



COLORADO

**Department of Health Care
Policy & Financing**

2019 Colorado Patient-Centered Medical Home Survey Adult 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 Adult Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Patient-Centered Medical Home (PCMH) Survey conducted for members who received services through Health First Colorado (Colorado's Medicaid Program).¹⁻¹ 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. Adult 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).

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

Table 1-1—Adult RAE Practices

RAE Name	RAE Abbreviation	RAE Region	RAE-Contracted Practices	Practice Abbreviation
Rocky Mountain Health Plans	RMHP	1	Adult Group Practice 1 ¹⁻²	Adult Group 1 (RAE 1)
			Associates in Family Medicine	AFM (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	Catholic Health Initiatives	CHI (RAE 3)
			Clinica Family Health	Clinica (RAE 3)
			Metro Community Provider Network	MCPN (RAE 3)
			Portercare Adventist Health System	Portercare (RAE 3)
Health Colorado, Inc.	HCI	4	Parkview Ancillary Services	Parkview (RAE 4)
			Valley Wide Health Systems, Inc.	Valley Wide (RAE 4)
Colorado Access	Colorado Access	5	Adult Group Practice 2 ¹⁻³	Adult Group 2 (RAE 5)
			Adult Group Practice 3 ¹⁻⁴	Adult Group 3 (RAE 5)
			Adult Group Practice 4 ¹⁻⁵	Adult Group 4 (RAE 5)
			Planned Parenthood of The Rockies	Planned Parenthood (RAE 5)
Colorado Community Health Alliance	CCHA	6	Catholic Health Initiatives	CHI (RAE 6)
			Clinica Family Health	Clinica (RAE 6)
			Metro Community Provider Network	MCPN (RAE 6)
Colorado Community Health Alliance	CCHA	7	Adult Group Practice 5 ¹⁻⁶	Adult Group 5 (RAE 7)
			Catholic Health Initiatives	CHI (RAE 7)

¹⁻² Adult Group Practice 1 is a combined population of the following practices: Southwest Health System, Inc. and Total Healthcare.

¹⁻³ Adult Group Practice 2 is a combined population of the following practices: Green Valley Ranch Medical Clinic and South Federal Family Practice.

¹⁻⁴ Adult Group Practice 3 is a combined population of the following practices: Federal Health Care Corp.; Hue N. Vo, M.D.; Inner City Health Center; and Regents of University of Colorado.

¹⁻⁵ Adult Group Practice 4 is a combined population of the following practices: Denver Osteopathic Clinic, Inc.; Denver Indian Health and Family Services (DIHFS); Family Medicine Clinic; Jesse O. Sutherland Jr., MD; and Rocky Mountain Medical.

¹⁻⁶ Adult Group Practice 5 is a combined population of the following practices: Center Pointe Family Medicine and Matthews-Vu Medical Group.

Survey Administration and Response Rates

Survey Administration

HSAG selected a sample of 779 to 1,200 members from each adult RAE practice sample. Additional information on the sampling procedures is included in the Reader's Guide Section beginning on page 4-2.

The survey process employed allowed 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.^{1-7,1-8} 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.

Adult RAE Practices

A total of 3,932 adult members returned a completed survey. The 2019 Colorado PCMH Survey response rate for the adult population was 17.74 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 adult population.

¹⁻⁷ National Committee for Quality Assurance. *HEDIS® 2017: Specifications for the CAHPS® Survey for PCMH*. Washington, DC: NCQA Publication, 2017.

¹⁻⁸ Question 1 asked if the member got care from the provider/practice listed in the last 6 months.

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

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	22,761	599	22,162	3,932	17.74%
Adult Group 1 (RAE 1)	1,200	15	1,185	275	23.21%
Adult Group 2 (RAE 5)	1,199	31	1,168	187	16.01%
Adult Group 3 (RAE 5)	872	43	829	176	21.23%
Adult Group 4 (RAE 5)	779	55	724	128	17.68%
Adult Group 5 (RAE 7)	1,200	46	1,154	221	19.15%
AFM (RAE 1)	1,200	49	1,151	205	17.81%
Banner (RAE 2)	1,200	13	1,187	216	18.20%
CHI (RAE 3)	1,200	37	1,163	132	11.35%
CHI (RAE 6)	1,200	27	1,173	224	19.10%
CHI (RAE 7)	906	26	880	192	21.82%
Clinica (RAE 3)	1,200	14	1,186	205	17.28%
Clinica (RAE 6)	1,200	11	1,189	257	21.61%
MCPN (RAE 3)	1,200	34	1,166	263	22.56%
MCPN (RAE 6)	1,200	17	1,183	271	22.91%
North Colorado (RAE 2)	1,088	49	1,039	108	10.39%
Parkview (RAE 4)	1,200	36	1,164	176	15.12%
Planned Parenthood (RAE 5)	1,117	12	1,105	92	8.33%
Portercare (RAE 3)	1,200	22	1,178	191	16.21%
Poudre Valley (RAE 1)	1,200	38	1,162	128	11.02%
Valley Wide (RAE 4)	1,200	24	1,176	285	24.23%

2. Results

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for three global ratings: Rating of Provider, Rating of All Health Care, and Rating of Health Plan. The analysis provides information on: (1) how well the Colorado RAE Program 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 4-4. Table 2-1 depicts those items identified for each of the three global ratings as being key drivers of low member experience for the adult Colorado RAE Program (as indicated by a ✓).

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

Key Drivers	Rating of Provider	Rating of All Health Care	Rating of Health Plan
Respondents reported that information in written materials or on the Internet about how the Medicaid/Health First Colorado works did not provide them with the information they needed.			✓
Respondents reported that their provider did not always seem informed and up-to-date about the care they received from specialists.			✓
Respondents reported that they were not able to get the care they needed from their provider's office during evenings, weekends, or holidays.			✓
Respondents reported that when they contacted their provider's office during regular office hours, they did not receive an answer to their medical question within the same day.	✓	✓	✓
Respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed.		✓	

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."

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

Table 2-2 through Table 2-8 show adult PCMH Survey respondents' self-reported age, gender, race, ethnicity, education, overall general health status, and mental health status.

Table 2-2—Age

Practice Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado RAE Aggregate	5.3%	14.9%	17.6%	19.3%	35.9%	7.1%
Adult Group 1 (RAE 1)	2.7%	9.3%	10.0%	18.1%	45.2%	14.7%
Adult Group 2 (RAE 5)	5.8%	16.8%	19.7%	23.7%	31.2%	2.9%
Adult Group 3 (RAE 5)	7.3%	9.7%	12.1%	19.4%	43.6%	7.9%
Adult Group 4 (RAE 5)	0.9%	12.3%	19.3%	24.6%	34.2%	8.8%
Adult Group 5 (RAE 7)	7.2%	21.5%	19.6%	24.4%	26.8%	0.5%
AFM (RAE 1)	6.7%	20.5%	23.6%	19.5%	27.2%	2.6%
Banner (RAE 2)	12.1%	19.6%	21.1%	16.6%	27.1%	3.5%
CHI (RAE 3)	2.3%	10.2%	18.8%	27.3%	39.8%	1.6%
CHI (RAE 6)	4.3%	16.2%	15.7%	20.0%	41.9%	1.9%
CHI (RAE 7)	2.8%	12.2%	18.3%	25.0%	39.4%	2.2%
Clinica (RAE 3)	5.8%	12.2%	15.9%	21.7%	33.3%	11.1%
Clinica (RAE 6)	3.0%	11.0%	15.6%	18.1%	38.4%	13.9%
MCPN (RAE 3)	4.1%	9.5%	21.5%	18.2%	37.6%	9.1%
MCPN (RAE 6)	2.0%	10.8%	15.1%	19.5%	48.6%	4.0%
North Colorado (RAE 2)	9.6%	19.1%	17.0%	16.0%	35.1%	3.2%
Parkview (RAE 4)	8.0%	17.9%	22.2%	14.8%	34.6%	2.5%
Planned Parenthood (RAE 5)	16.9%	59.2%	16.9%	5.6%	0.0%	1.4%
Portercare (RAE 3)	7.3%	15.2%	23.0%	22.5%	29.2%	2.8%
Poudre Valley (RAE 1)	3.4%	18.1%	22.4%	12.1%	37.9%	6.0%
Valley Wide (RAE 4)	3.4%	11.0%	11.8%	12.9%	36.9%	24.0%

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

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—Gender

Practice Name	Male	Female
Colorado RAE Aggregate	31.7%	68.3%
Adult Group 1 (RAE 1)	35.0%	65.0%
Adult Group 2 (RAE 5)	27.7%	72.3%
Adult Group 3 (RAE 5)	35.5%	64.5%
Adult Group 4 (RAE 5)	44.3%	55.7%
Adult Group 5 (RAE 7)	26.7%	73.3%
AFM (RAE 1)	26.2%	73.8%
Banner (RAE 2)	23.2%	76.8%
CHI (RAE 3)	28.9%	71.1%
CHI (RAE 6)	39.8%	60.2%
CHI (RAE 7)	24.3%	75.7%
Clinica (RAE 3)	30.2%	69.8%
Clinica (RAE 6)	45.3%	54.7%
MCPN (RAE 3)	37.0%	63.0%
MCPN (RAE 6)	35.7%	64.3%
North Colorado (RAE 2)	22.9%	77.1%
Parkview (RAE 4)	24.7%	75.3%
Planned Parenthood (RAE 5)	11.3%	88.7%
Portercare (RAE 3)	21.5%	78.5%
Poudre Valley (RAE 1)	29.9%	70.1%
Valley Wide (RAE 4)	38.0%	62.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Table 2-4—Race

Practice Name	Multi-Racial	White	Black	Asian	Native American	*Other
Colorado RAE Aggregate	7.4%	70.2%	4.2%	5.0%	2.9%	10.5%
Adult Group 1 (RAE 1)	6.6%	80.6%	0.0%	0.8%	6.2%	5.8%
Adult Group 2 (RAE 5)	9.9%	49.1%	16.1%	4.3%	3.1%	17.4%
Adult Group 3 (RAE 5)	3.8%	43.9%	6.4%	28.0%	3.2%	14.6%
Adult Group 4 (RAE 5)	19.8%	30.6%	6.3%	18.0%	18.0%	7.2%
Adult Group 5 (RAE 7)	7.5%	77.4%	5.0%	2.0%	1.5%	6.5%
AFM (RAE 1)	4.2%	85.3%	0.5%	3.1%	1.0%	5.8%
Banner (RAE 2)	5.4%	78.4%	0.0%	1.1%	2.2%	13.0%
CHI (RAE 3)	5.8%	71.7%	1.7%	3.3%	2.5%	15.0%
CHI (RAE 6)	4.4%	85.4%	1.5%	0.5%	1.0%	7.3%
CHI (RAE 7)	7.9%	76.8%	6.8%	1.7%	2.3%	4.5%
Clinica (RAE 3)	4.0%	64.8%	2.8%	8.5%	1.1%	18.8%
Clinica (RAE 6)	5.1%	80.0%	1.7%	5.1%	1.7%	6.4%
MCPN (RAE 3)	8.5%	48.2%	21.0%	10.7%	1.8%	9.8%
MCPN (RAE 6)	9.3%	76.4%	0.4%	1.6%	1.6%	10.6%
North Colorado (RAE 2)	8.9%	74.4%	1.1%	0.0%	1.1%	14.4%
Parkview (RAE 4)	9.6%	68.6%	0.6%	0.6%	4.5%	16.0%
Planned Parenthood (RAE 5)	16.7%	63.6%	9.1%	3.0%	0.0%	7.6%
Portercare (RAE 3)	6.3%	74.7%	3.4%	9.8%	1.7%	4.0%
Poudre Valley (RAE 1)	6.3%	80.2%	2.7%	2.7%	2.7%	5.4%
Valley Wide (RAE 4)	8.2%	66.9%	0.0%	0.8%	3.7%	20.4%
Please note: Percentages may not total 100% due to rounding.						
*The "Other" race category includes Native Hawaiian or Other Pacific Islander.						

Table 2-5—Ethnicity

Practice Name	Hispanic	Non-Hispanic
Colorado RAE Aggregate	26.4%	73.6%
Adult Group 1 (RAE 1)	11.7%	88.3%
Adult Group 2 (RAE 5)	47.1%	52.9%
Adult Group 3 (RAE 5)	39.5%	60.5%
Adult Group 4 (RAE 5)	19.5%	80.5%
Adult Group 5 (RAE 7)	15.6%	84.4%
AFM (RAE 1)	10.3%	89.7%
Banner (RAE 2)	34.8%	65.2%
CHI (RAE 3)	30.3%	69.7%
CHI (RAE 6)	10.1%	89.9%
CHI (RAE 7)	11.6%	88.4%
Clinica (RAE 3)	51.9%	48.1%
Clinica (RAE 6)	17.6%	82.4%
MCPN (RAE 3)	20.9%	79.1%
MCPN (RAE 6)	24.7%	75.3%
North Colorado (RAE 2)	54.2%	45.8%
Parkview (RAE 4)	37.9%	62.1%
Planned Parenthood (RAE 5)	27.5%	72.5%
Portercare (RAE 3)	9.4%	90.6%
Poudre Valley (RAE 1)	17.2%	82.8%
Valley Wide (RAE 4)	52.0%	48.0%
<i>Please note: Percentages may not total 100% due to rounding.</i>		

Table 2-6—Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado RAE Aggregate	5.6%	10.1%	29.5%	33.8%	21.0%
Adult Group 1 (RAE 1)	4.7%	8.6%	34.0%	35.9%	16.8%
Adult Group 2 (RAE 5)	5.2%	14.5%	33.1%	31.4%	15.7%
Adult Group 3 (RAE 5)	20.7%	13.4%	28.0%	23.8%	14.0%
Adult Group 4 (RAE 5)	8.9%	12.5%	32.1%	32.1%	14.3%
Adult Group 5 (RAE 7)	1.0%	7.3%	28.6%	35.9%	27.2%
AFM (RAE 1)	0.0%	4.6%	19.4%	34.2%	41.8%
Banner (RAE 2)	4.0%	9.1%	37.4%	34.8%	14.6%
CHI (RAE 3)	0.8%	15.6%	38.3%	32.8%	12.5%
CHI (RAE 6)	1.4%	4.3%	30.3%	38.0%	26.0%
CHI (RAE 7)	2.2%	9.9%	20.3%	41.2%	26.4%
Clinica (RAE 3)	14.2%	16.8%	27.9%	28.4%	12.6%
Clinica (RAE 6)	7.7%	4.3%	19.2%	33.3%	35.5%
MCPN (RAE 3)	9.4%	14.0%	30.2%	27.2%	19.1%
MCPN (RAE 6)	2.8%	10.0%	32.0%	36.4%	18.8%
North Colorado (RAE 2)	9.5%	18.9%	45.3%	17.9%	8.4%
Parkview (RAE 4)	0.6%	8.6%	30.1%	47.9%	12.9%
Planned Parenthood (RAE 5)	0.0%	9.9%	18.3%	40.8%	31.0%
Portercare (RAE 3)	2.8%	5.6%	16.9%	42.4%	32.2%
Poudre Valley (RAE 1)	1.8%	8.8%	25.4%	33.3%	30.7%
Valley Wide (RAE 4)	11.5%	12.7%	40.8%	26.5%	8.5%
<i>Please note: Percentages may not total 100% due to rounding.</i>					

