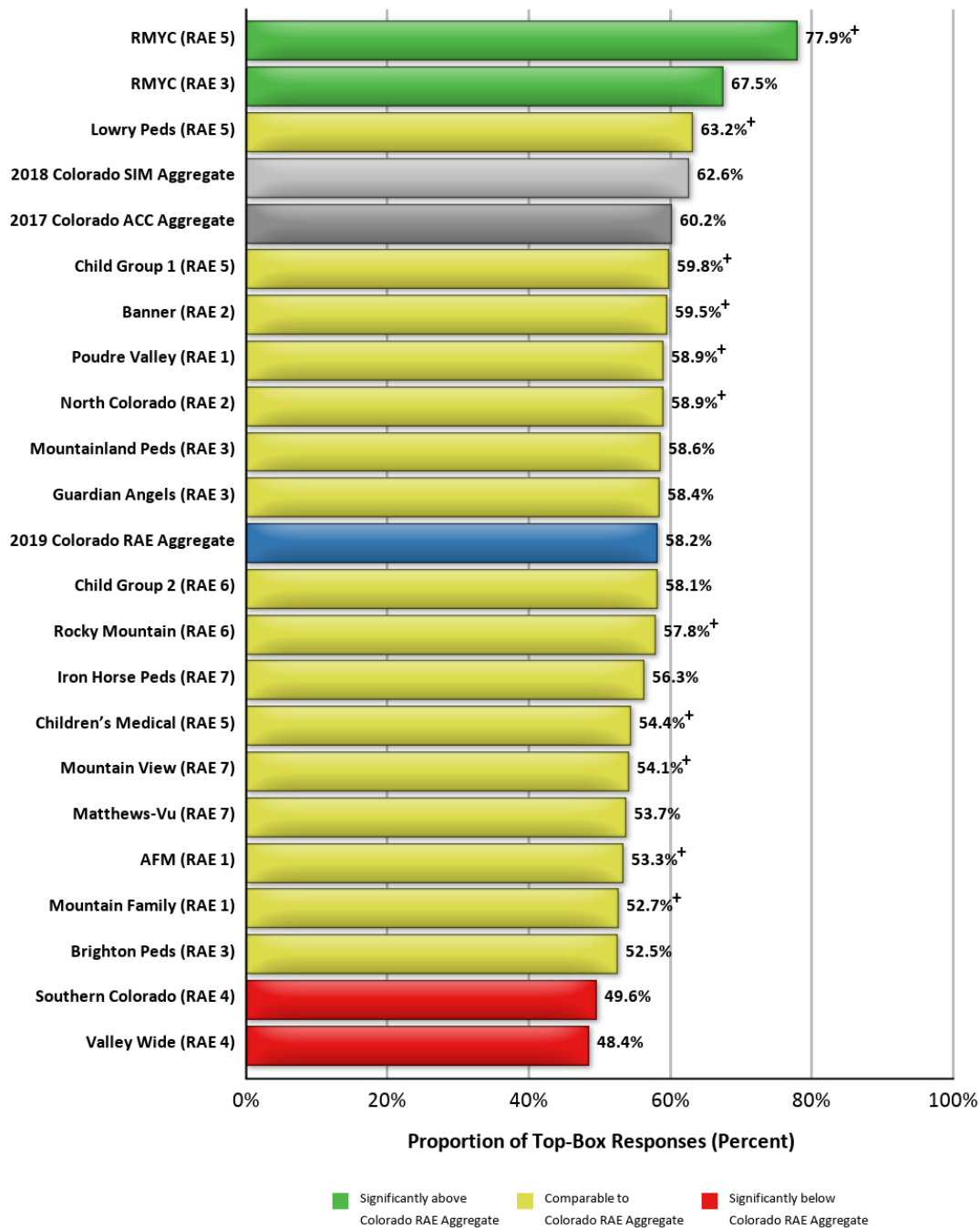


Figure 2-18 shows the Comprehensiveness—Child Safety and Healthy Lifestyles top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-18—Comprehensiveness—Child Safety and Healthy Lifestyles
Practice-Level Top-Box Scores**



Provider Customer Service: Helpful, Courteous, and Respectful Office Staff

Parents or caretakers were asked two questions (Questions 36 and 37 in the child PCMH Survey) regarding how often clerks or receptionists at their child's provider's office were helpful and treated them with courtesy and respect:

- **Question 36.** In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 37.** In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Helpful, Courteous, and Respectful Office Staff composite measure, which was defined as a response of "Always."

Figure 2-19 shows the Helpful, Courteous, and Respectful Office Staff top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-19—Helpful, Courteous, and Respectful Office Staff
RAE-Level Top-Box Scores**

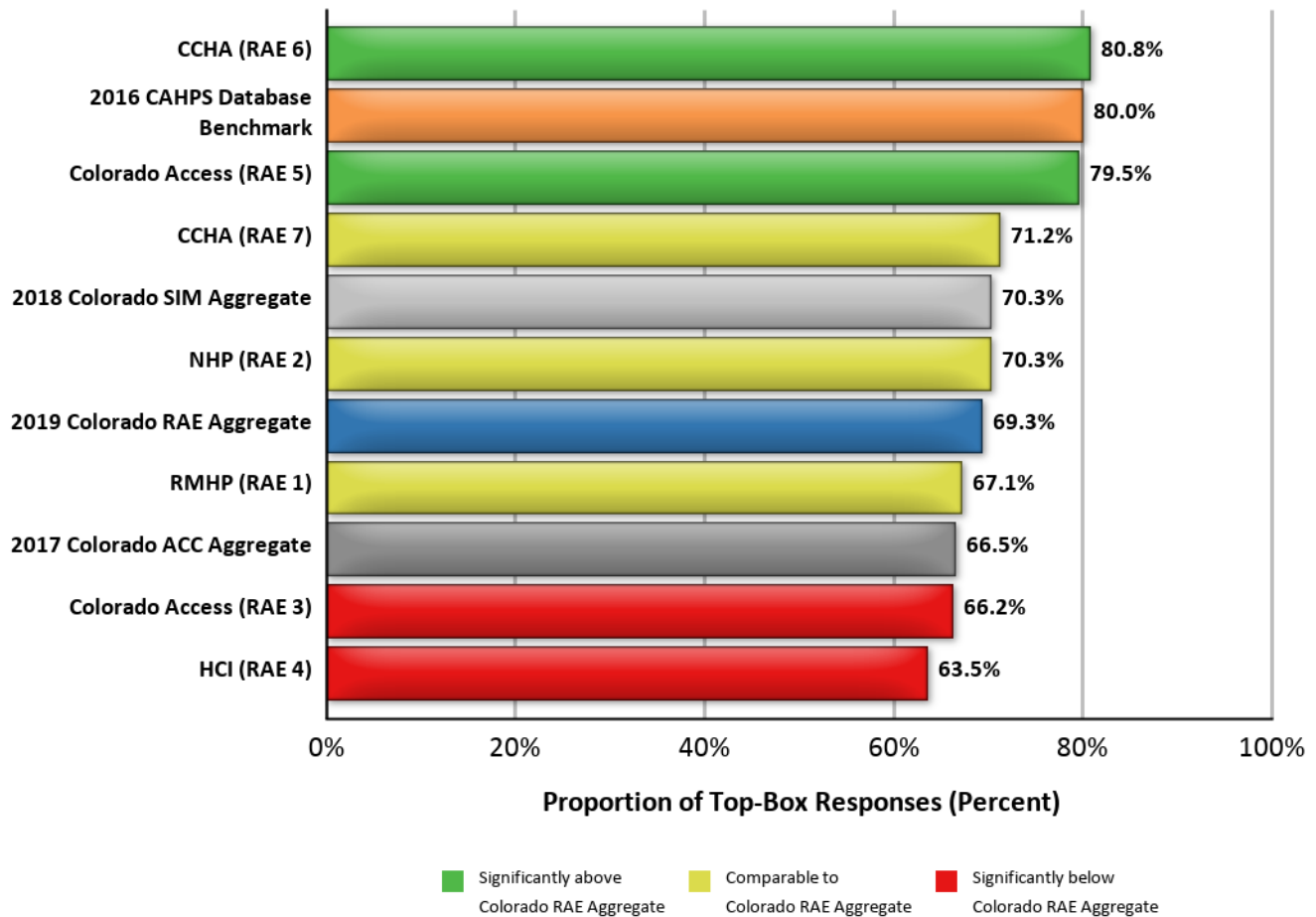
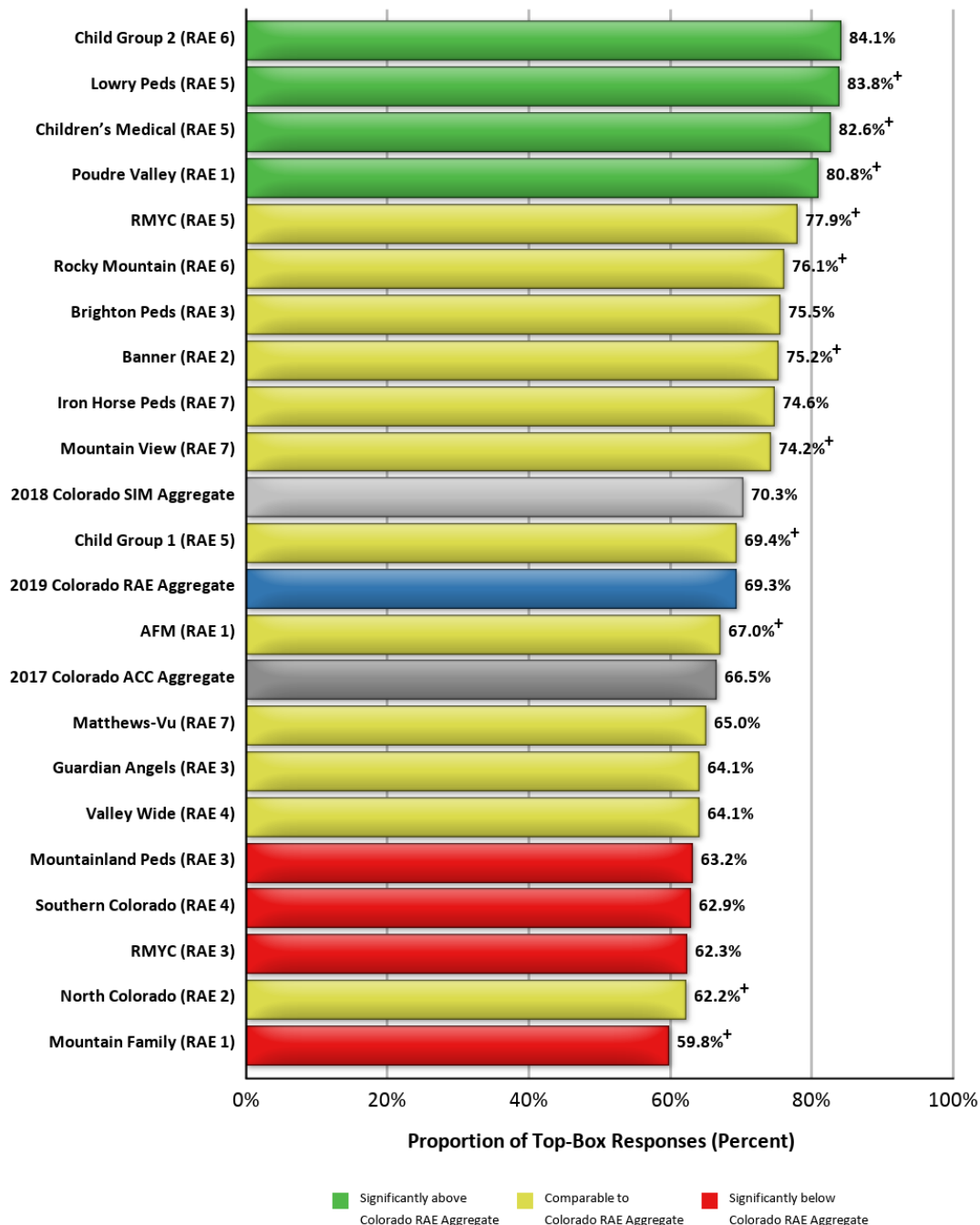