Table 2-7—Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	7.9%	22.7%	35.5%	25.4%	8.5%
Adult Group 1 (RAE 1)	5.4%	21.1%	35.2%	29.1%	9.2%
Adult Group 2 (RAE 5)	7.4%	19.4%	36.0%	28.0%	9.1%
Adult Group 3 (RAE 5)	6.6%	18.7%	34.9%	30.1%	9.6%
Adult Group 4 (RAE 5)	8.8%	20.2%	38.6%	25.4%	7.0%
Adult Group 5 (RAE 7)	6.2%	26.8%	35.4%	22.5%	9.1%
AFM (RAE 1)	9.8%	37.6%	28.4%	16.5%	7.7%
Banner (RAE 2)	7.1%	23.7%	39.9%	23.7%	5.6%
CHI (RAE 3)	4.8%	13.6%	37.6%	35.2%	8.8%
CHI (RAE 6)	13.7%	22.7%	36.0%	17.5%	10.0%
CHI (RAE 7)	6.2%	26.4%	34.3%	24.2%	9.0%
Clinica (RAE 3)	5.3%	19.3%	39.0%	28.9%	7.5%
Clinica (RAE 6)	10.3%	22.2%	38.9%	20.1%	8.5%
MCPN (RAE 3)	11.2%	19.0%	38.4%	22.7%	8.7%
MCPN (RAE 6)	5.2%	17.2%	34.4%	30.8%	12.4%
North Colorado (RAE 2)	8.8%	17.6%	36.3%	28.6%	8.8%
Parkview (RAE 4)	4.9%	26.8%	35.4%	26.2%	6.7%
Planned Parenthood (RAE 5)	14.1%	49.3%	32.4%	4.2%	0.0%
Portercare (RAE 3)	12.9%	25.8%	30.9%	23.6%	6.7%
Poudre Valley (RAE 1)	8.5%	25.6%	37.6%	22.2%	6.0%
Valley Wide (RAE 4)	5.7%	16.5%	31.0%	35.6%	11.1%
<i>Please note: Percentages may not total 100% due to rounding.</i>					

Table 2-8—Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	14.2%	24.3%	33.4%	21.4%	6.7%
Adult Group 1 (RAE 1)	11.8%	23.7%	38.5%	21.0%	5.0%
Adult Group 2 (RAE 5)	16.5%	26.1%	33.5%	17.0%	6.8%
Adult Group 3 (RAE 5)	19.8%	14.8%	34.6%	24.7%	6.2%
Adult Group 4 (RAE 5)	23.0%	20.4%	26.5%	23.9%	6.2%
Adult Group 5 (RAE 7)	10.5%	28.1%	36.7%	16.7%	8.1%
AFM (RAE 1)	18.5%	28.7%	30.3%	17.4%	5.1%
Banner (RAE 2)	10.6%	32.2%	30.7%	22.1%	4.5%
CHI (RAE 3)	14.5%	26.6%	27.4%	22.6%	8.9%
CHI (RAE 6)	17.0%	25.7%	30.1%	18.4%	8.7%
CHI (RAE 7)	10.6%	27.9%	37.4%	16.8%	7.3%
Clinica (RAE 3)	16.0%	17.0%	35.6%	22.9%	8.5%
Clinica (RAE 6)	13.7%	24.4%	34.2%	21.4%	6.4%
MCPN (RAE 3)	16.9%	22.2%	34.6%	20.2%	6.2%
MCPN (RAE 6)	9.8%	25.2%	29.9%	25.6%	9.4%
North Colorado (RAE 2)	16.0%	14.9%	33.0%	30.9%	5.3%
Parkview (RAE 4)	14.1%	26.4%	35.0%	21.5%	3.1%
Planned Parenthood (RAE 5)	18.3%	23.9%	40.8%	12.7%	4.2%
Portercare (RAE 3)	13.6%	30.7%	33.0%	17.0%	5.7%
Poudre Valley (RAE 1)	12.1%	21.6%	33.6%	25.0%	7.8%
Valley Wide (RAE 4)	11.6%	19.3%	32.4%	29.3%	7.3%
<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 RAEs or practices that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE or 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, where available.^{2-4,2-5,2-6} Due to differences 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 analyses, 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. 2017 CAHPS Clinician & Group Survey Database benchmarks were the only available data for the adult population at the time this report was prepared.

²⁻⁷ The 2018 Colorado State Innovation Model (SIM) Aggregate results were weighted based on the adult eligible population for each practice. The Colorado SIM contracted practices selected by the Department for inclusion in the 2018 Adult PCMH Survey administration included the following: Adult Group Practice; Bender Medical Group, Inc.; Denver Health – Eastside Family Health Adult Clinic; Denver Health – Level One Physicians Clinic; Salud Family Health Centers – Fort Collins; Salud Family Health Centers – Longmont; Salud Family Health Centers – Commerce City; and Pueblo Community Health Center, Inc. Eligible members in the Adult Group Practice is a combined population of the following practices: Denver Health – Westside Pediatrics Clinic (serves adult members), Rocky Mountain Primary Care Clinic – Pueblo, and Summit Medical Clinic PC.

²⁻⁸ The 2017 Colorado Accountable Care Collaborative (ACC) Aggregate results were weighted based on the adult eligible population for each practice. The Colorado ACC contracted practices selected by the Department for inclusion in the 2017 Adult PCMH Survey administration included the following: Colorado Springs Health Partners, LLC; Denver Health & Hospital Authority; Peak Vista Community Health Centers; Poudre Valley Medical Group, LLC; Pueblo Community Health Center, Inc.; Plan de Salud Del Valle, Inc.; Sunrise Community Health Center; and University Physicians, Inc.

Global Ratings

Rating of Provider

Members were asked to rate their 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 2017 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-1—Rating of Provider
RAE-Level Top-Box Scores**

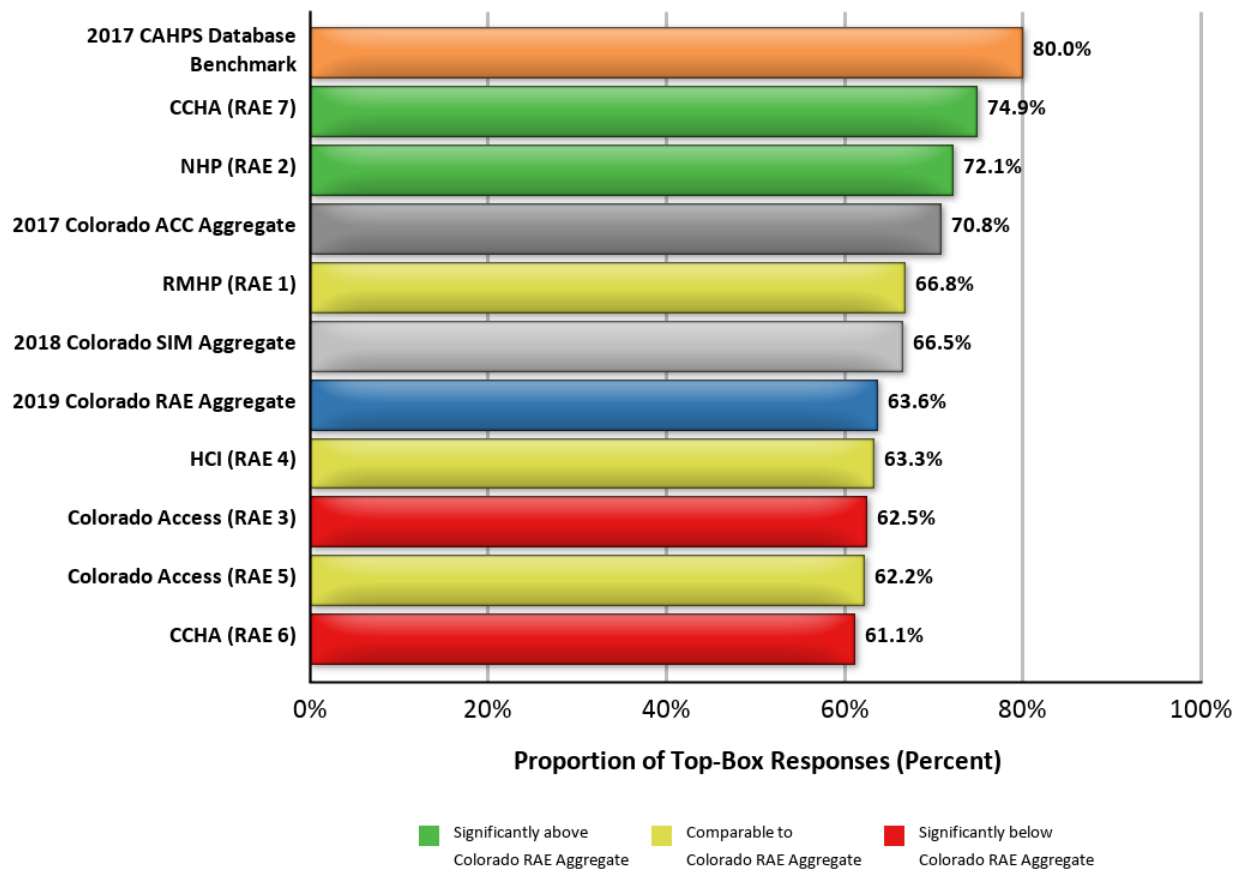
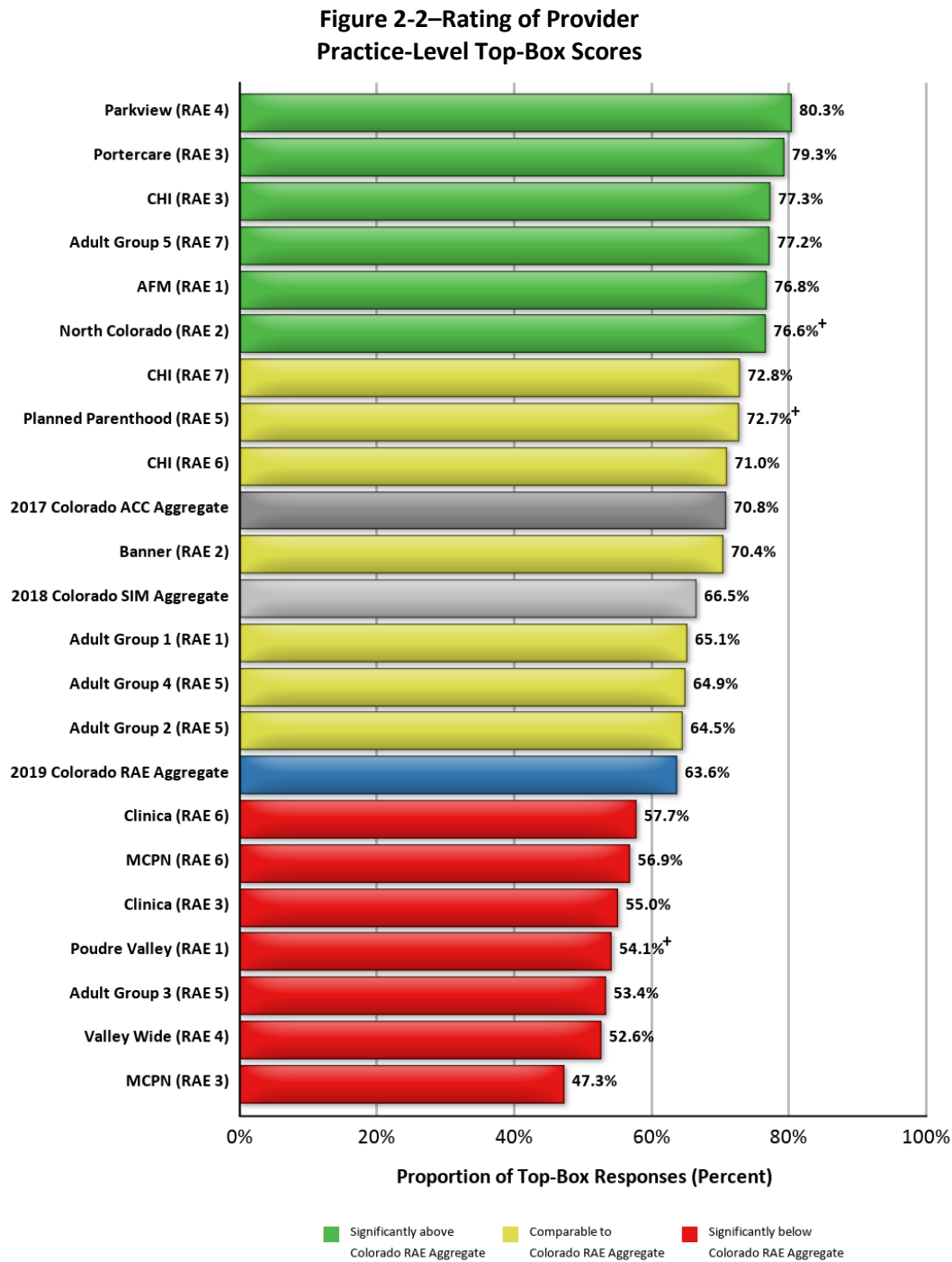


Figure 2-2 shows the Rating of Provider top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.



Rating of Specialist Seen Most Often

Members were asked to rate the specialist they 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**

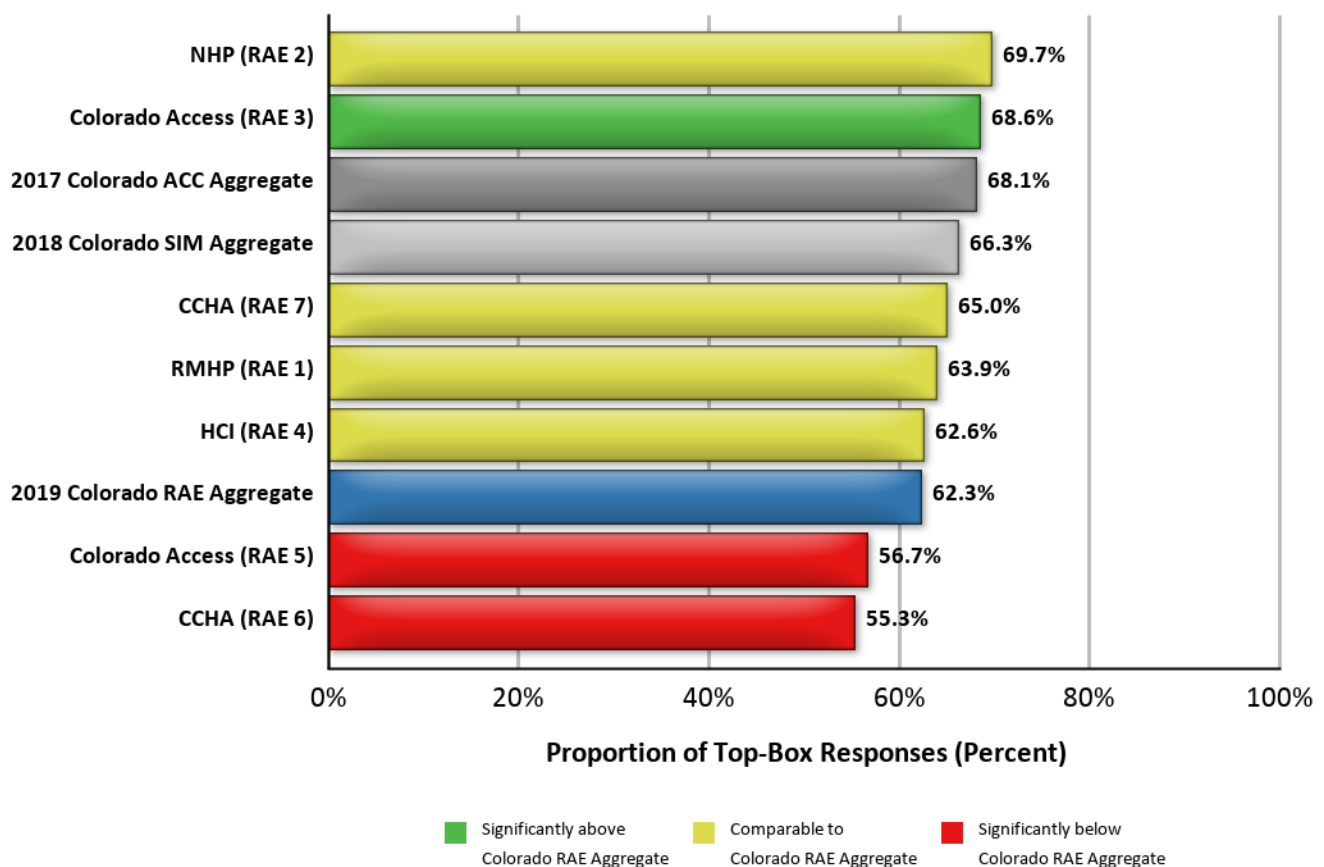
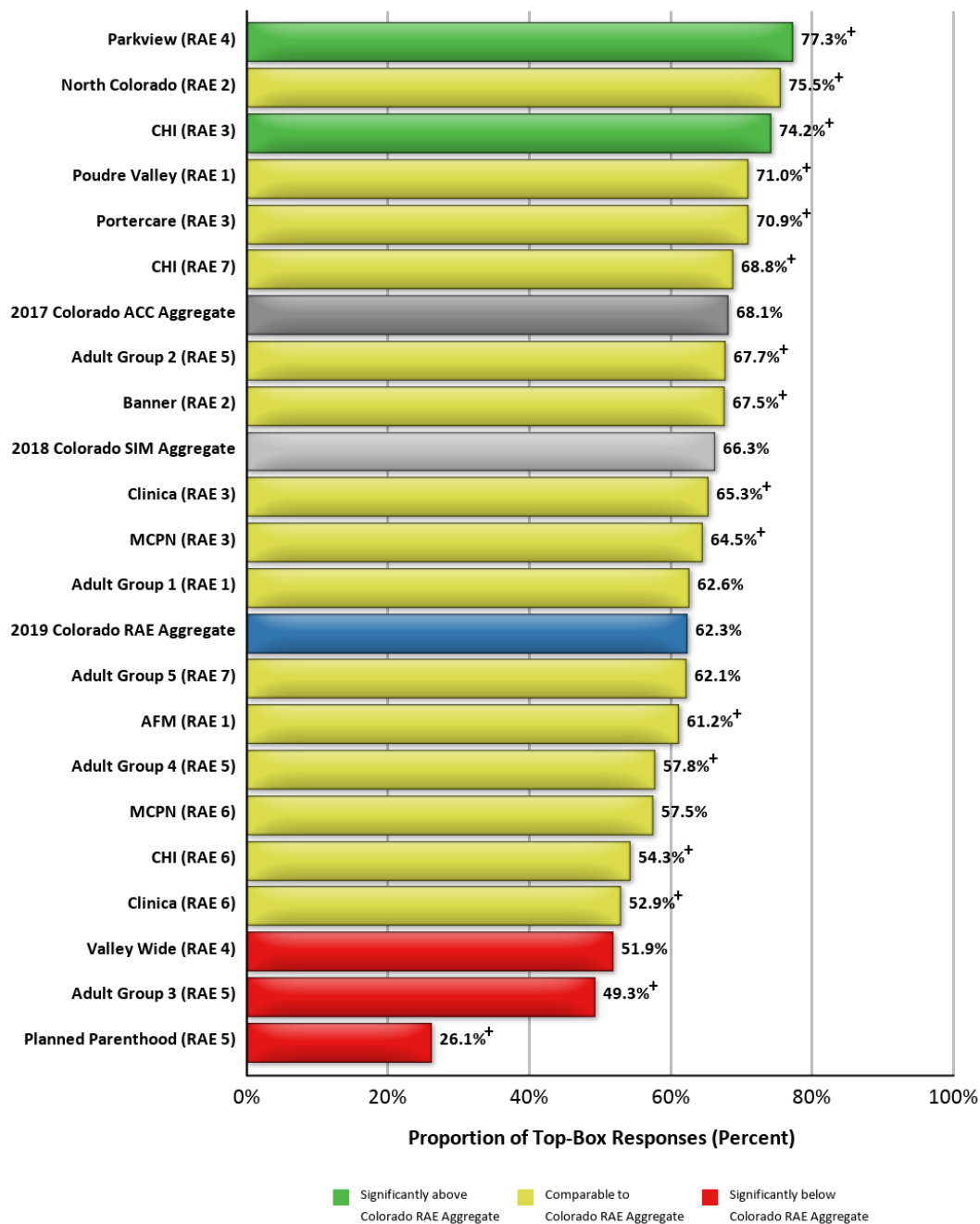


Figure 2-4 shows the Rating of Specialist Seen Most Often top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



Rating of All Health Care

Members were asked to rate their 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**

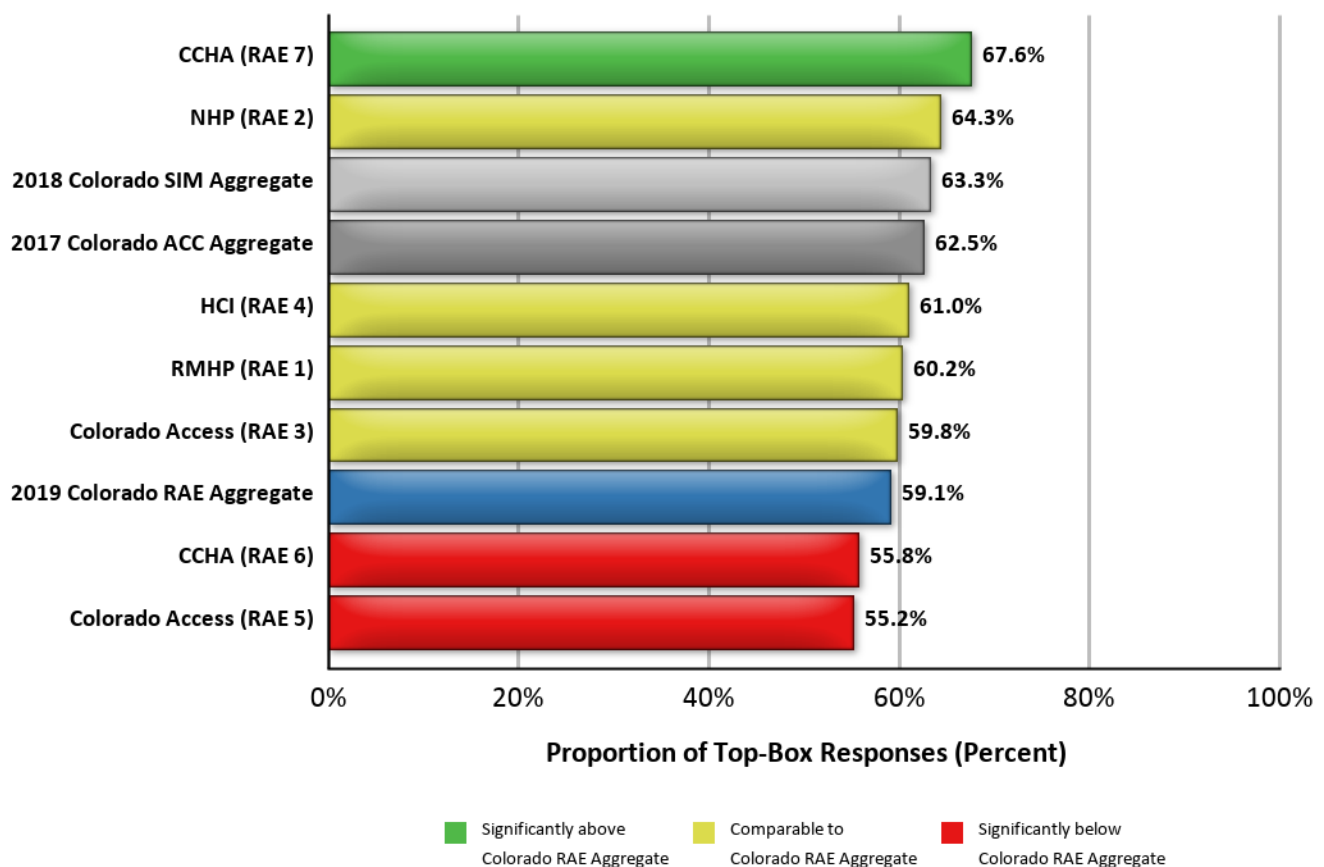
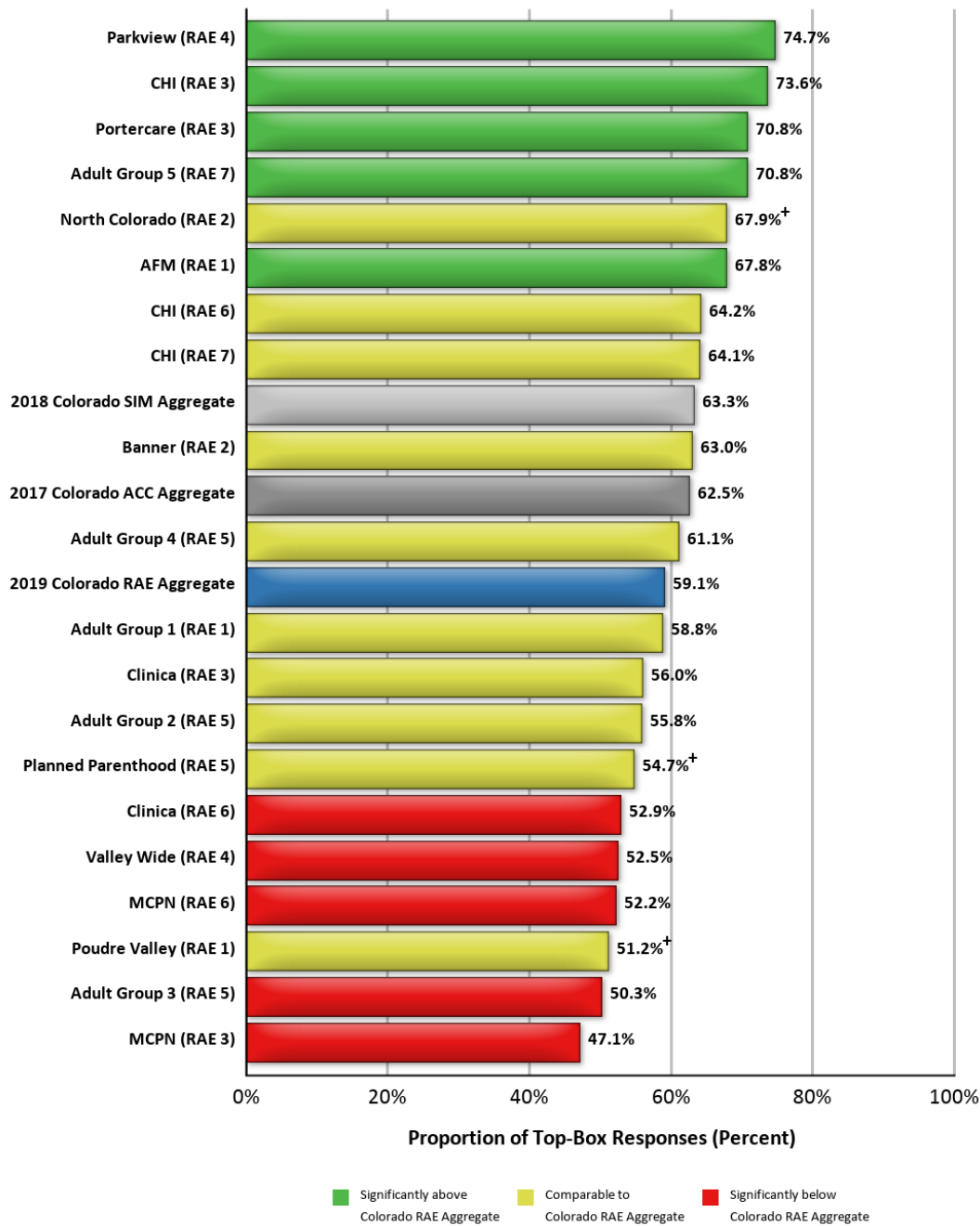


Figure 2-6 shows the Rating of All Health Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



Rating of Health Plan

Members were asked to rate their health plan (i.e., Medicaid/Health First Colorado) on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Top-box scores were defined as those responses with a rating of “9” or “10.” Figure 2-7 shows the Rating of Health Plan top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-7—Rating of Health Plan
RAE-Level Top-Box Scores**

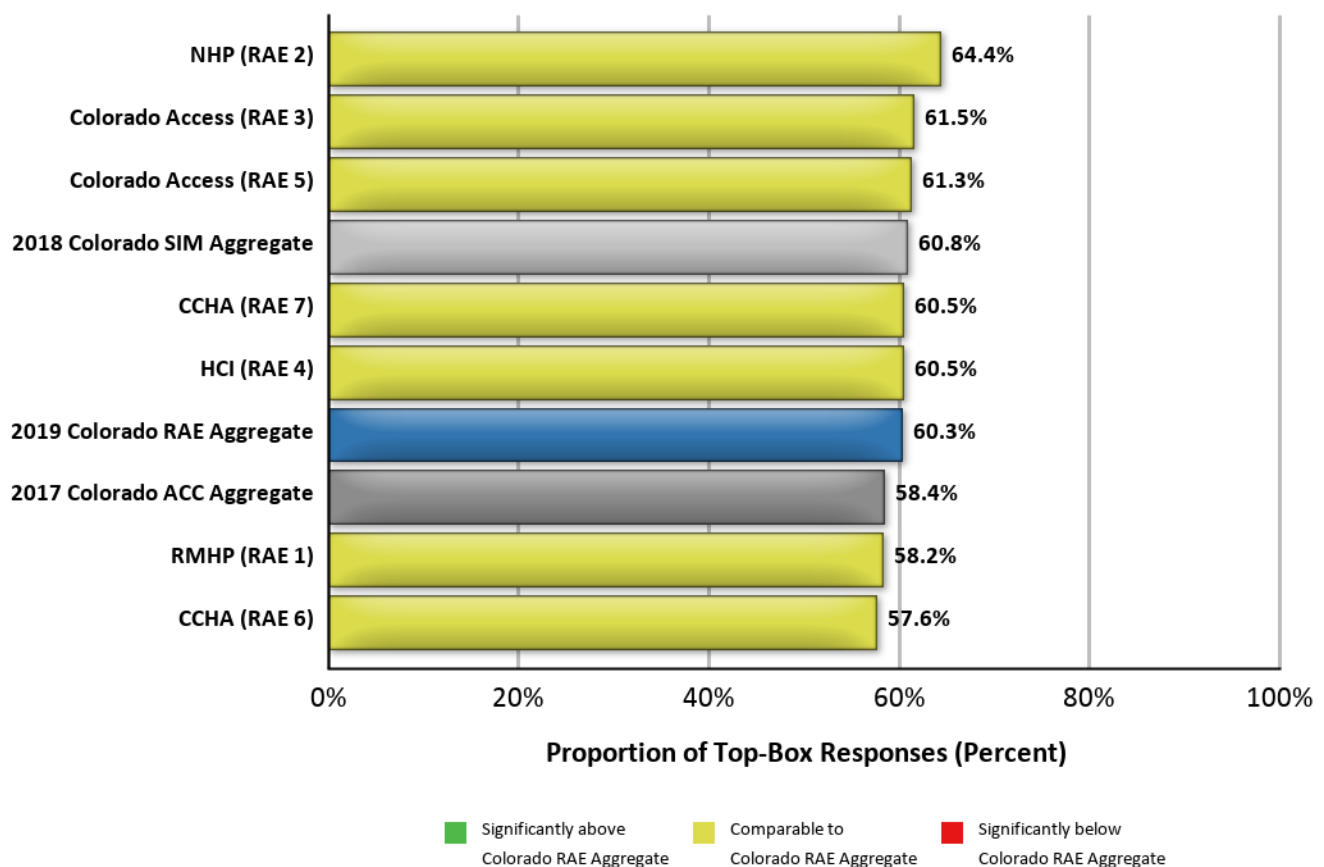
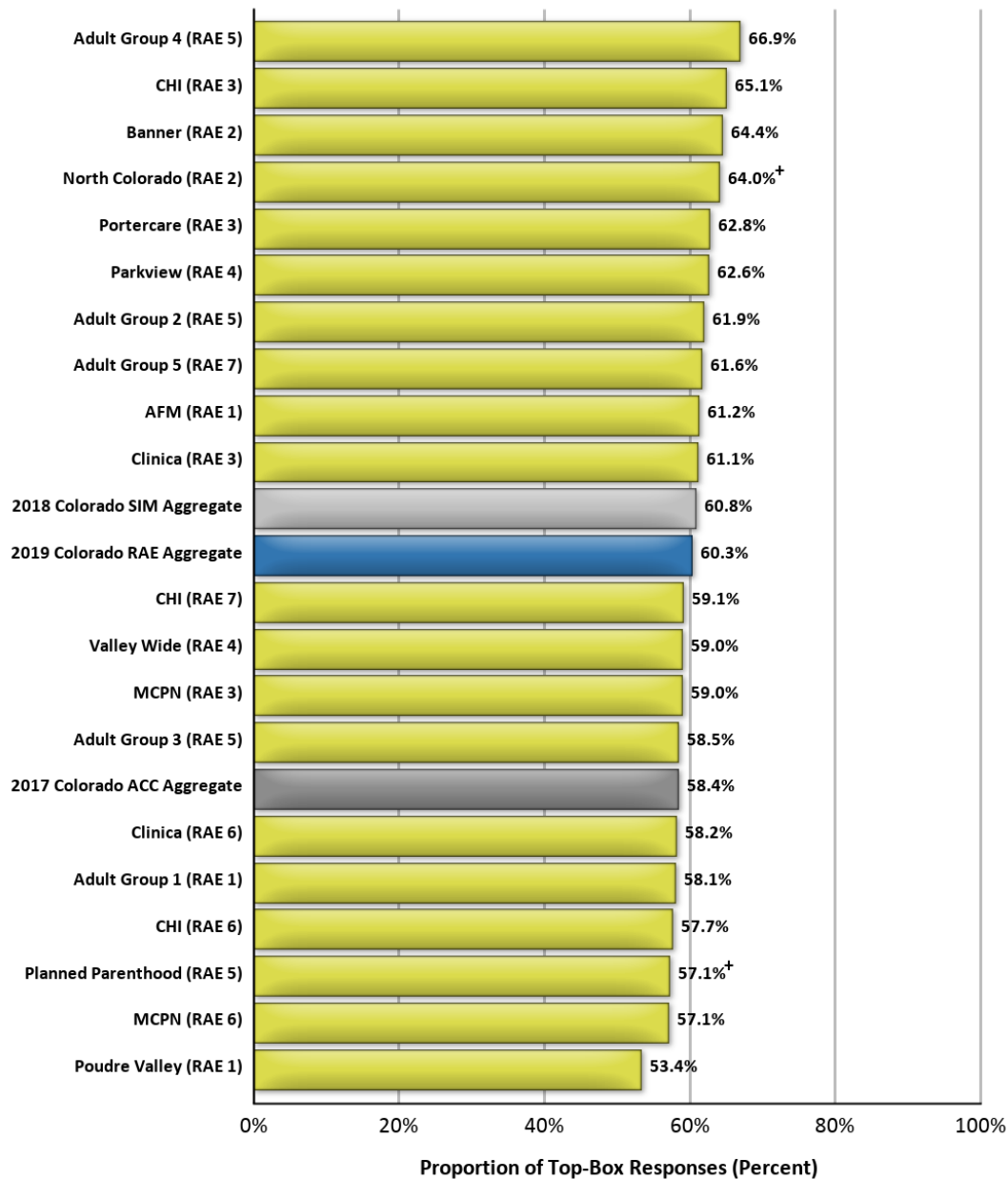