Figure 2-20 shows the Helpful, Courteous, and Respectful Office Staff top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-20—Helpful, Courteous, and Respectful Office Staff
Practice-Level Top-Box Scores**



Individual Item Measures

Received Information on Evening, Weekend, or Holiday Care

Parents or caretakers were asked one question (Question 16 in the child PCMH Survey) to assess whether they had received information on evening, weekend, or holiday care for their child:

- **Question 16.** Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?
 - Yes
 - No

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Received Information on Evening, Weekend, or Holiday Care individual item measure which was defined as a response of "Yes."

Figure 2-21 shows the Received Information on Evening, Weekend, or Holiday Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-21—Received Information on Evening, Weekend, or Holiday Care
RAE-Level Top-Box Scores**

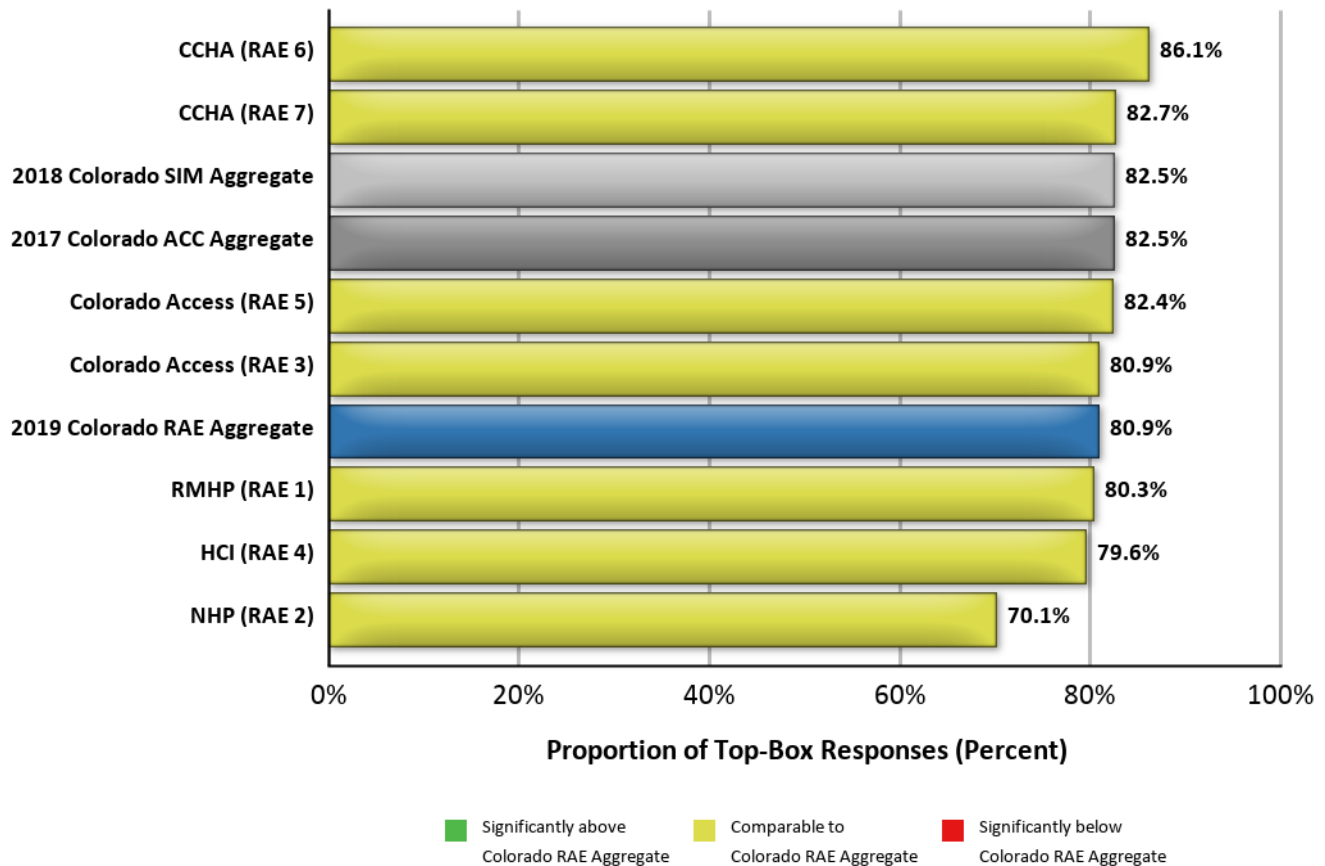
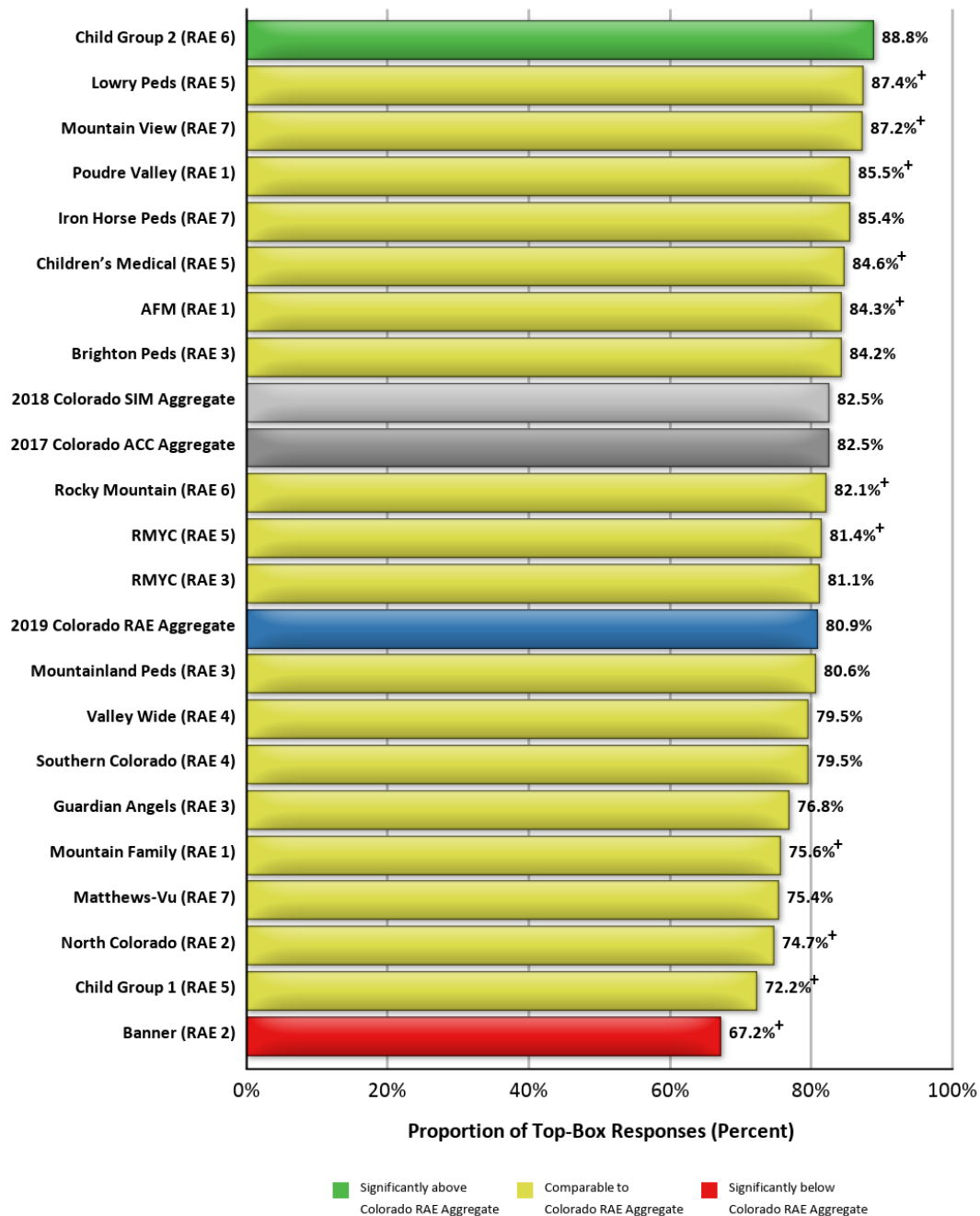


Figure 2-22 shows the Received Information on Evening, Weekend, or Holiday Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

Figure 2-22–Received Information on Evening, Weekend, or Holiday Care Practice-Level Top-Box Scores