Figure 2-8 shows the Rating of Health Plan top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-8—Rating of Health Plan
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

Three questions (Questions 6, 8, and 11 in the adult PCMH Survey) were asked to assess how often it was easy to get timely appointments, care, and information:

- **Question 6.** In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 8.** In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 11.** 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 2-9 shows the Getting Timely Appointments, Care, and Information top-box scores for the 2017 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-9—Getting Timely Appointments, Care, and Information
RAE-Level Top-Box Scores**

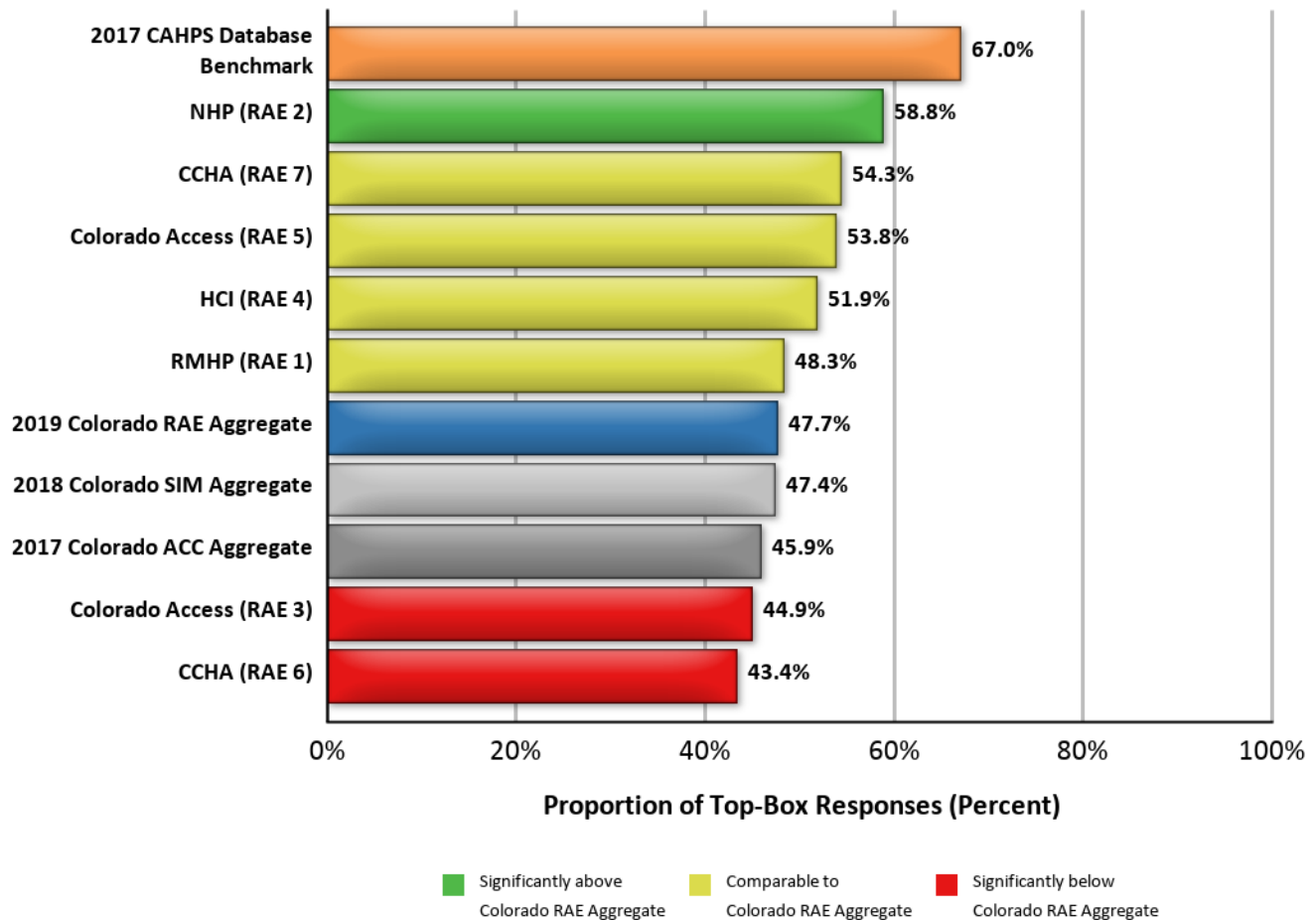
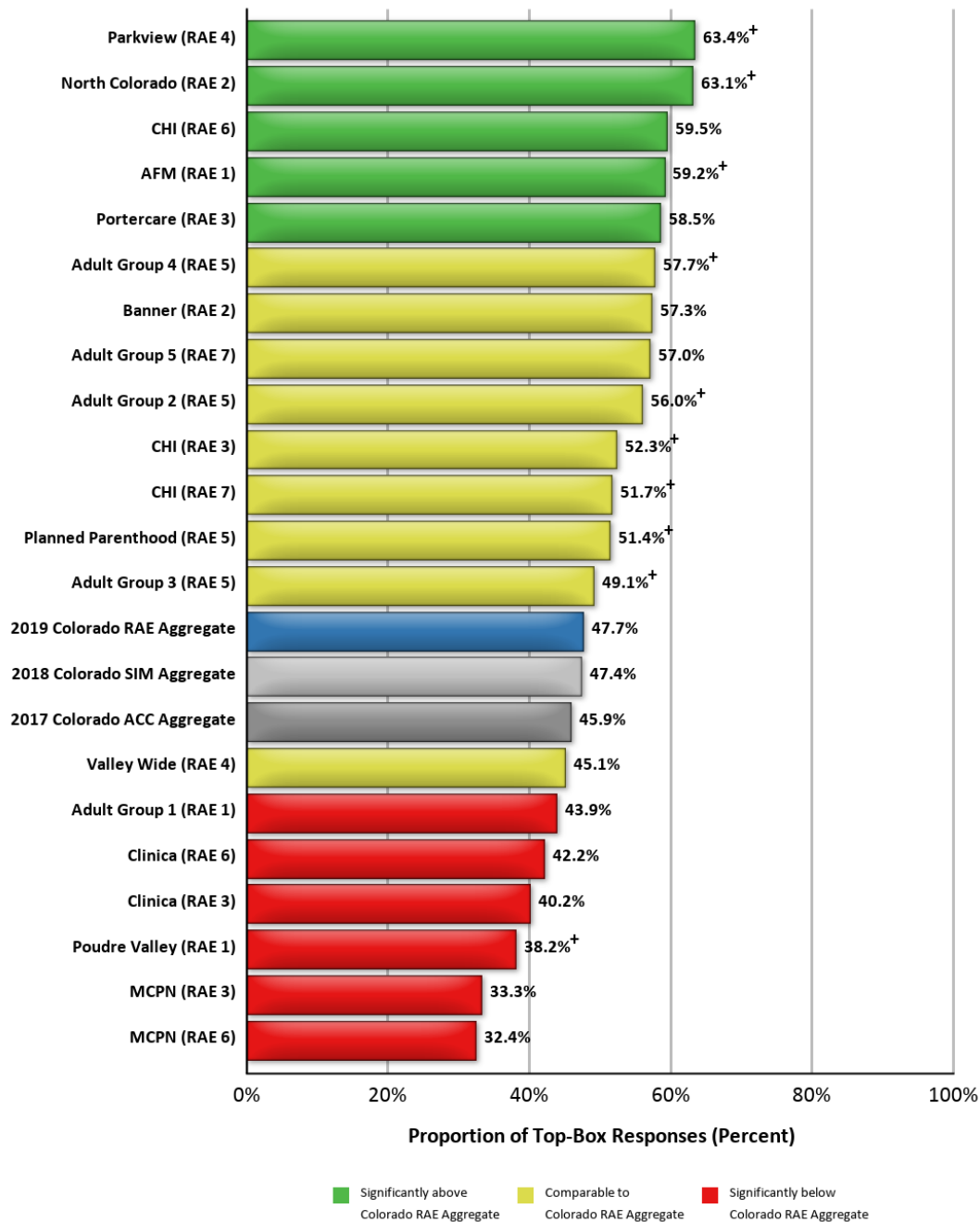


Figure 2-10 shows the Getting Timely Appointments, Care, and Information top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-10—Getting Timely Appointments, Care, and Information
Practice-Level Top-Box Scores**



Patient-Centered Communication: How Well Providers Communicate with Patients

Four questions (Questions 12, 13, 15, and 16 in the adult PCMH Survey) were asked to assess how often providers communicated well:

- **Question 12.** In the last 6 months, how often did this provider explain things in a way that was easy to understand?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 13.** In the last 6 months, how often did this provider listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 15.** In the last 6 months, how often did this provider show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 16.** In the last 6 months, how often did this provider spend enough time with you?
 - 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 Patients composite measure, which was defined as a response of “Always.”

Figure 2-11 shows the How Well Providers Communicate with Patients top-box scores for the 2017 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 Patients
RAE-Level Top-Box Scores**

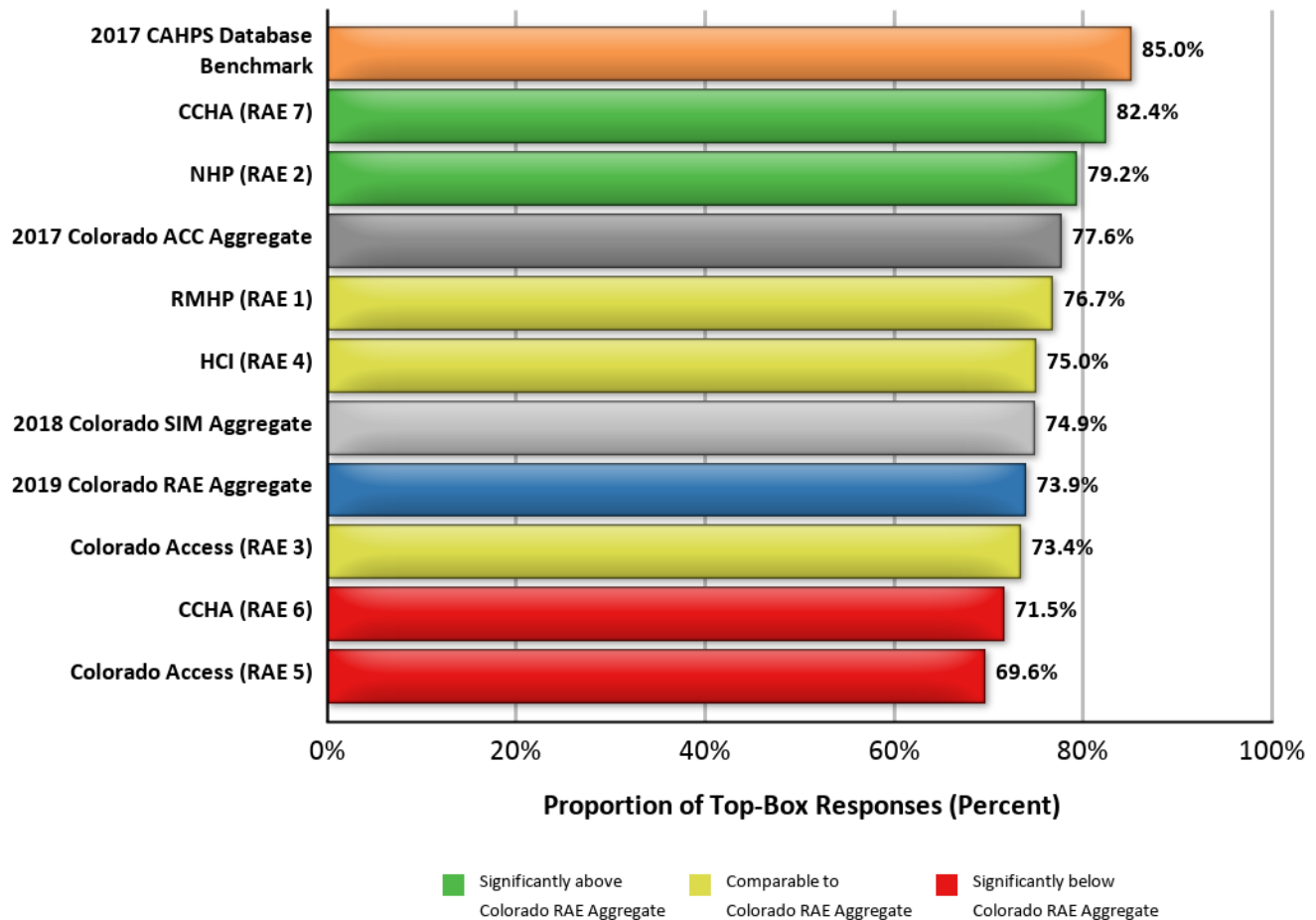
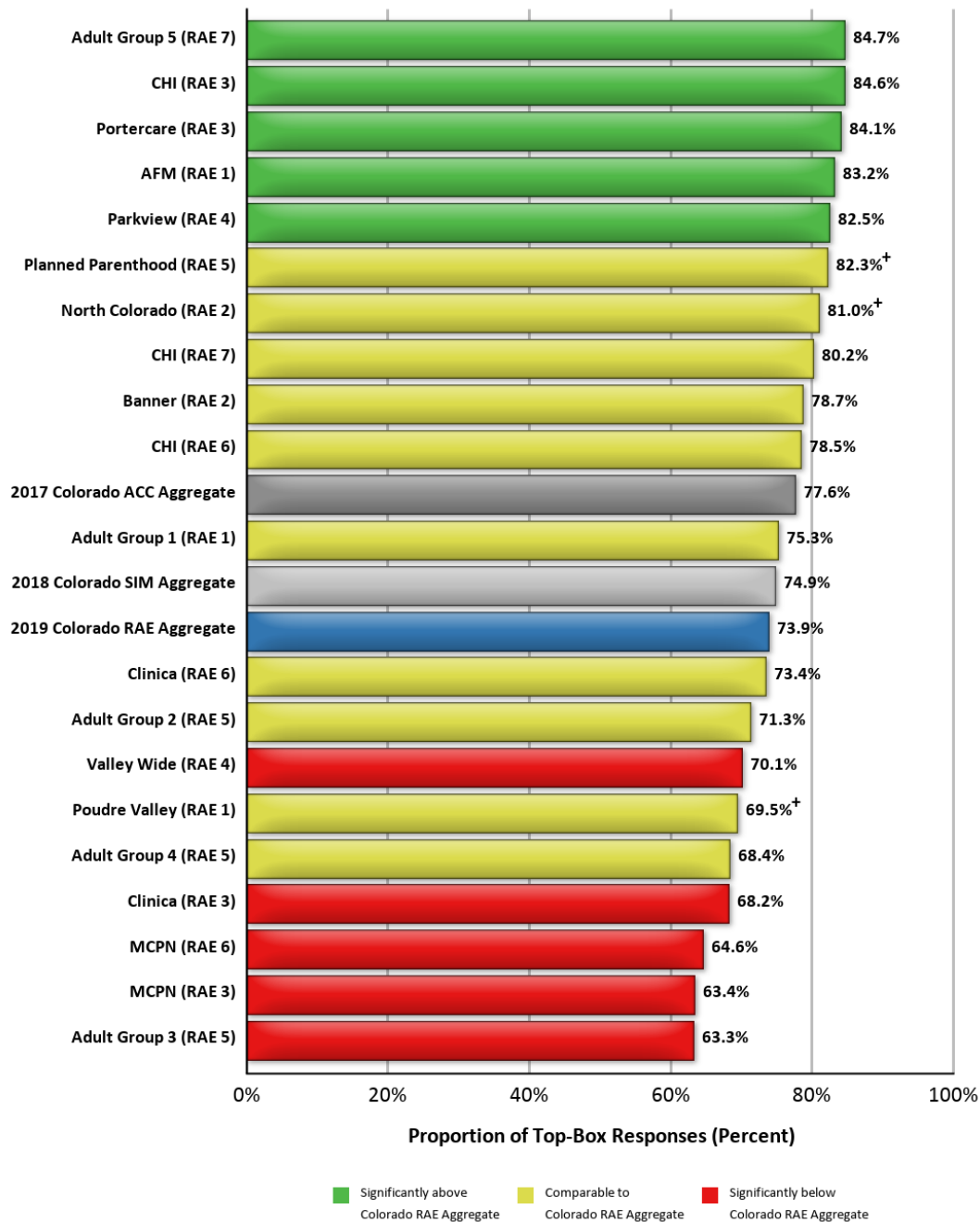