Received Care from Provider Office During Evenings, Weekends, or Holidays

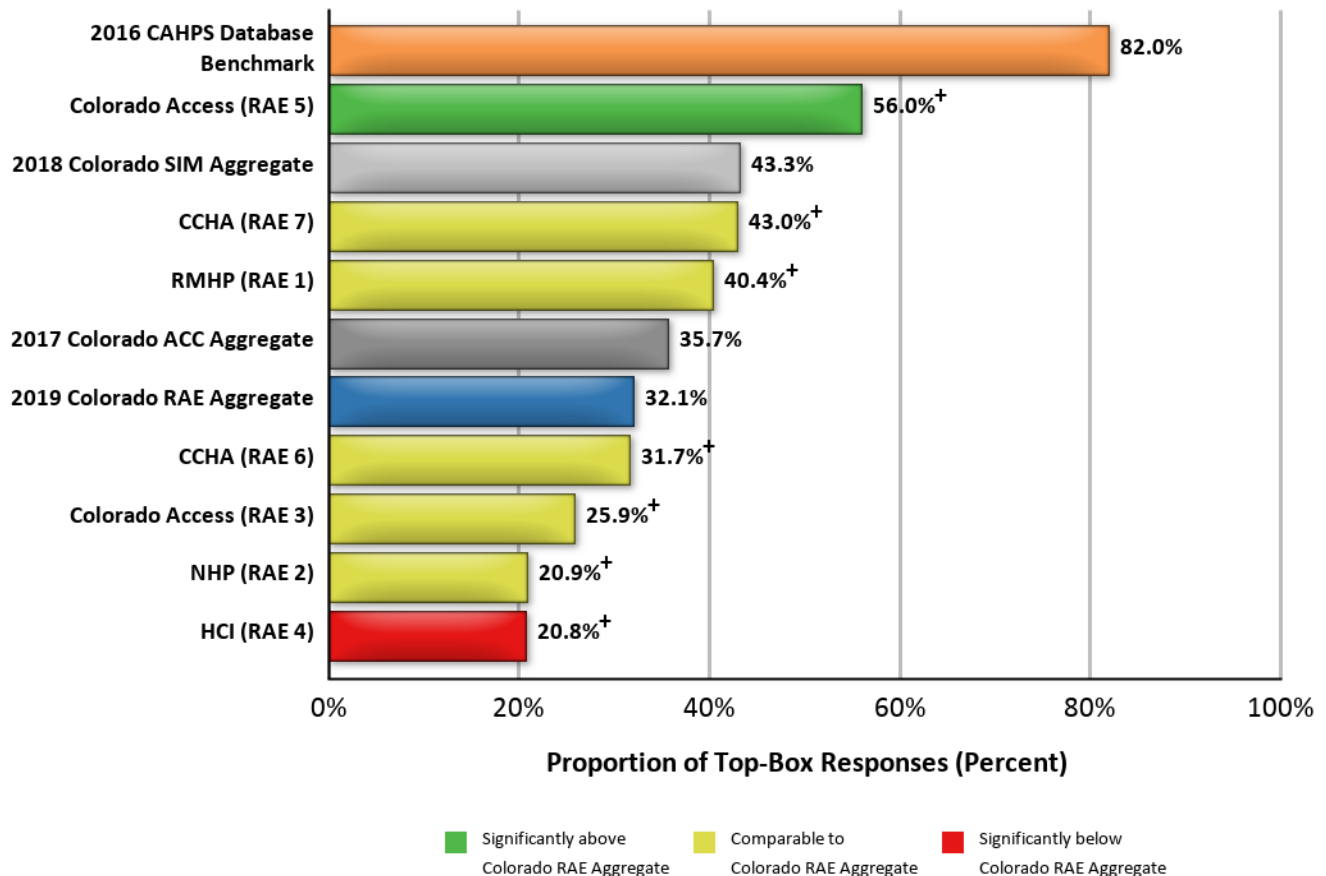
Parents or caretakers were asked one question (Question 16b in the child PCMH Survey) to assess how often they were able to receive needed care for their child during evenings, weekends, or holidays:

- **Question 16b.** In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Received Care from Provider Office During Evenings, Weekends, or Holidays individual item measure which was defined as a response of "Always."

Figure 2-23 shows the Received Care from Provider Office During Evenings, Weekends, or Holidays top-box scores for the 2016 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

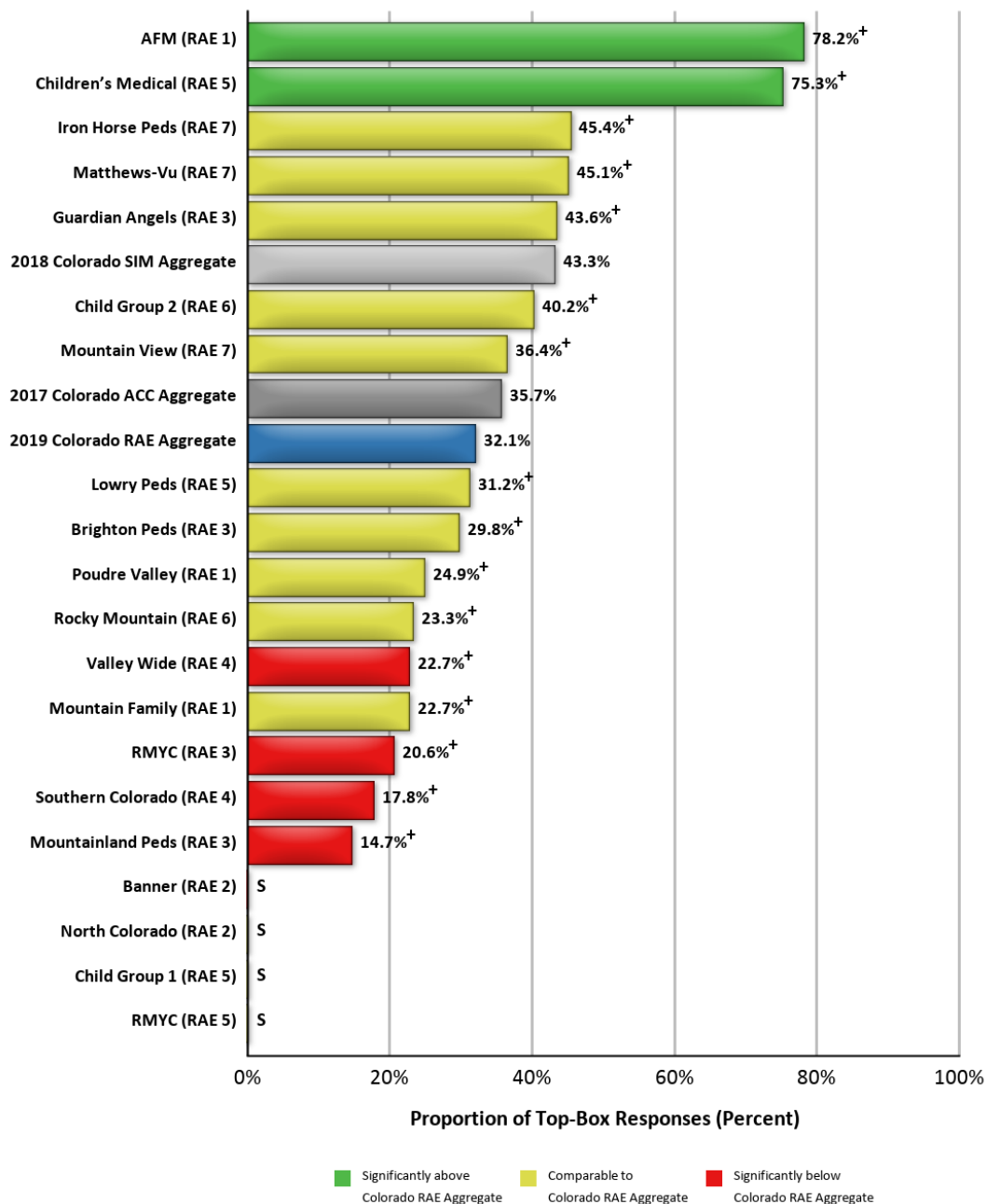
**Figure 2-23—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Figure 2-24 shows the Received Care from Provider Office During Evenings, Weekends, or Holidays top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-24—Received Care from Provider Office During Evenings, Weekends, or Holidays
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
An "S" data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Reminders About Child's Care from Provider Office

Parents or caretakers were asked one question (Question 18a in the child PCMH Survey) to assess whether they received reminders about their child's care from the provider's office between visits:

- **Question 18a.** Some offices remind patients between visits about tests, treatment, or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?
 - Yes
 - No

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Reminders About Child's Care from Provider Office individual item measure which was defined as a response of "Yes."

Figure 2-25 shows the Reminders About Child's Care from Provider Office top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-25—Reminders About Child's Care from Provider Office
RAE-Level Top-Box Scores**