Figure 2-12 shows the How Well Providers Communicate with Patients top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



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

Three questions (Questions 14, 18, and 26 in the adult PCMH Survey) were asked to assess how often providers used information to coordinate patient care:

- **Question 14.** In the last 6 months, how often did this provider seem to know the important information about your medical history?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 18.** In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 26.** In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?
 - 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 2017 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**

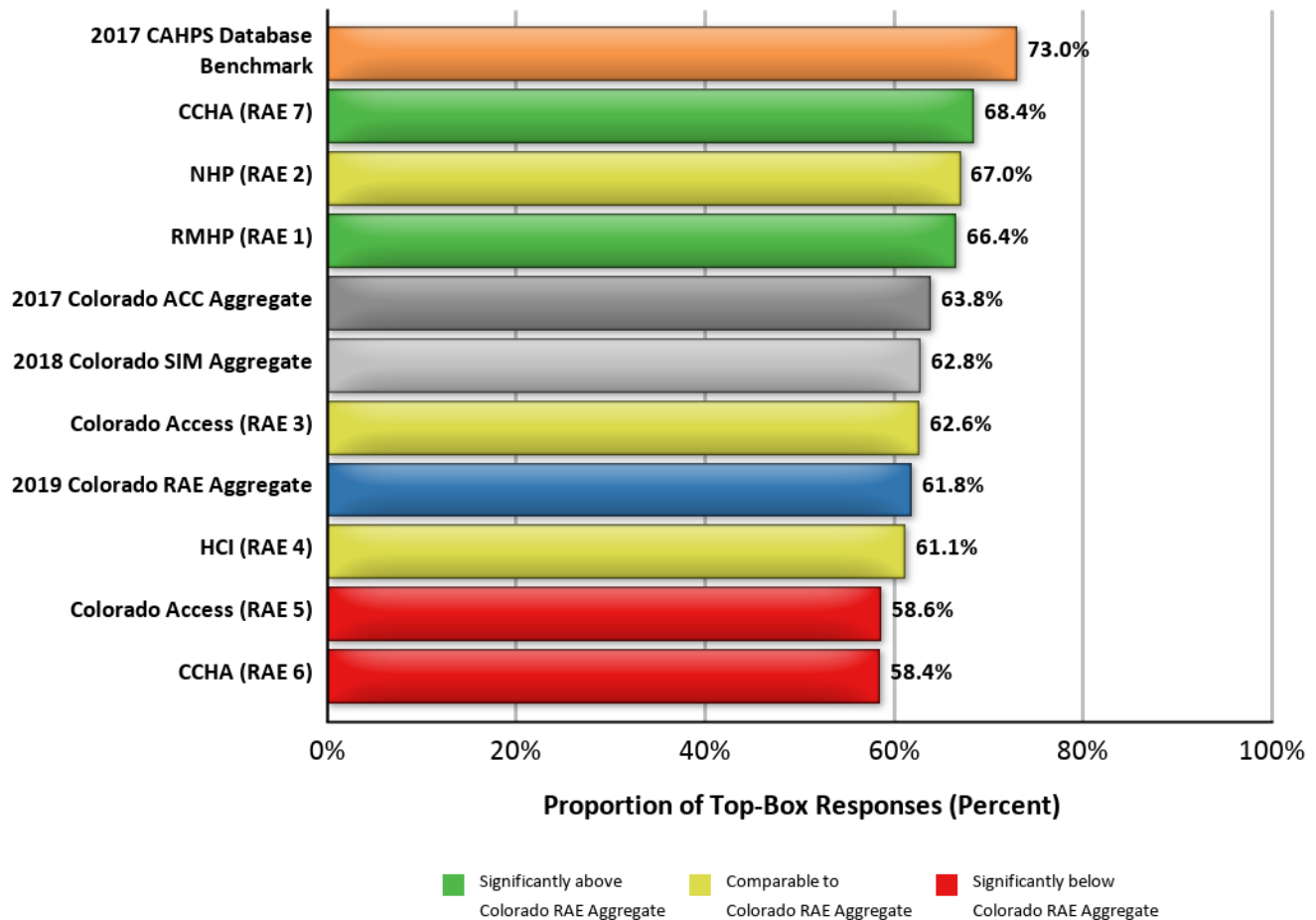
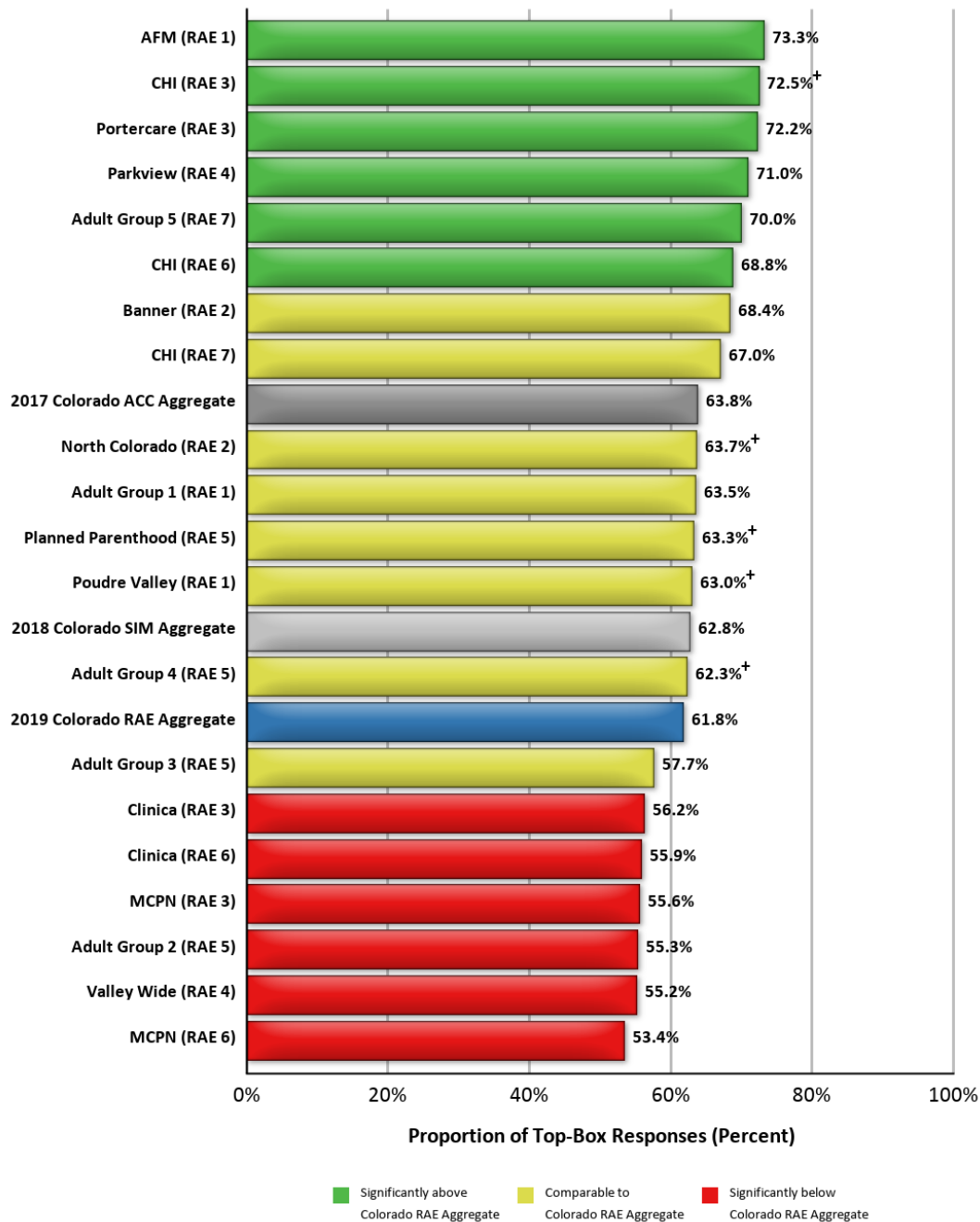


Figure 2-14 shows the Providers' Use of Information to Coordinate Patient Care top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



Member Empowerment: Talking with You About Taking Care of Your Own Health

Two questions (Questions 22 and 23 in the adult PCMH Survey) were asked regarding whether someone from the member's provider's office spoke with him or her about taking care of his or her own health:

- **Question 22.** In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?
 - Yes
 - No
- **Question 23.** In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?
 - Yes
 - No

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Talking with You About Taking Care of Your Own Health composite measure, which was defined as a response of "Yes."

Figure 2-15 shows the Talking with You About Taking Care of Your Own Health top-box scores for the 2017 CAHPS Database Benchmark, 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-15—Talking with You About Taking Care of Your Own Health
RAE-Level Top-Box Scores**

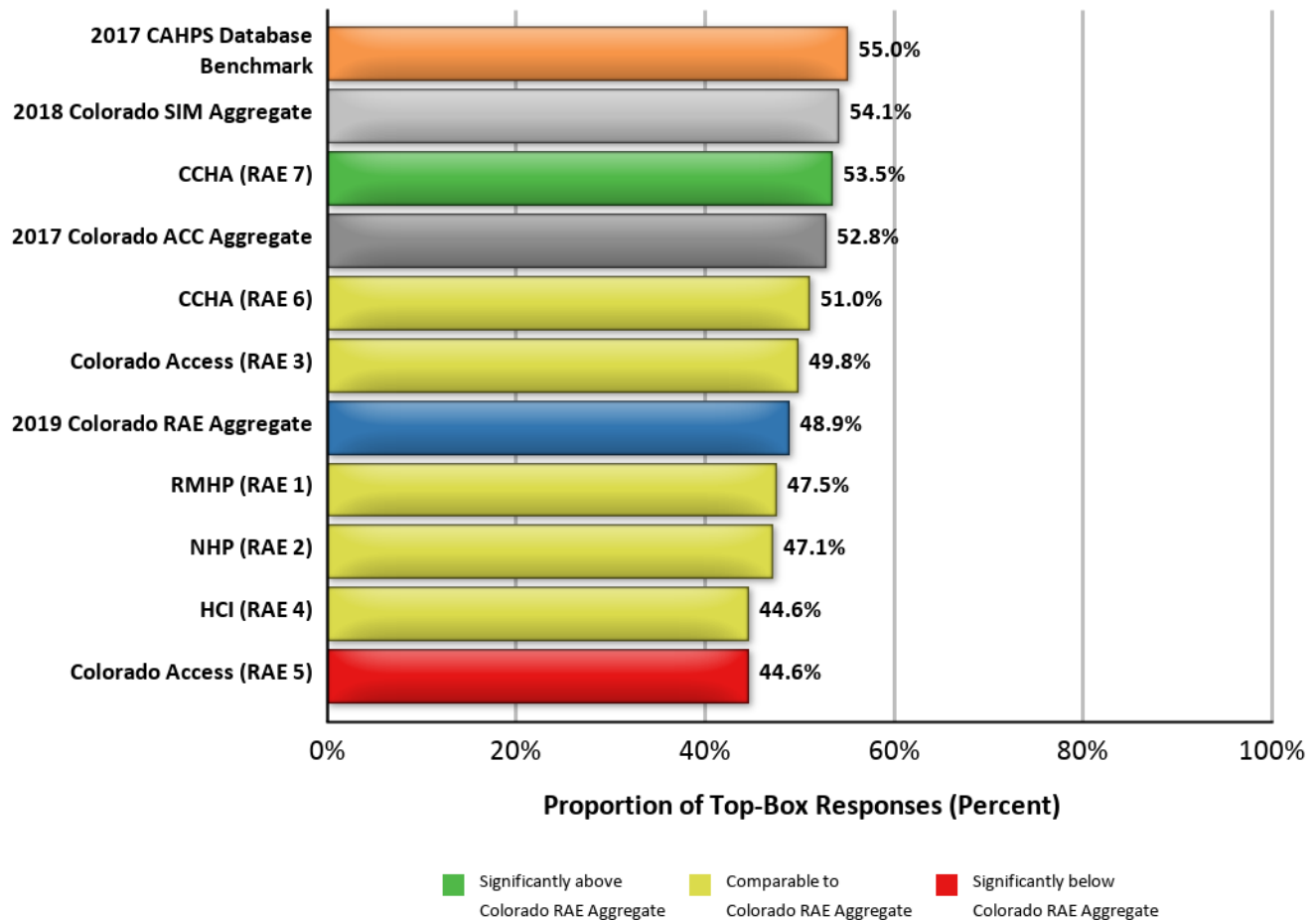
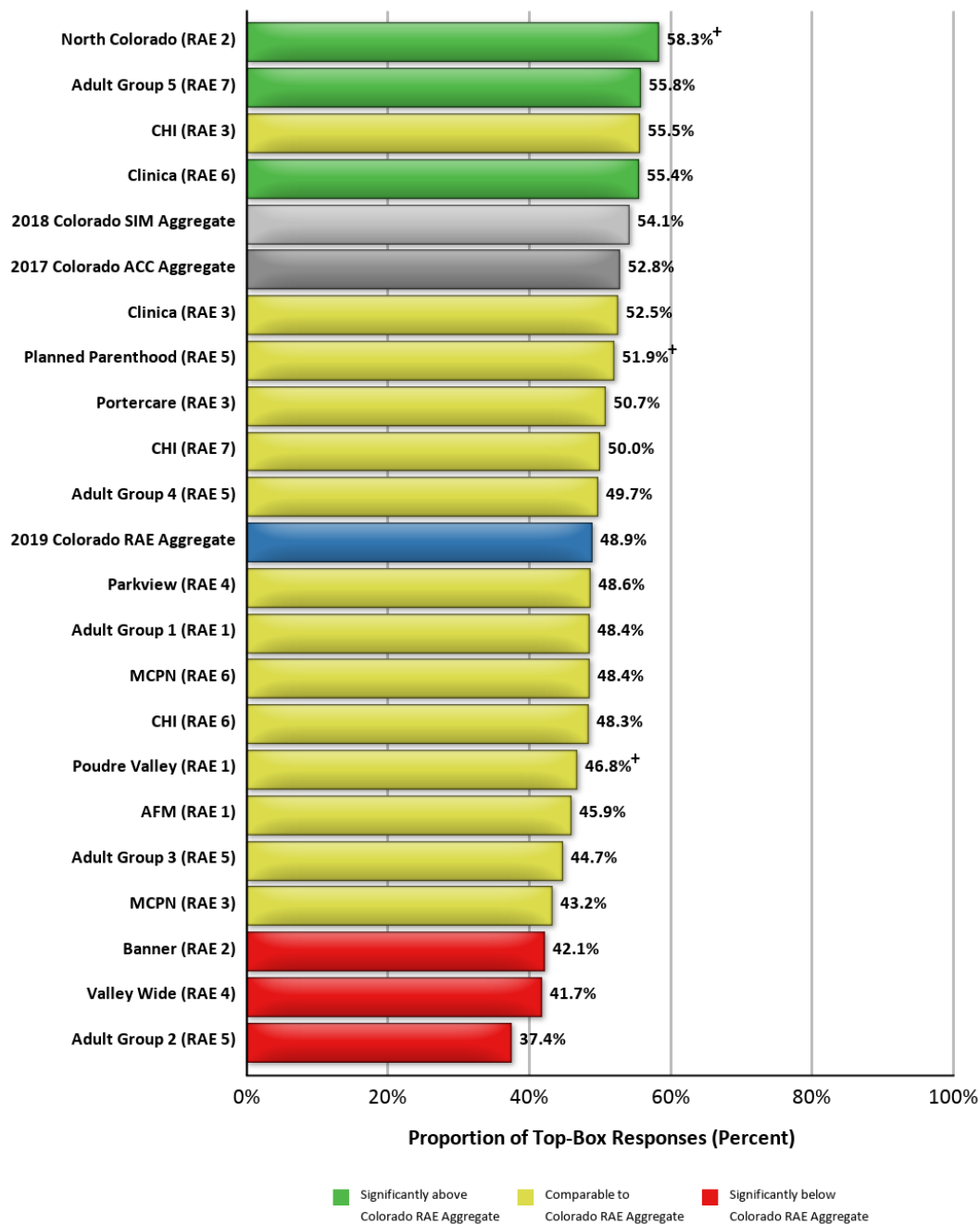