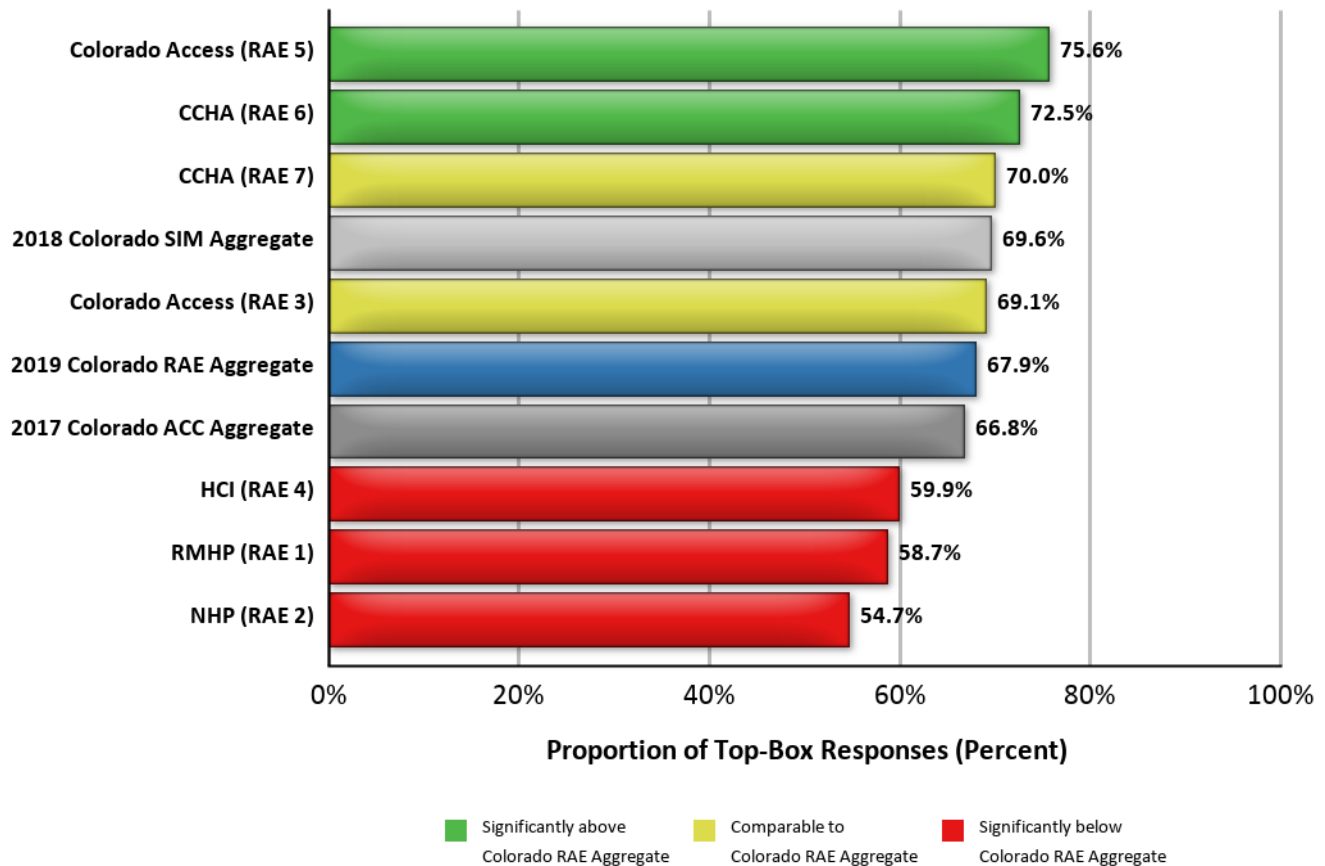
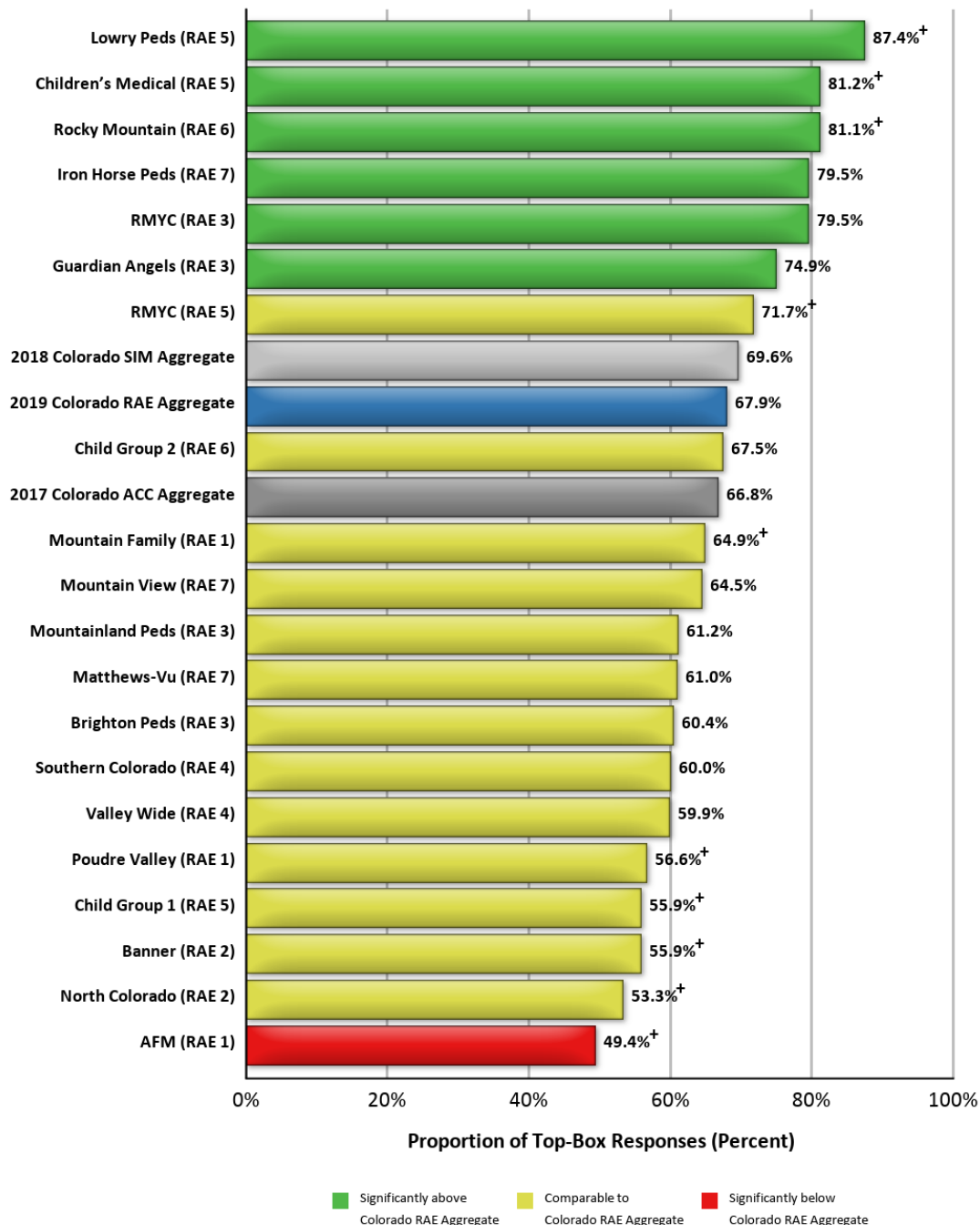


Figure 2-26 shows the Reminders About Child's Care from Provider Office top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-26—Reminders About Child's Care from Provider Office
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Saw Provider Within 15 Minutes of Appointment

Parents or caretakers were asked one question (Question 18b in the child PCMH Survey) to assess how often their child saw his or her provider within 15 minutes of the appointment time:

- **Question 18b.** Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Saw Provider Within 15 Minutes of Appointment individual item measure which was defined as a response of “Always.”

Figure 2-27 shows the Saw Provider Within 15 Minutes of Appointment top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-27—Saw Provider Within 15 Minutes of Appointment
RAE-Level Top-Box Scores**

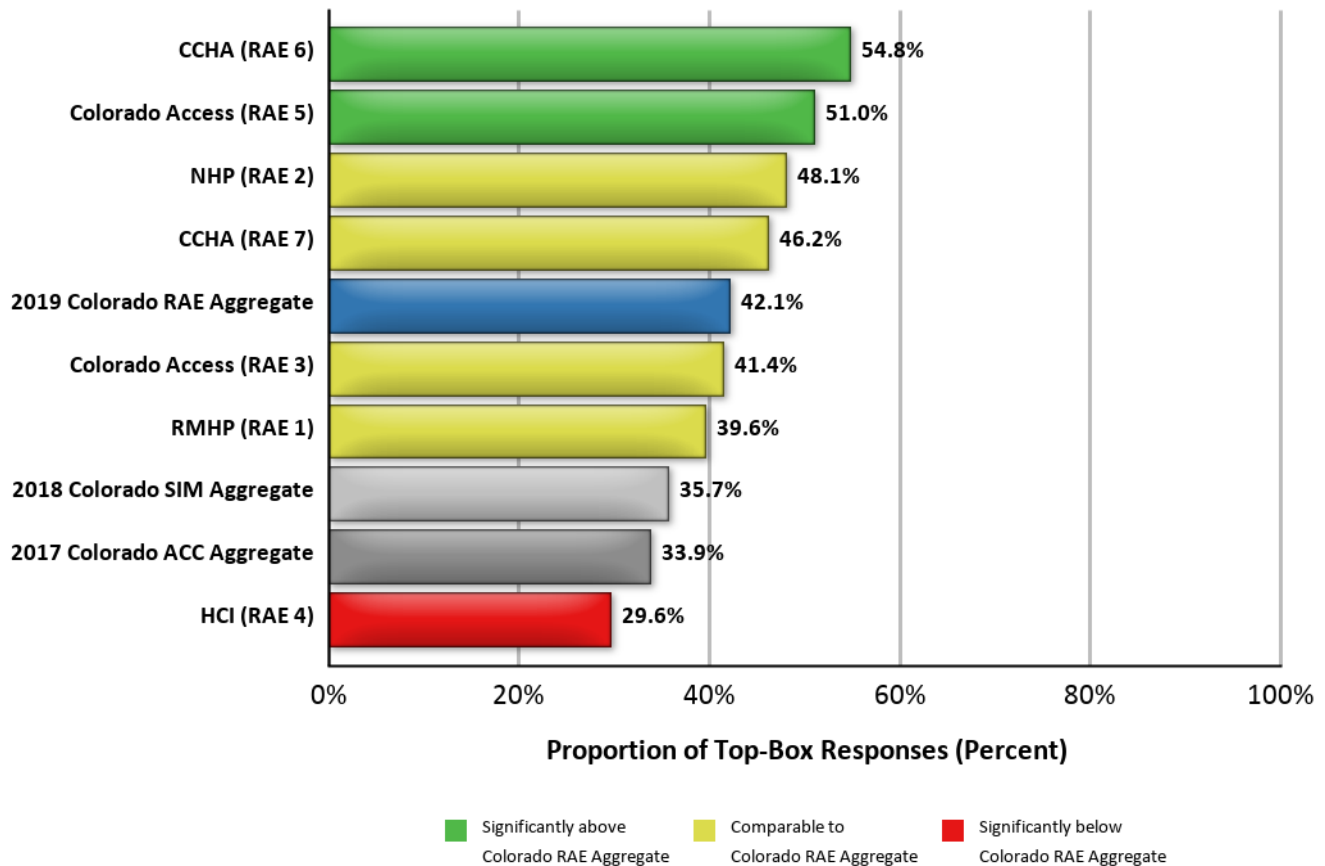
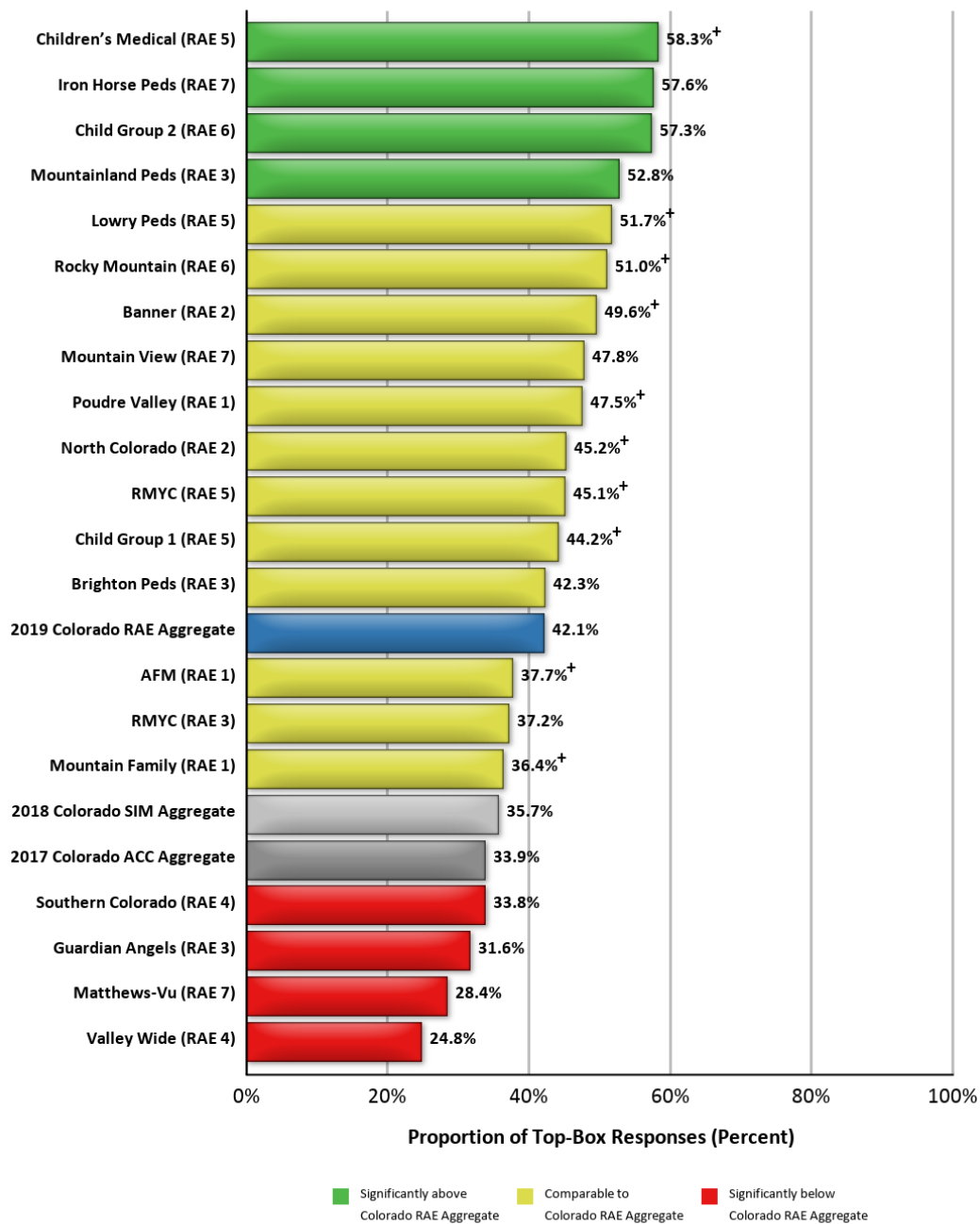


Figure 2-28 shows the Saw Provider Within 15 Minutes of Appointment top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-28—Saw Provider Within 15 Minutes of Appointment
Practice-Level Top-Box Scores**



Summary of RAE Comparisons Results

Statistically Significantly Higher Results

Table 2-12 provides a summary of the RAE Comparisons results that scored statistically significantly higher than the child Colorado RAE Aggregate (as indicated by a ✓).

**Table 2-12—RAE Comparisons
Statistically Significantly Higher Results**

Measure	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings							
Rating of All Health Care					✓		
Composite Measures							
Getting Timely Appointments, Care, and Information					✓		
Comprehensiveness: Child Development					✓		
Comprehensiveness: Child Safety and Healthy Lifestyles					✓		
Helpful, Courteous, and Respectful Office Staff					✓	✓	
Individual Item Measures							
Child Received Care from Provider Office During Evenings, Weekends, or Holidays					✓		
Saw Provider Within 15 Minutes of Appointment					✓	✓	
Reminders about Child's Care from Provider Office					✓	✓	

Statistically Significantly Lower Results

Table 2-13 provides a summary of the RAE Comparisons results that scored statistically significantly lower than the child Colorado RAE Aggregate (as indicated by a ✓).

**Table 2-13—RAE Comparisons
Statistically Significantly Lower Results**

Measure	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings							
Rating of Provider				✓			
Rating of All Health Care	✓						
Composite Measures							
Getting Timely Appointments, Care, and Information	✓			✓			
Comprehensiveness: Child Development				✓			
Comprehensiveness: Child Safety and Healthy Lifestyles				✓			
Helpful, Courteous, and Respectful Office Staff			✓	✓			
Individual Item Measures							
Child Received Care from Provider Office During Evenings, Weekends, or Holidays				✓			
Saw Provider Within 15 Minutes of Appointment				✓			
Reminders about Child's Care from Provider Office	✓	✓		✓			

Summary of Practice Comparisons Results

Statistically Significantly Higher Results

Table 2-14 provides a summary of the Practice Comparisons results that scored statistically significantly higher than the child Colorado RAE Aggregate for the global ratings (as indicated by a ✓).

Table 2-14—Practice Comparisons
Statistically Significantly Higher Results: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care
Banner (RAE 2)	✓		
Child Group 2 (RAE 6)	✓		
Children's Medical (RAE 5)	✓		✓
Iron Horse Peds (RAE 7)	✓		✓

Table 2-15 and Table 2-16 provide a summary of the Practice Comparisons results that scored statistically significantly higher than the child Colorado RAE Aggregate for the composite measures (as indicated by a ✓).

Table 2-15—Practice Comparisons
Statistically Significantly Higher Results: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Child	How Well Providers Communicate with Parents or Caretakers	Providers' Use of Information to Coordinate Patient Care
Banner (RAE 2)				✓
Child Group 2 (RAE 6)	✓			✓
Children's Medical (RAE 5)	✓	✓	✓	
Iron Horse Peds (RAE 7)	✓	✓	✓	
Lowry Peds (RAE 5)	✓		✓	
Mountain View (RAE 7)			✓	
Southern Colorado (RAE 4)		✓		

Table 2-16—Practice Comparisons
Statistically Significantly Higher Results: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness— Child Development	Comprehensiveness— Child Safety and Healthy Lifestyles	Helpful, Courteous, and Respectful Office Staff
Child Group 2 (RAE 6)			✓
Children’s Medical (RAE 5)			✓
Lowry Peds (RAE 5)	✓		✓
Poudre Valley (RAE 1)			✓
RMYC (RAE 3)	✓	✓	
RMYC (RAE 5)	✓	✓	

Table 2-17 provides a summary of the Practice Comparisons results that scored statistically significantly higher than the child Colorado RAE Aggregate for the individual item measures (as indicated by a ✓).

Table 2-17—Practice Comparisons
Statistically Significantly Higher Results: Individual Item Measures

RAE-Contracted Practices	Received Information on Evening, Weekend, or Holiday Care	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Child’s Care from Provider Office	Saw Provider Within 15 Minutes of Appointment
AFM (RAE 1)		✓		
Child Group 2 (RAE 6)	✓			✓
Children’s Medical (RAE 5)		✓	✓	✓
Guardian Angels (RAE 3)			✓	
Iron Horse Peds (RAE 7)			✓	✓
Lowry Peds (RAE 5)			✓	
Mountainland Peds (RAE 3)				✓
RMYC (RAE 3)			✓	
Rocky Mountain (RAE 6)			✓	

Statistically Significantly Lower Results

Table 2-18 provides a summary of the Practice Comparisons results that scored statistically significantly lower than the child Colorado RAE Aggregate for the global ratings (as indicated by a ✓).

Table 2-18—Practice Comparisons
Statistically Significantly Lower Results: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care
Matthews-Vu (RAE 7)	✓		
Mountain Family (RAE 1)			✓
Valley Wide (RAE 4)	✓		✓

Table 2-19 and Table 2-20 provide a summary of the Practice Comparisons results that scored statistically significantly lower than the child Colorado RAE Aggregate for the composite measures (as indicated by a ✓).

Table 2-19—Practice Comparisons
Statistically Significantly Lower Results: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Child	How Well Providers Communicate with Parents or Caretakers	Providers' Use of Information to Coordinate Patient Care
Child Group 1 (RAE 5)			✓	
Guardian Angels (RAE 3)				✓
Matthews-Vu (RAE 7)				✓
Mountain Family (RAE 1)	✓	✓		
RMYC (RAE 3)	✓			
Valley Wide (RAE 4)	✓	✓	✓	

Table 2-20—Practice Comparisons
Statistically Significantly Lower Results: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness— Child Development	Comprehensiveness— Child Safety and Healthy Lifestyles	Helpful, Courteous, and Respectful Office Staff
Child Group 1 (RAE 5)	✓		
Mountain Family (RAE 1)	✓		✓
Mountainland Peds (RAE 3)			✓
RMYC (RAE 3)			✓
Southern Colorado (RAE 4)		✓	✓
Valley Wide (RAE 4)	✓	✓	

Table 2-21 provides a summary of the Practice Comparisons results that scored statistically significantly lower than the child Colorado RAE Aggregate for the individual item measures (as indicated by a ✓).

Table 2-21—Practice Comparisons
Statistically Significantly Lower Results: Individual Item Measures

RAE-Contracted Practices	Received Information on Evening, Weekend, or Holiday Care	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Child's Care from Provider Office	Saw Provider Within 15 Minutes of Appointment
AFM (RAE 1)			✓	
Banner (RAE 2)	✓			
Guardian Angels (RAE 3)				✓
Matthews-Vu (RAE 7)				✓
Mountainland Peds (RAE 3)		✓		
RMYC (RAE 3)		✓		
Southern Colorado (RAE 4)		✓		✓
Valley Wide (RAE 4)		✓		✓

Stratification of Results

HSAG stratified results for select questions in the child PCMH Survey by the global ratings, as appropriate. The global rating responses were stratified into the following response categories: Dissatisfied (0 to 6), Neutral (7 to 8), and Satisfied (9 to 10). Results were calculated at the statewide level (i.e., child Colorado RAE Aggregate).

Rating of Provider

Table 2-22 through Table 2-26 display the responses for select survey questions stratified by the Rating of Provider global rating response categories for the child Colorado RAE Aggregate.

Question 3 asked how long the child had been going to the provider.