Figure 2-16 shows the Talking with You About Taking Care of Your Own Health top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-16—Talking with You About Taking Care of Your Own Health
Practice-Level Top-Box Scores**



Medical Home: Comprehensiveness

Three questions (Questions 24, 24a, and 24b in the adult PCMH Survey) were asked regarding whether someone from the member's provider's office spoke with him or her about stressors in his or her life; periods when he or she felt depressed; or personal, mental, or emotional problems:

- **Question 24.** In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?
 - Yes
 - No
- **Question 24a.** In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?
 - Yes
 - No
- **Question 24b.** In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
 - Yes
 - No

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

Figure 2-17 shows the Comprehensiveness 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
RAE-Level Top-Box Scores**

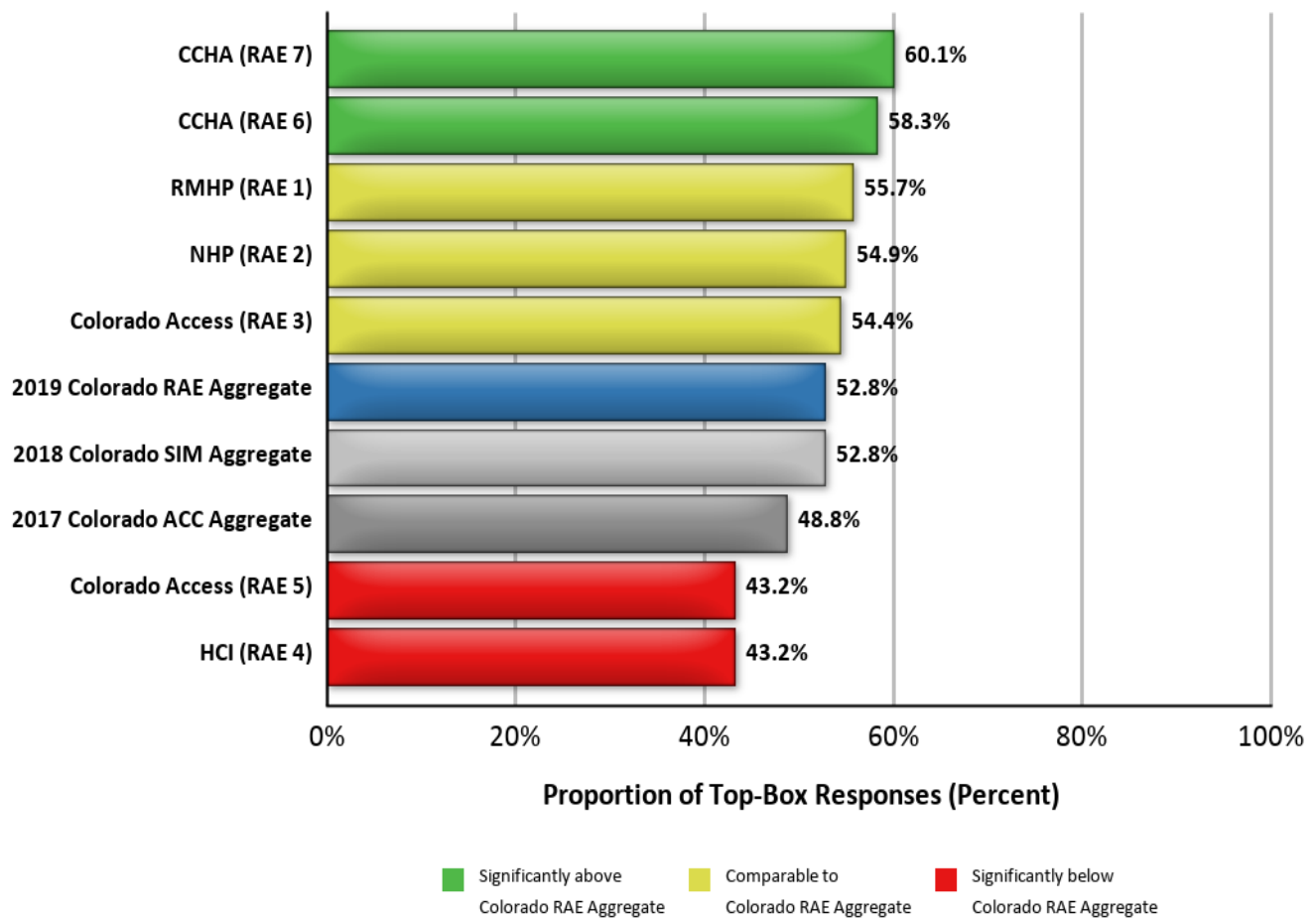
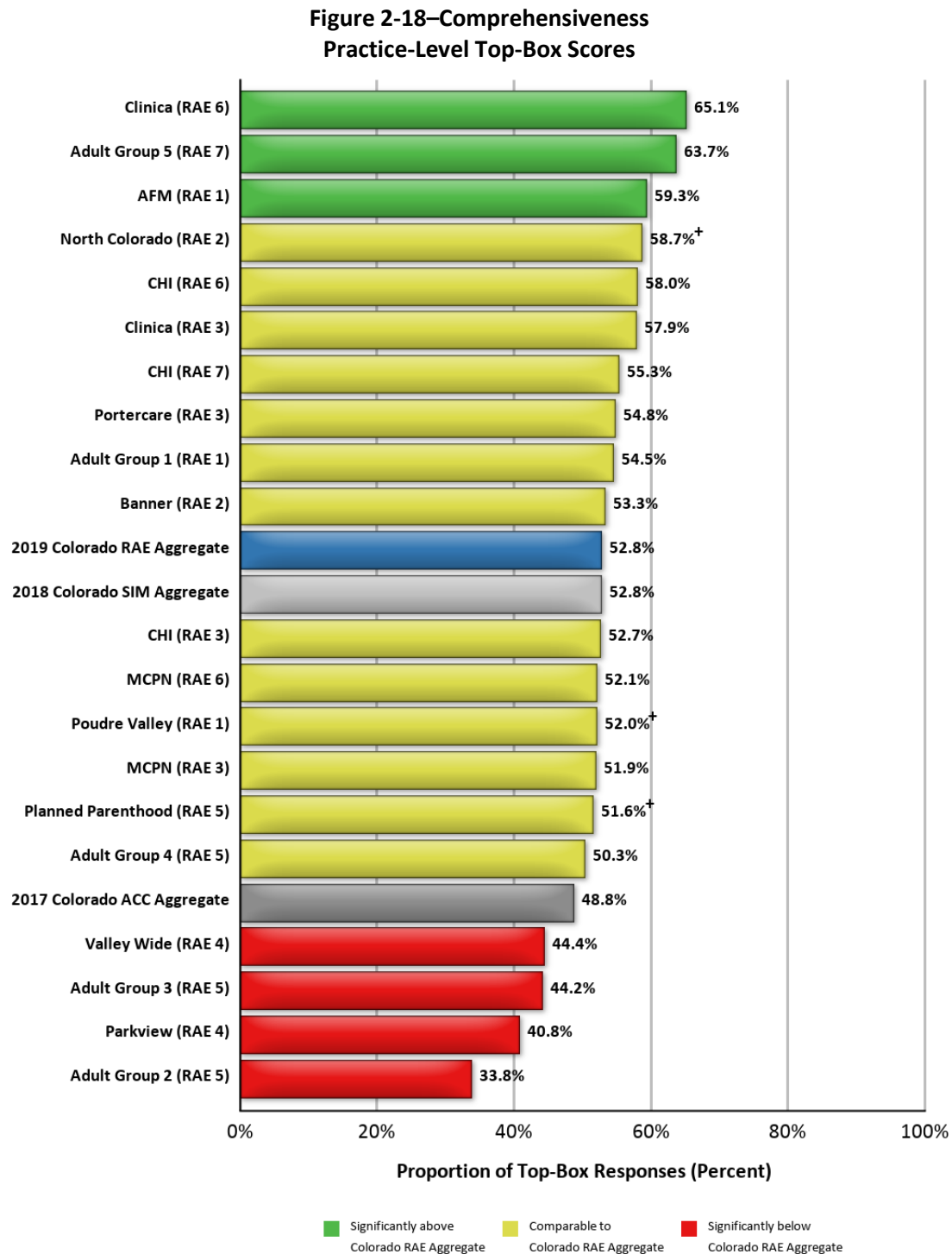


Figure 2-18 shows the Comprehensiveness top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.



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

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

Two questions (Questions 27 and 28 in the adult PCMH Survey) were asked regarding how often clerks or receptionists at the provider's office were helpful and treated members with courtesy and respect:

- **Question 27.** 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 28.** 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 2017 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**

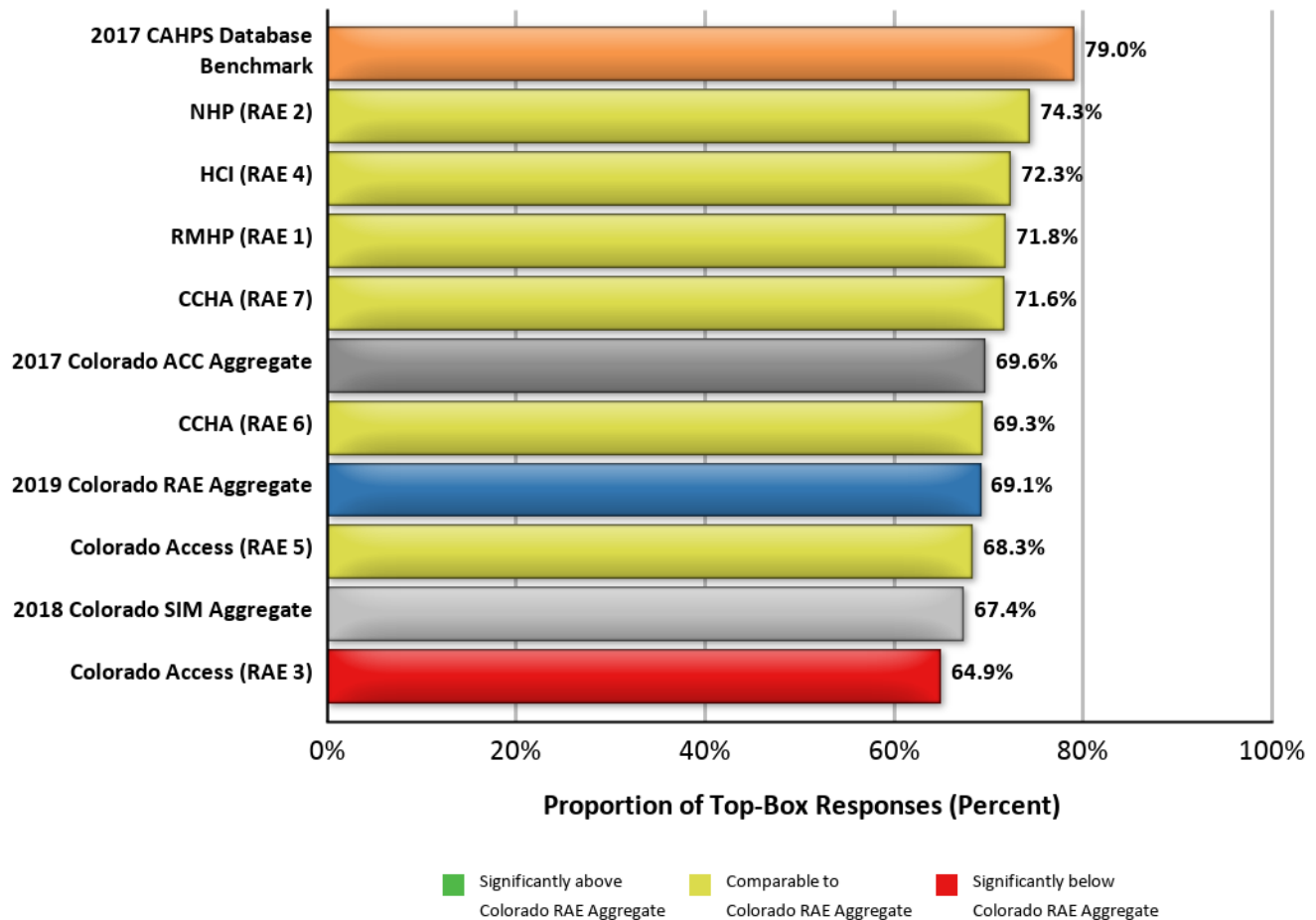
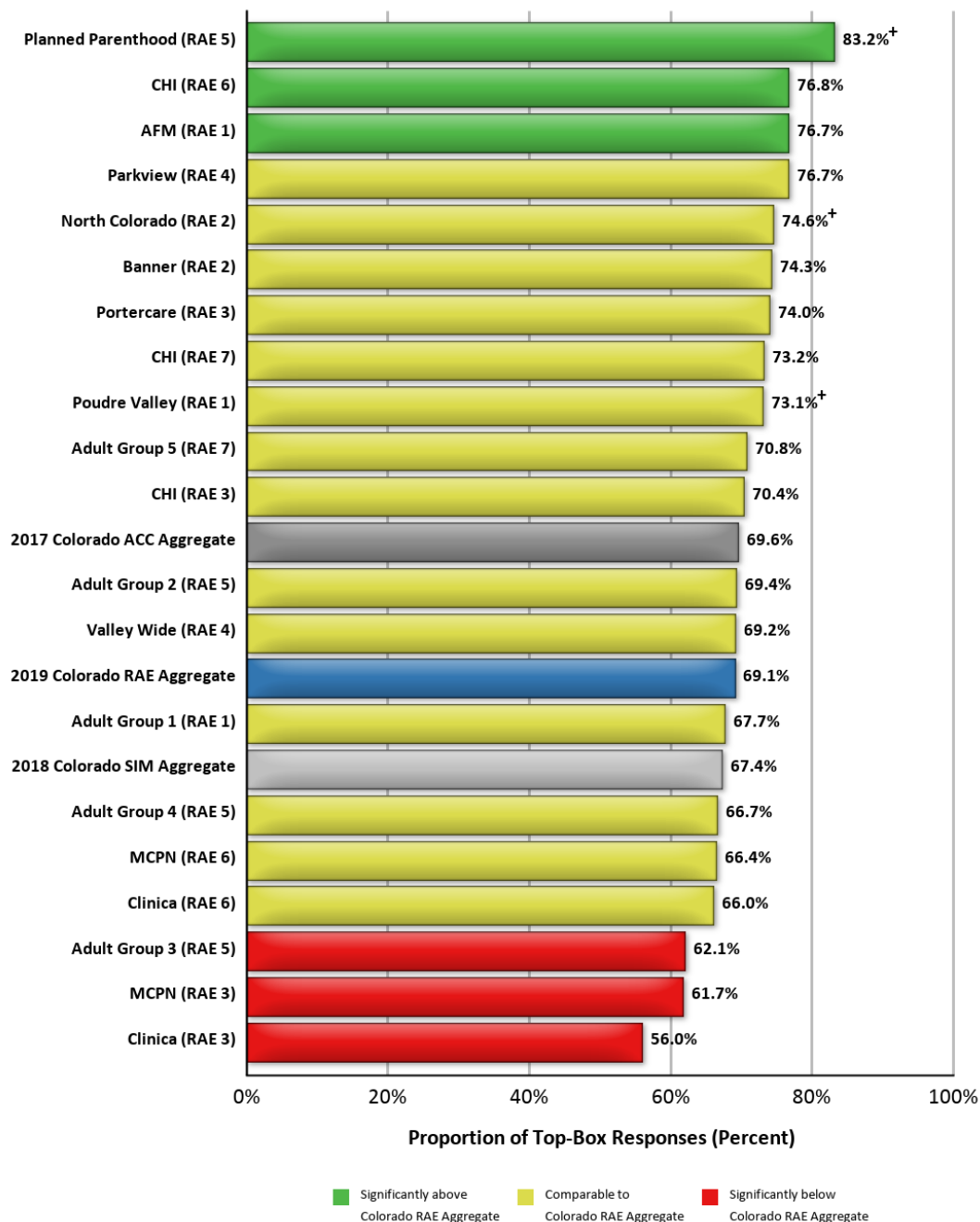