Table 2-22—Length of Time Going to Child’s Provider

Length of Time Going to Child’s Provider (Q3) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	26	14.1%	51	27.6%	108	58.4%
At Least 6 Months but Less Than 1 Year	18	7.4%	49	20.2%	176	72.4%
At least 1 Year but Less Than 3 Years	31	6.0%	83	16.0%	404	78.0%
At Least 3 Years but Less Than 5 Years	15	5.4%	41	14.7%	223	79.9%
5 Years or More	11	2.1%	88	16.5%	435	81.5%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Question 13a asked how many days the parents or caretakers had to wait for an appointment when their child needed care right away.

Table 2-23—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q13a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	15	2.7%	67	12.0%	478	85.4%
1 Day	9	4.7%	37	19.2%	147	76.2%
2 to 3 Days	6	5.9%	29	28.7%	66	65.3%
4 to 7 Days	3	12.5%	6	25.0%	15	62.5%
More Than 7 Days	5	25.0%	3	15.0%	12	60.0%
Please note: Percentages may not total 100.0% due to rounding.						

Question 18a asked whether the parents or caretakers received reminders about their child’s care from the provider’s office between visits.

Table 2-24—Reminders about Child’s Care from Provider Office

Reminders about Child’s Care from Provider Office (Q18a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	33	2.8%	175	14.8%	976	82.4%
No	68	11.8%	142	24.6%	367	63.6%
Please note: Percentages may not total 100.0% due to rounding.						

Question 18b asked parents or caretakers how often their child saw their provider within 15 minutes of the appointment time.

Table 2-25—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q18b) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	27	19.1%	42	29.8%	72	51.1%
Sometimes	32	10.1%	93	29.2%	193	60.7%
Usually	26	4.9%	105	19.6%	405	75.6%
Always	18	2.3%	77	9.9%	681	87.8%
Please note: Percentages may not total 100.0% due to rounding.						

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-26—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q26)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	67	5.3%	213	16.8%	989	77.9%
	Good	20	5.8%	81	23.5%	244	70.7%
	Fair/Poor	10	10.2%	16	16.3%	72	73.5%
Mental Health Status (Q39)	Excellent/Very Good	59	4.9%	196	16.3%	951	78.9%
	Good	28	7.8%	82	23.0%	247	69.2%
	Fair/Poor	10	6.7%	33	22.0%	107	71.3%
Please note: Percentages may not total 100.0% due to rounding.							

Rating of Specialist Seen Most Often

Table 2-27 displays the responses for select survey questions stratified by the Rating of Specialist Seen Most Often global rating response categories for the child Colorado RAE Aggregate. Two questions asked parents or caretakers to assess their child's health. Question 38 asked parents or caretakers to rate their child's overall health. Question 39 asked parents or caretakers to rate their child's overall mental or emotional health.

Table 2-27—Physical Health Status and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q27a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	18	6.3%	49	17.1%	219	76.6%
	Good	8	5.3%	42	27.6%	102	67.1%
	Fair/Poor	5	9.4%	15	28.3%	33	62.3%
Mental Health Status (Q39)	Excellent/Very Good	16	5.6%	48	16.8%	221	77.5%
	Good	9	6.5%	32	23.2%	97	70.3%
	Fair/Poor	6	8.1%	26	35.1%	42	56.8%
Please note: Percentages may not total 100.0% due to rounding.							

Rating of All Health Care

Table 2-28 and Table 2-29 display the responses for select survey questions stratified by the Rating of All Health Care global rating response categories for the child Colorado RAE Aggregate. Question 38a asked parents or caretakers to determine if their child had a physical or medical condition that interferes with his or her day-to-day activities.

Table 2-28—Condition that Interferes with Child’s Day-to-Day Activities

Condition that Interferes with Child’s Day-to-Day Activities (Q38a) Responses	Rating of All Health Care (Q35c)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	15	6.8%	52	23.5%	154	69.7%
No	71	4.7%	301	19.8%	1147	75.5%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-29—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q35c)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	50	3.9%	234	18.1%	1010	78.1%
	Good	28	8.0%	97	27.7%	225	64.3%
	Fair/Poor	9	9.1%	25	25.3%	65	65.7%
Mental Health Status (Q39)	Excellent/Very Good	44	3.6%	215	17.5%	967	78.9%
	Good	29	8.1%	94	26.1%	237	65.8%
	Fair/Poor	14	8.9%	46	29.3%	97	61.8%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>							

Other Survey Question

Question 26a asked parents or caretakers about the three most important things that they look for in their child's healthcare provider. Table 2-30 displays the responses for the Most Important Things in Child's Healthcare Provider survey question for the child Colorado RAE Aggregate.

Table 2-30—Most Important Things in Child's Healthcare Provider

Responses	N	%
Provider listens to and acts quickly to address my concerns	1,453	80.2%
Provider is able to explain things about my child's health in a way I can understand	1,376	76.0%
Provider is knowledgeable about my child's history when I come to appointments	1,251	69.1%
Provider spends enough time with my child during appointments	1,246	68.8%
The ability to get timely appointments with my child's provider	972	53.7%
Friendly staff in provider's office	843	46.5%
Provider is close to my home	618	34.1%
Provider does not judge my child	580	32.0%
Other	229	12.6%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100.0%.</i>		

3. Conclusions, Recommendations, and Opportunities for Improvement

General Conclusions

HSAG observed that reminders from a provider's office between visits and timely access to appointments correlated to higher ratings of the child's provider. Moreover, the better parents or caretakers perceived their child's physical and mental health (i.e., self-reported health status of Excellent or Very Good), the higher parents or caretakers rated their child's provider, specialist, and health care.

Conclusions and Recommendations Based on Results

Each RAE should evaluate these recommendations of best practices and other proven strategies in the context of its own operational and quality improvement activities.

Access to Care

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- Approximately 68 percent of parents or caretakers of child members reported that they were not always able to get the care their child needed from their provider's office during evenings, weekends, or holidays.
- Two of the seven RAEs (RMHP [RAE 1] and HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the Getting Timely Appointments, Care, and Information composite measure.
- One of the seven RAEs (HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the Received Care from Provider Office During Evenings, Weekends, or Holidays individual item measure.

HSAG recommends that providers consider working with other practices in the area to collaborate on providing and covering extended hours of operation if the individual provider is solely unable to do so. RAE practices should also ensure that parents/caretakers of child members have information about the provider's recommended urgent care centers in the area, including hours of operation, as well as telephone numbers for nurse advice lines.

Timeliness of Care

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- Parents or caretakers not receiving an answer to their medical questions within the same day when they contacted their child's provider's office during regular office hours was identified as a key driver for the Rating of Provider and Rating of All Health Care global ratings. Approximately 4 percent of respondents reported never receiving an answer to their medical question that same day.³⁻¹
- Approximately 58 percent of parents or caretakers of child members reported that they did not always see their provider within 15 minutes of the appointment time.
- One of the seven RAEs (HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the Saw Provider Within 15 Minutes of Appointment individual item measure.

Not being able to gain timely access to a provider may be an indication of overall scheduling system problems. HSAG recommends that RAE practices review scheduling procedures to analyze reasons for delays in serving members relative to their appointment time, evaluate time frames associated with members obtaining appointments, determine factors that may contribute to parents'/caretakers' perceptions of needing an appointment for their child sooner than they received one, and revise internal scheduling mechanisms and procedures accordingly.

Communication

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- A lack of follow up by the child's provider's office after a blood test, x-ray, or other test were ordered was identified as a key driver for the Rating of Provider global rating. Approximately 5 percent of respondents reported that the child's provider's office never followed up to give the parent or caretaker results after the child's provider ordered a blood test, x-ray, or other test for their child.³⁻²
- Approximately 34 percent of parents or caretakers reported that the provider did not speak with them about their child's physical or emotional development.
- Approximately 42 percent of parents or caretakers reported that the provider did not speak with them about their child's lifestyle and healthy practices (i.e., food and exercise).
- One of the seven RAEs (HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the following two measures: Comprehensiveness—Child Development and Comprehensiveness—Child Safety and Healthy Lifestyles.

HSAG acknowledges that there may be many factors that determine the need or appropriateness of discussing a child's emotional, wellness, or developmental issues with the parent/caretaker, such as the

³⁻¹ Please see Question 18 in the 2019 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻² Please see Question 25 in the 2019 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

frequency of appointments with the child member or the type of appointment/circumstances of a provider visit. HSAG recommends that each practice assess and establish its own internal best practice expectations/benchmarks of practice performance in discussing these issues with the parents/caretakers of child members. Additionally, HSAG recommends that RAE practices develop an internal communication plan or procedure to address mechanisms and responsibilities for timely staff follow-up with parents/caretakers of child members regarding results of tests and medical questions.

Care Coordination

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- The following were identified as key drivers for the Rating of All Health Care global rating:
 - The child's provider did not always seem informed and up-to-date about the care the child received from specialists. Approximately 8 percent of respondents reported that the child's provider never seemed informed and up-to-date about the care the child received from specialists.³⁻³
 - The child's provider did not seem to know important information about the child's medical history. Approximately 2 percent of respondents reported that the child's provider never seemed to know important information about the child's medical history.³⁻⁴

HSAG recommends the RAE practices begin each well-visit or treatment visit with a review of the child members' history, previous visits, and prescription medications with the utilization of electronic health records to be as informed as possible about a child member's medical history.

Challenges and Potential Opportunities for Improvement

Since this was a preliminary evaluation of the RAE practices using the PCMH Survey, the results presented in this report are a baseline assessment of member experience; therefore, HSAG does not have comparative data to trend the results of the survey. Nevertheless, the results indicate actionable opportunities for improvement in select provider practices and in the continued administration of the CAHPS PCMH Surveys.

- RAE practices could consider establishing performance goals for indicators with notably lower scores, with particular attention to the key drivers of member experience.
- RAE practices with statistically significantly higher ratings could consider sharing "best practices" among those practices with statistically significantly lower ratings of the same measures.
- The Department could provide standardized information about the survey administration to the RAE practices so they are informed and knowledgeable about the survey and when it will take place. The

³⁻³ Please see Question 28 in the 2019 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁴ Please see Question 21 in the 2019 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

Department can provide directions to the RAE practices about how their customer service department should answer complaints and inquiries during the survey administration field.

- If the Department administered the same survey to the same set of provider practices (i.e., the RAE Practices), a trend evaluation of the data could be performed.

4. Reader's Guide

This section provides a comprehensive overview of the PCMH Survey, including PCMH 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 PCMH Survey results presented in this report.

Survey Administration

Survey Overview

The CG-CAHPS Surveys were first developed in 1999 through a collaboration between the CAHPS Consortium and the Pacific Business Group on Health, whose Consumer Assessment Survey known as the CAHPS Group Practices Survey established a model for surveys that would assess members' experiences with medical groups and clinicians. In 2004, the Agency for Healthcare Research and Quality (AHRQ) issued a notice in the Federal Register inviting organizations to test a draft Clinician & Group Survey (CG-Survey). Several organizations participated in the testing of the CG-Survey from 2004 to 2006, and the AHRQ CAHPS team analyzed these survey data. In 2007, AHRQ released the first CG-CAHPS Survey. Since that time, the survey has been revised to meet the diverse needs of users. In 2009, the CAHPS team began the development of the PCMH Item Set to improve the usefulness of the CG-CAHPS Survey. The process of developing and testing the PCMH Item Set featured multiple steps including: literature reviews, technical expert panels, stakeholder inputs, focus groups, cognitive testing, field testing, and psychometric analyses. The PCMH Item Set was publicly released in 2011. In an effort to maximize the reliability of reporting measures, AHRQ issued a call for public comment on proposed changes to the CG-CAHPS Survey in 2015. Based on the feedback received and subsequent analyses of multiple data sets, the CAHPS Consortium recommended changes into Version 3.0 of the survey.

The Department selected a modified version of the Child CG-CAHPS Survey, Version 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. Table 4-1 lists the global rating, composite measures, individual item measures, and additional survey questions included in the modified PCMH Survey that was administered to Colorado RAE practice members. The global measures (also referred to as global ratings) reflect overall member experience with providers, specialists, and health care. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Timely Appointments, Care, and Information" or "How Well Providers Communicate with Child"). The individual item measures are individual questions that look at a specific area of care (e.g., "Received Care from Provider Office During Evenings, Weekends, or Holidays" and "Saw Provider Within 15 Minutes of Appointment"). The additional questions were selected by the Department for inclusion in the PCMH survey or are part of the PCMH survey to evaluate members' access to care and overall health (e.g., "Number of Days Waited for Appointment" and "Physical Health Status").

Table 4-1—PCMH Survey Measures and Additional Survey Questions

Global Rating	Composite Measures	Individual Item Measures	Additional Survey Questions
Rating of Provider (Q26)	Getting Timely Appointments, Care, and Information (Q13, Q15, and Q18)	Received Information on Evening, Weekend, or Holiday Care (Q16)	Length of Time Going to Child's Provider (Q3)
Rating of Specialist Seen Most Often (Q27a)	How Well Providers Communicate with Child (Q8 and Q9)	Received Care from Provider Office During Evenings, Weekends, or Holidays (Q16b)	Number of Days Waited for Appointment (Q13a)
Rating of All Health Care (Q35c)	How Well Providers Communicate with Parents or Caretakers (Q19, Q20, Q22, and Q23)	Reminders about Child's Care from Provider Office (Q18a)	Most Important Things in Child's Healthcare Provider (Q26a)
	Providers' Use of Information to Coordinate Patient Care (Q21 and Q25)	Saw Provider Within 15 Minutes of Appointment (Q18b)	Physical Health Status (Q38)
	Comprehensiveness—Child Development (Q29, Q30, Q31, Q35, and Q35a)		Condition that Interferes with Child's Day-to-Day Activities (Q38a)
	Comprehensiveness—Child Safety and Healthy Lifestyles (Q32, Q33, Q34, and Q35b)		Mental Health Status (Q39)
	Helpful, Courteous, and Respectful Office Staff (Q36 and Q37)		

Sampling Procedures

Members eligible for sampling included those who were identified as having at least one visit with one of the RAE practices and who were continuously enrolled for at least five of the last six months (July through December) of 2018. The Department identified the practices and eligible practice clinicians to be included in the 2019 PCMH Survey administration. Eligible clinicians included physicians (both doctor of medicine and doctor of osteopathy), nurse practitioners, and physician assistants who serve within a clinic or federally qualified health center (FQHC).⁴⁻¹

Child members eligible for sampling included those who were 17 years of age or younger as of December 31, 2018. HSAG selected a sample of 427 to 1,200 members from each child RAE practice.

Survey Protocol

Table 4-2 shows the mixed mode (i.e., mail and website followed by telephone follow-up) timeline used in the administration of the Colorado child PCMH Survey.

Table 4-2—Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to parent/caretaker of child members.	0 days
Make website available for parent/caretaker of child members to complete the survey via Internet.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents approximately 28 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	35 days
Initiate CATI interviews for non-respondents approximately 24 days after mailing the second questionnaire.	52 days
Initiate systematic contact for all non-respondents such that a maximum of six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	52 – 73 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 21 days after initiation.	73 days

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The first phase consisted of a cover letter being mailed to the parents/caretakers of all sampled members that provided two options 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 that were not

⁴⁻¹ Clinicians were not necessarily the member's regular clinician or primary care provider.

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. The telephone phase consisted of CATI for sampled members who had not completed a survey. A maximum of six CATI calls was made to each non-respondent.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each practice was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were selected so that no more than one member was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in the Specifications for the CAHPS Survey for PCMH as a guideline for conducting the Colorado PCMH Survey data analysis.⁴⁻² A number of analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

The administration of the PCMH Surveys is comprehensive and is designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible members of the sample. HSAG followed the CAHPS PCMH completeness criteria where a member's survey was assigned a disposition code of "complete" if at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.⁴⁻³ Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 4-3), or had a language barrier.

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

⁴⁻² National Committee for Quality Assurance. *HEDIS® 2017: Specifications for the CAHPS® Survey for PCMH*. Washington, DC: NCQA Publication, 2017. NCQA did not issue a 2019 version of the *Specifications for the CAHPS Survey for PCMH*. There were no changes to the specific guidelines for calculation of PCMH Survey results in 2019.

⁴⁻³ Question 1 asked if the child member got care from the provider/practice listed in the last 6 months.

Key Drivers of Low Member Experience

In order to determine factors that are contributing to members' low ratings of experience, HSAG performed an analysis of key drivers of low member experience for the following measures: Rating of Provider and Rating of All Health Care. The purpose of the key drivers of low member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how well the Colorado RAE Aggregate is performing on the survey item and 2) how important that item is to overall member experience.

HSAG measured the performance on a survey item by calculating a problem score. A problem score is the score associated with a response in which the member identified a negative experience and was assigned a "1." A positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member's experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 4-3 depicts the problem score assignments for the different response categories.

Table 4-3—Problem Score Assignment

Never/Sometimes/Usually/Always Format		
Response Category	Classification	Code
Usually	Not a Problem	0
Always	Not a Problem	0
Never	Problem	1
Sometimes	Problem	1
No Answer	Not classified	Missing
No/Yes Format		
Response Category	Classification	Code
Yes	Not a Problem	0
No	Problem	1
No Answer	Not classified	Missing
Days Format		
Response Category	Classification	Code
Same day	Not a Problem	0
1 day	Not a Problem	0
2 to 3 days	Problem	1
4 to 7 days	Problem	1
More than 7 days	Problem	1
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item's problem score 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 overall problem score and their correlation to each measure. Key drivers of low member experience were defined as those items that:

- Had a problem score that was greater than or equal to the median problem score for all items examined.
- Had a correlation that was greater than or equal to the median correlation for all items examined.

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents and child members. Given that the demographics of a response group can influence overall member experience scores, it is important to evaluate all PCMH Survey results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the practice, then caution must be exercised when extrapolating the PCMH Survey results to the entire population.

RAE and Practice Comparisons

For purposes of the RAE and Practice Comparisons analyses, HSAG calculated top-box scores for each measure. HSAG followed the NCQA HEDIS Specifications for the CAHPS Survey for PCMH to calculate the top-box scores.⁴⁻⁴ A “top-box” response was defined as follows:

- “9” or “10” for the global ratings;
- “Always” for the Getting Timely Appointments, Care, and Information; How Well Providers Communicate with Child; How Well Providers Communicate with Parents or Caretakers; Providers’ Use of Information to Coordinate Patient Care; and Helpful, Courteous, and Respectful Office Staff composites, and the Child Received Care from Provider Office During Evenings, Weekends, or Holidays; and Saw Provider Within 15 Minutes of Appointment individual items.
- “Yes” for the Comprehensiveness—Child Development; Comprehensiveness—Child Safety and Health Lifestyles composites, and the Received Information on Evening, Weekend, or Holiday Care for Child; and Reminders about Child’s Care from Provider Office individual items.

Top-box responses (as defined above) were assigned a score value of one, and all other responses were assigned a score value of zero. For the global rating and individual items, top-box scores were defined as the proportion (i.e., percentage) 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

⁴⁻⁴ National Committee for Quality Assurance. *HEDIS® 2017: Specifications for the CAHPS® Survey for PCMH*. Washington, DC: NCQA Publication, 2017.

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 2017 Specifications for the CAHPS Survey for PCMH.

RAE-level comparisons were performed to identify statistically significant differences in member experience between the RAEs, and practice-level comparisons were performed to identify statistically significant differences in member experience between the practices. Two types of hypothesis tests were applied to the comparative results. First, a global F test was calculated, which determined whether the difference between the RAEs' or practices' scores were significantly different than the aggregate.

The score was:

$$\hat{\mu} = \frac{\sum_p \hat{\mu}_p / \hat{V}_p}{\sum_p 1 / \hat{V}_p}$$

The F statistic was determined using the formula below:

$$F = 1/(P - 1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The F statistic had an F distribution with $(P - 1, q)$ degrees of freedom, where q was equal to $n - P -$ (*number of case-mix adjusters*). Due to these qualities, this F test produced p values that were slightly larger than they should have been; therefore, finding significant differences was less likely. An alpha-level of 0.05 was used. If the F test demonstrated differences (i.e., $p < 0.05$), then a t test was performed.

The t test determined whether a RAE's or practice's score was significantly different from the overall results of the other RAEs or practices. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - \frac{\sum_{p'} \hat{\mu}_{p'}}{P} = \left(1 - \frac{1}{P}\right) \hat{\mu}_p - \frac{\sum_{p'}^* \hat{\mu}_{p'}}{P}$$

In this equation, Σ^* was the sum of all RAEs/practices except RAE/practice p .

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = \left(1 - \frac{1}{P}\right)^2 \hat{V}_p + \frac{\sum_{p'}^* \hat{V}_{p'}}{P^2}$$

The t statistic was:

$$\frac{\Delta_p}{\sqrt{\hat{V}(\Delta_p)}}$$

and had a t distribution with $n - P - (\text{number of case-mix adjusters})$ degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences were less likely.