Figure 2-20 shows the Helpful, Courteous, and Respectful Office Staff top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



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

Health First Colorado Customer Service

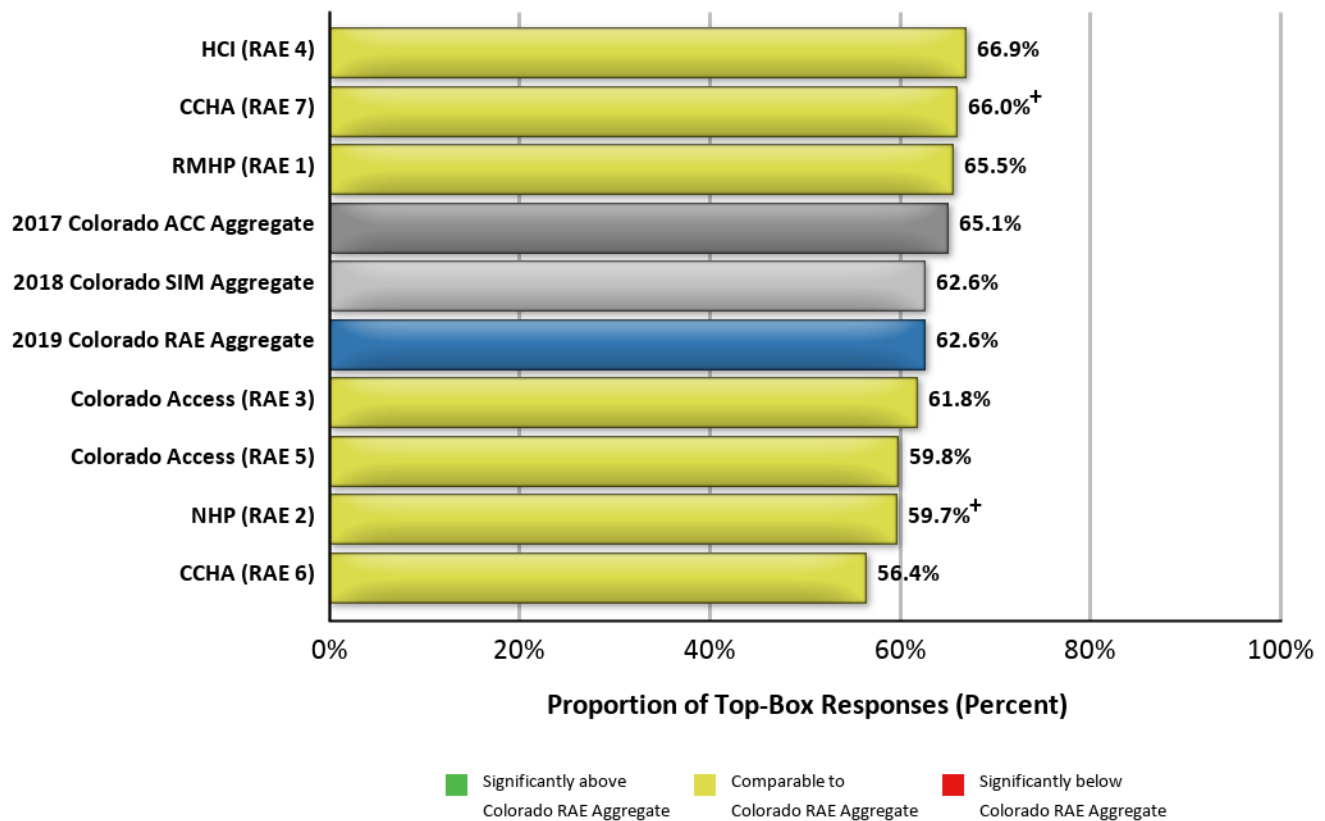
Two questions (28d and 28e in the adult PCMH Survey) were asked to assess how often members were satisfied with Medicaid/Health First Colorado customer service:

- **Question 28d.** In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always
- **Question 28e.** In the last 6 months, how often did Medicaid/Health First Colorado customer service staff 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 Health First Colorado Customer Service composite measure, which was defined as a response of “Always.”

Figure 2-21 shows the Health First Colorado Customer Service top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

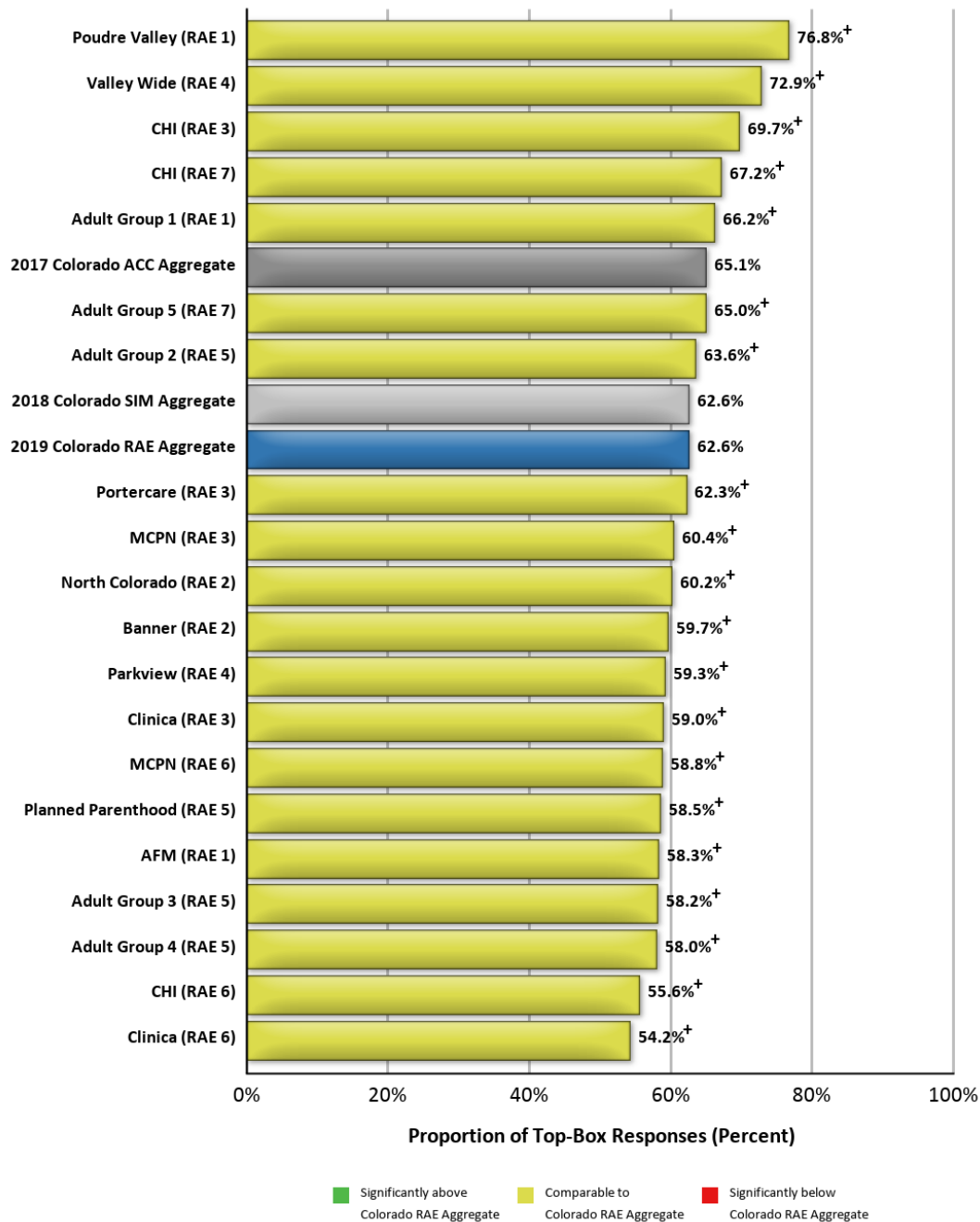
**Figure 2-21—Health First Colorado Customer Service
RAE-Level Top-Box Scores**



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

Figure 2-22 shows the Health First Colorado Customer Service 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—Health First Colorado Customer Service
Practice-Level Top-Box Scores**



Individual Item Measures

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

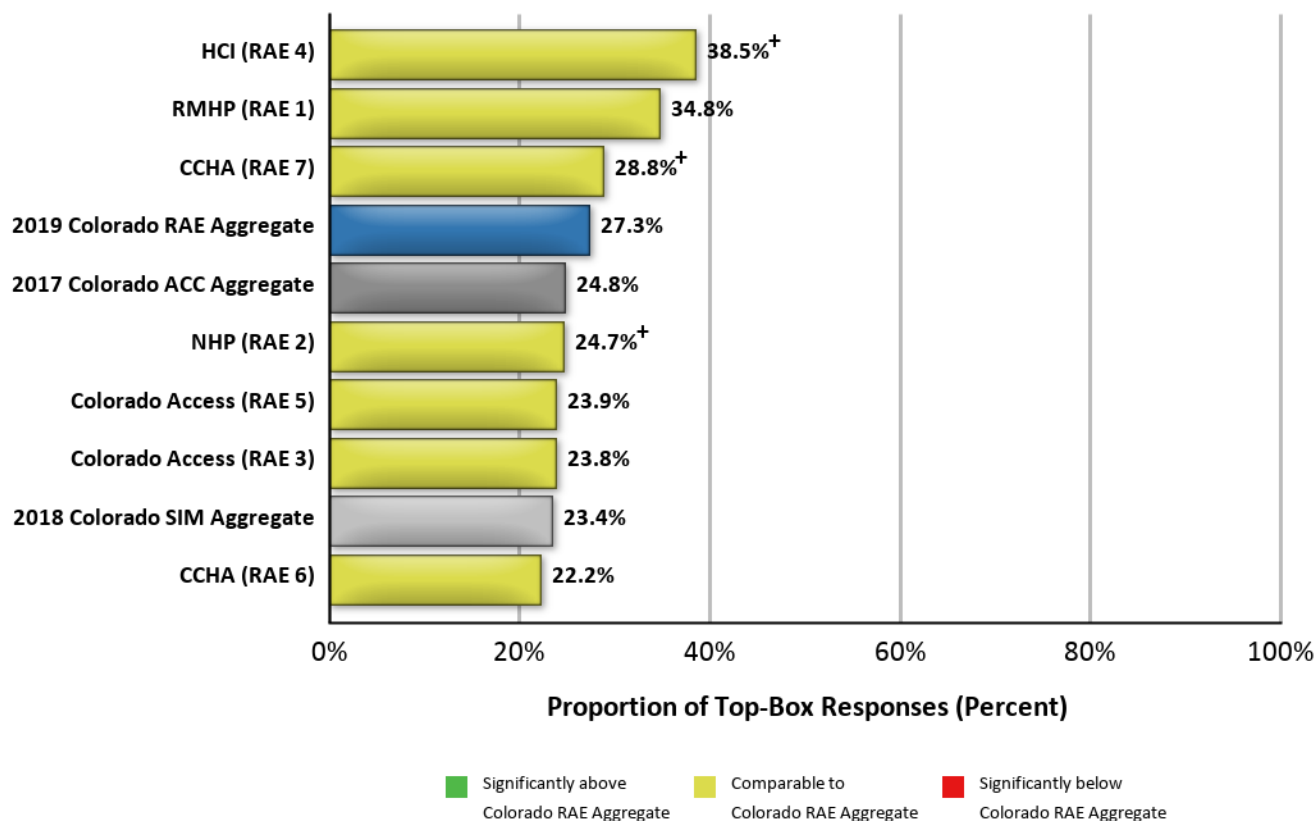
One question (Question 9b in the adult PCMH Survey) was asked to assess how often members were able to receive needed care during evenings, weekends, or holidays:

- **Question 9b.** In the last 6 months, how often were you able to get the care you 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 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

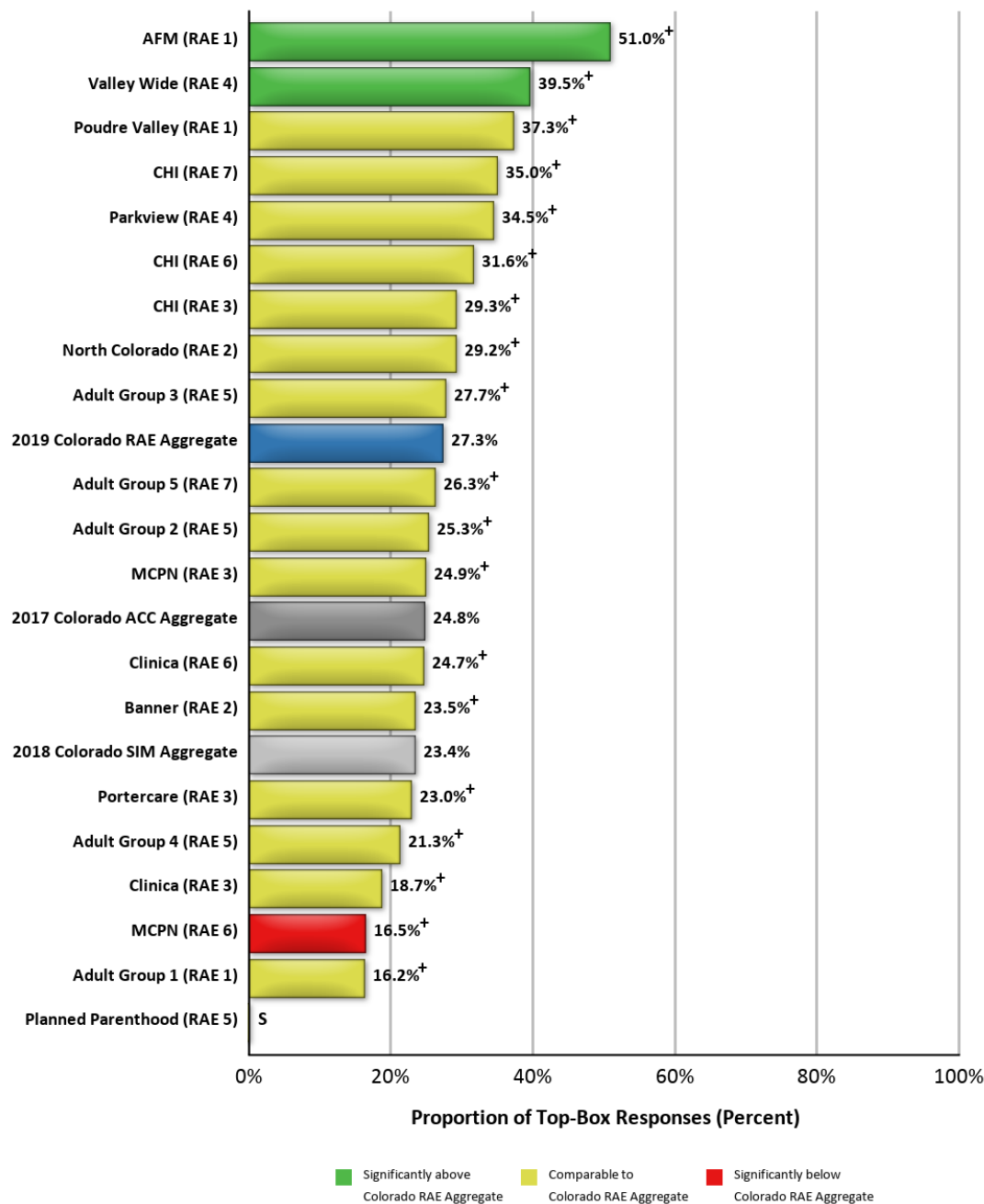
**Figure 2-23—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



+ 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 Care from Provider Office

One question (Question 11a in the adult PCMH Survey) was asked to assess whether members received reminders about their care from their provider’s office between visits:

- **Question 11a.** Some offices remind patients between visits about tests, treatment, or appointments. In the last 6 months, did you get any reminders 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 Care from Provider Office individual item measure, which was defined as a response of “Yes.”