Due to the difference in selected practices, the 2018 Colorado SIM Aggregate averages and 2017 Colorado ACC Aggregate averages are presented in the figures for reference purposes only.

Case-Mix Adjustment

Given that variances in respondents' demographics can result in differences in scores between the RAEs and practices that are not due to differences in quality, the data were case-mix adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics used in adjusting the results for comparability. The top-box scores were case-mix adjusted for member general health status, respondent education level, and respondent age. Case-mix adjusted scores were calculated using the following formula:

$$\text{Adjusted top-box score} = \text{Raw scores} - \text{Net Adjustment}$$

Where net adjustment was calculated using the following equation:

$$\text{Net Adjustment} = (\text{RAE} / \text{Practice Adjuster's Mean} - \text{Program Adjuster's Mean}) \times \text{Coefficient}$$

The coefficient in the above equation was estimated using linear regression.

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.

Case-Mix Adjustment

While data for the RAEs and practices have been adjusted for differences in survey-reported member general health status, respondent age, and respondent education, it was not possible to adjust for differences in characteristics that were not measured. These characteristics could include respondent income, employment, or any other characteristics that may not be under the practices' control.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their care and service and may vary by practice. Therefore, the potential for non-response bias should be considered when interpreting PCMH Survey results.

CAHPS Database Benchmarks

The CG-CAHPS Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0, CG-CAHPS Survey 2.0, and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2019 Colorado PCMH Survey. Additionally, 2019 CAHPS Database benchmarks produced from the Child CG-CAHPS Survey 3.0 with PCMH items were not available at the time this report was prepared. Also, due to differences in practices that were included in the benchmarks, caution should be exercised when comparing the 2016 CAHPS Database benchmarks to the 2019 Colorado PCMH Survey results.

Causal Inferences

The questions in the PCMH survey ask members about the care received by a listed provider at a specific practice. Although the analyses in this report examine whether members report differences with various aspects of their care and service experiences, these differences may not be completely attributable to the practice or the overall performance of the RAE. The survey by itself does not necessarily reveal the exact cause of these differences.

Baseline Survey Results

In 2019, the PCMH survey was administered to the RAE practices for the first time; therefore, the 2019 Colorado PCMH Survey results for the participating practices presented in the report represent a baseline assessment of member experience.

PCMH Survey Instrument

For purposes of the 2019 Colorado PCMH Survey administration, the standardized child CG-CAHPS 3.0 Survey was modified, such that additional items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey were added. Given the modifications to the CG-CAHPS Survey instrument, caution should be exercised when interpreting the 2019 Colorado PCMH Survey results presented in this report.

Prior Years' Results

Due to differences in the practices selected for the 2019 Colorado PCMH Survey, the 2018 SIM Aggregate and 2017 ACC Aggregate are presented in the figures for reference purposes only and are not comparable to the 2019 RAE Aggregate results.

RAE/Practice Attribution

A sample of members was selected from each child practice to be included in the 2019 PCMH Survey administration and is not a random sample of the entire RAE population. Additionally, the survey questions ask about members' experiences with their provider at a specific practice. Therefore, caution should be exercised when interpreting these results as the results may not directly assess the overall performance of the RAE.

5. Survey Instrument

The survey instrument the Department selected for Colorado child members was a modified version of the Child CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. This section provides a copy of the survey instrument.



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

You may notice a barcode number on the front of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this survey, please call 1-800-839-0564.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil 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



Your Child's Provider

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child got care from the provider named below in the last 6 months.

[CLINICIAN NAME]

Is that right?

○ Yes
○ No ➔ *Go to Question 38*



The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?

☐ Yes
☐ No

3. How long has your child been going to this provider?

☐ Less than 6 months
☐ At least 6 months but less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more

Your Child's Care From This Provider in the Last 6 Months

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 6 months, how many times did your child visit this provider for care?

☐ None → **Go to Question 38**
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

☐ Yes → **Go to Question 7**
☐ No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

☐ Yes → **Go to Question 10**
☐ No → **Go to Question 10**

7. Is your child able to talk with providers about his or her health care?

☐ Yes
☐ No → **Go to Question 10**

8. In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

9. In the last 6 months, how often did this provider listen carefully to your child?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

☐ Yes
☐ No → **Go to Question 12**

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- ☐ Yes
- ☐ No

12. In the last 6 months, did you contact this provider's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

- ☐ Yes
- ☐ No ➔ **Go to Question 14**

13. In the last 6 months, when you contacted this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13a. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

- ☐ Same day
- ☐ 1 day
- ☐ 2 to 3 days
- ☐ 4 to 7 days
- ☐ More than 7 days

14. In the last 6 months, did you make any appointments for a check-up or routine care for your child with this provider?

- ☐ Yes
- ☐ No ➔ **Go to Question 16**

15. In the last 6 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No

16a. In the last 6 months, did your child need care during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No ➔ **Go to Question 17**

16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, did you contact this provider's office with a medical question about your child during regular office hours?

- ☐ Yes
- ☐ No ➔ **Go to Question 18a**

18. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?

- ☐ Yes
- ☐ No

18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

20. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

23. In the last 6 months, how often did this provider spend enough time with your child?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

- ☐ Yes
- ☐ No → **Go to Question 26**

25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
Worst						Best					
Provider						Provider					
Possible						Possible					

26a. What are the three most important things that you look for in your child's healthcare provider? Select up to three (3) responses.

- ☐ Provider is able to explain things about my child's health in a way I can understand.
- ☐ Provider spends enough time with my child during appointments.
- ☐ Provider listens to and acts quickly to address my concerns.
- ☐ Provider is knowledgeable about my child's history when I come to appointments.
- ☐ Provider does not judge my child.
- ☐ The ability to get timely appointments with my child's provider.
- ☐ Provider is close to my home.
- ☐ Friendly staff in provider's office.
- ☐ Other (Please list below)

27. 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 your child see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → **Go to Question 28a**

27a. We want to know your rating of the specialist your child saw 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?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
Worst Specialist						Best Specialist					
Possible						Possible					

28. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28a. In the last 6 months, was your child ever not able to get medical care, tests, or treatments you or a (any) doctor believed necessary?

- ☐ Yes
- ☐ No

Please answer these questions about the provider named in Question 1 of the survey.

29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?

- ☐ Yes
- ☐ No

30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?

- ☐ Yes
- ☐ No

31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?

- ☐ Yes
- ☐ No

32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?

- ☐ Yes
- ☐ No

33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- ☐ Yes
- ☐ No

34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- ☐ Yes
- ☐ No

35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?

- ☐ Yes
- ☐ No

35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?

- ☐ Yes
- ☐ No

35b. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- ☐ Yes
- ☐ No

35c. 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 child's health care in the last 6 months?

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Worst | | | | | | Best | | | | | |
| Health Care | | | | | | Health Care | | | | | |
| Possible | | | | | | Possible | | | | | |

**Clerks and Receptionists
at This Provider's Office**

36. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

37. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

About Your Child and You

38. In general, how would you rate your child's overall health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

38a. Does your child have a physical or medical condition that seriously interferes with their ability to attend school or manage day-to-day activities?

- ☐ Yes
- ☐ No

39. In general, how would you rate your child's overall mental or emotional health?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

39a. Has your child had either a flu shot or flu spray in the nose since July 1, 2018?

- ☐ Yes
- ☐ No
- ☐ Don't know

40. What is your child's age?

- ☐ Less than 1 year old

YEARS OLD (Write in.)

41. Is your child male or female?

- ☐ Male
- ☐ Female

42. Is your child of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino

43. What is your child's race? Please mark one or more.

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other

44. What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

45. Are you male or female?

- ☐ Male
- ☐ Female

46. 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

47. How are you related to the child?

- ☐ Mother or father
- ☐ Grandparent
- ☐ Aunt or uncle
- ☐ Older brother or sister
- ☐ Other relative
- ☐ Legal guardian
- ☐ Someone else

48. Did someone help you complete this survey?

- ☐ Yes → ***Go to Question 49***
- ☐ No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

**49. How did that person help you?
Please mark one or more.**

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

THANK YOU

Thank you 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**

Appendix A. Health Plan CAHPS Child Medicaid Results

The results presented in this section are from the CAHPS surveys administered by each of Colorado's Medicaid managed care health plans rather than from child PCMH survey administered by HSAG. The State of Colorado requires Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid—Prime (RMHP Prime) to annually administer surveys to child Medicaid members enrolled in each of the MCOs. The survey instrument selected for administration was the CAHPS 5.0 Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.^{A-1}

Each health plan used an NCQA-certified HEDIS CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report. HSAG presents the 2018 and 2019 child Medicaid CAHPS top-box scores for DHMP and RMHP Prime in the tables on the following pages. HSAG calculated the top-box results in this section by following NCQA HEDIS Volume 3 Specifications for Survey Measures.^{A-2}

^{A-1} HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

^{A-2} National Committee for Quality Assurance. *HEDIS[®] 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Child Medicaid Results

Global Ratings and Composite Measures

Denver Health Medical Plan

Table A-1 shows the 2018 and 2019 top-box scores for DHMP's child population.

Table A-1—Top-Box Scores for DHMP

Measure	2018	2019
Global Ratings		
Rating of Health Plan	77.0%	73.2%
Rating of All Health Care	76.9%	73.5%
Rating of Personal Doctor	86.0%	85.9%
Rating of Specialist Seen Most Often	75.0% ⁺	75.7% ⁺
Composite Measures		
Getting Needed Care	84.8%	78.2%
Getting Care Quickly	86.1%	87.2%
How Well Doctors Communicate	94.7%	95.5%
Customer Service	91.2%	86.1% ⁺
Shared Decision Making	78.0% ⁺	77.8% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid—Prime

Table A-2 shows the 2018 and 2019 top-box scores for RMHP Prime’s child population

Table A-2—Top-Box Scores for RMHP Prime

Measure	2018	2019
Global Ratings		
Rating of Health Plan	68.5% ⁺	71.4% ⁺
Rating of All Health Care	63.0% ⁺	68.8% ⁺
Rating of Personal Doctor	87.5% ⁺	71.7% ⁺
Rating of Specialist Seen Most Often	74.1% ⁺	75.0% ⁺
Composite Measures		
Getting Needed Care	89.8% ⁺	91.5% ⁺
Getting Care Quickly	95.3% ⁺	88.4% ⁺
How Well Doctors Communicate	96.9% ⁺	89.6% ⁺
Customer Service	89.3% ⁺	85.7% ⁺
Shared Decision Making	92.1% ⁺	93.2% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		