Figure 2-25 shows the Reminders About 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 Care from Provider Office
RAE-Level Top-Box Scores**

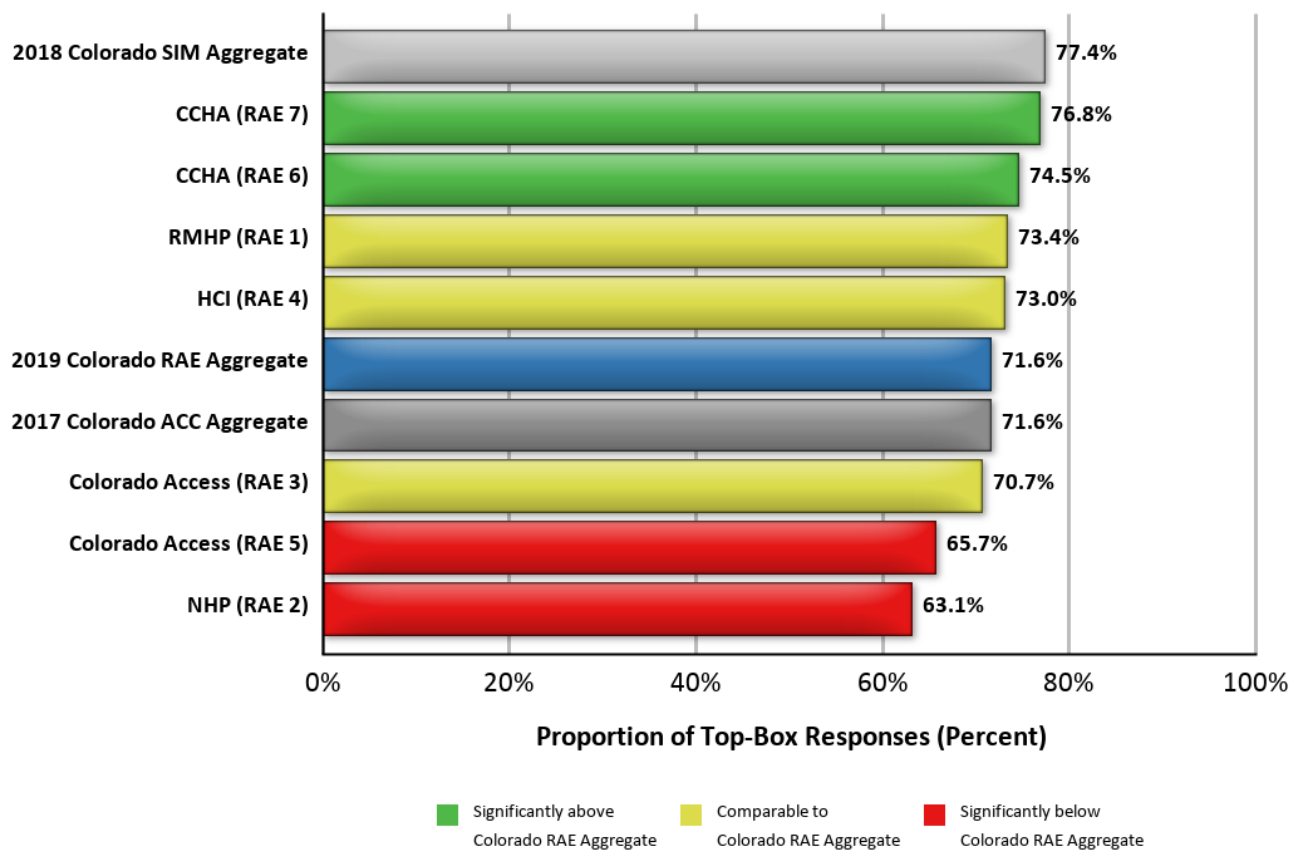
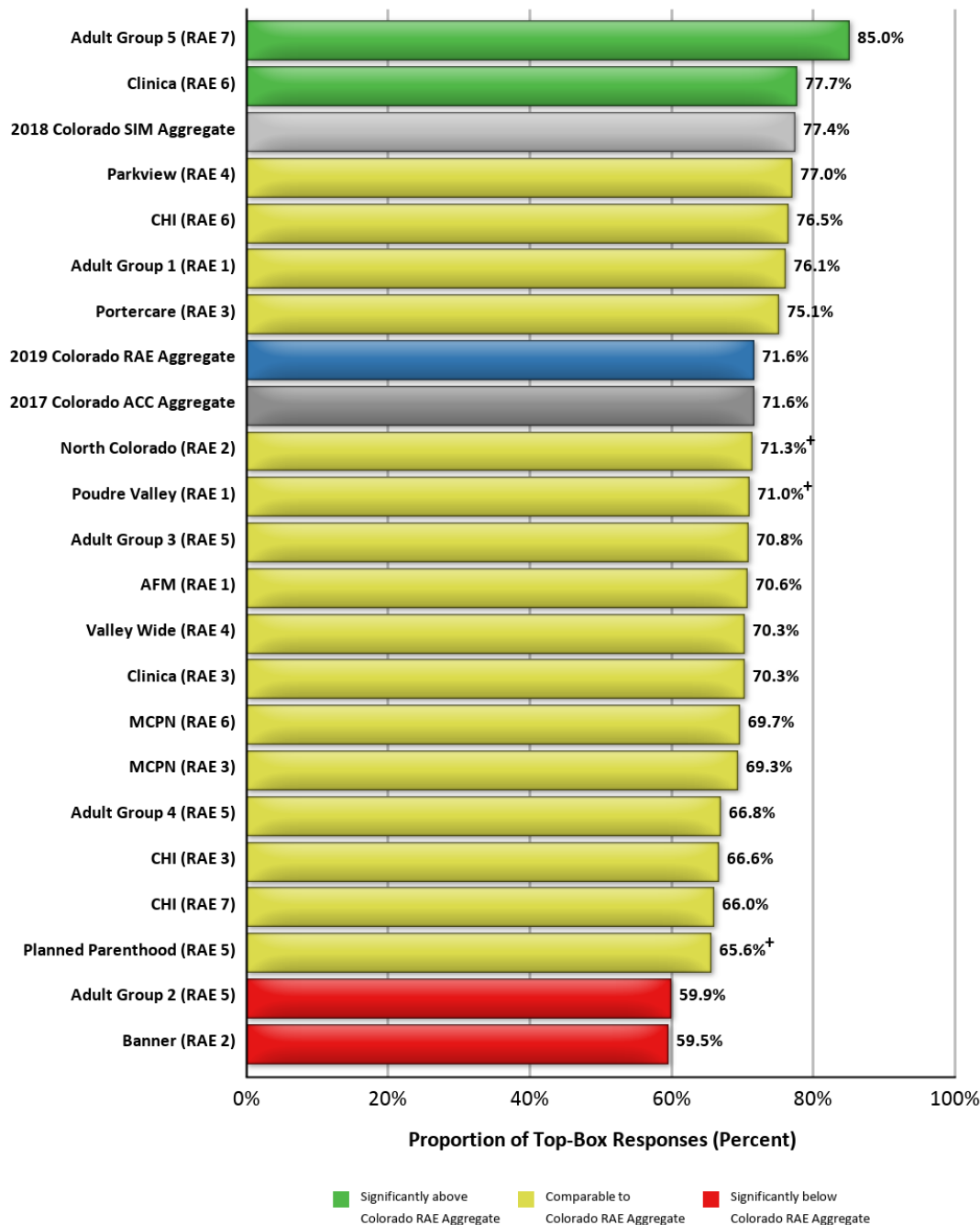


Figure 2-26 shows the Reminders About Care from Provider Office top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-26—Reminders About 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

One question (Question 11b in the adult PCMH Survey) was asked to assess how often members saw their provider within 15 minutes of their appointment time:

- **Question 11b.** Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your 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**

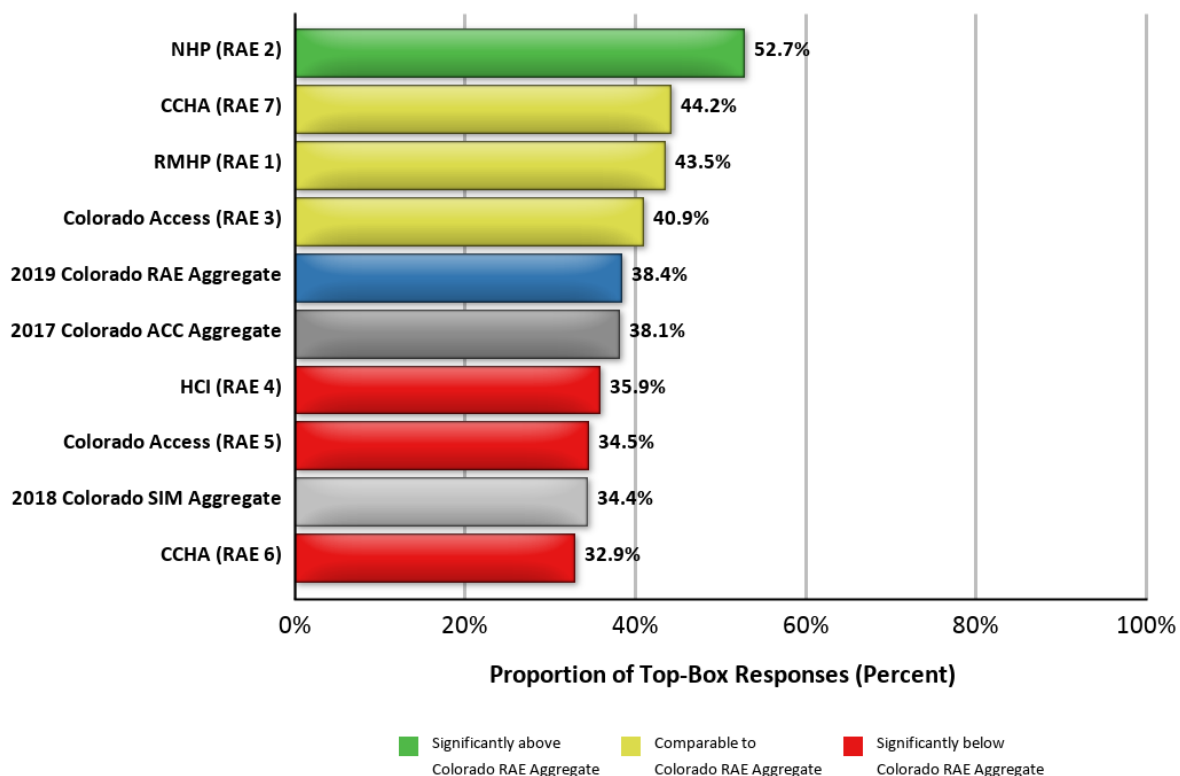
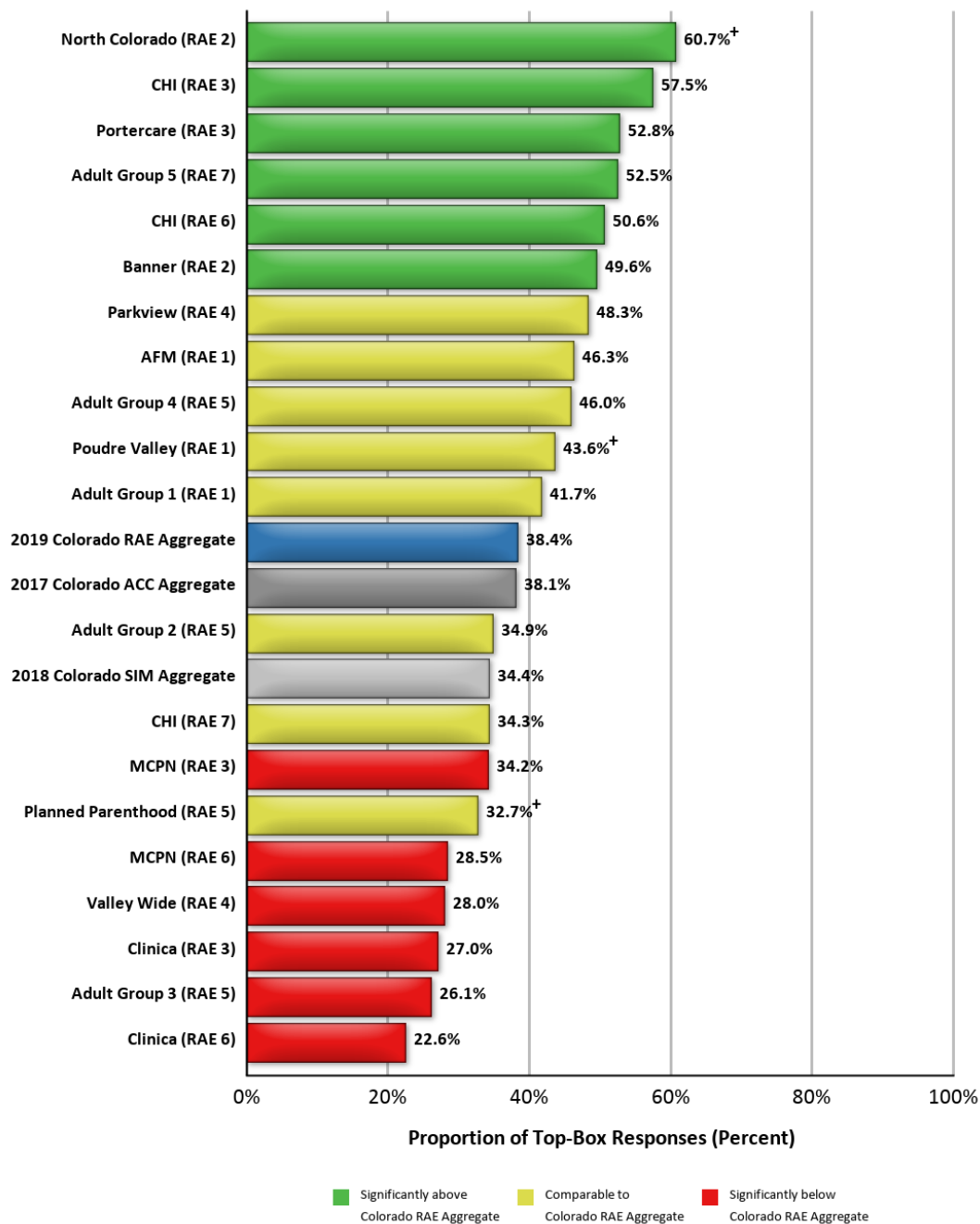


Figure 2-28 shows the Saw Provider Within 15 Minutes of Appointment top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

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



Receive Health Care and Mental Health Care at Same Place

One question (Question 30a in the adult PCMH Survey) was asked to assess whether members can receive both their health care and mental health care at the same place:

- **Question 30a.** Can you get both your health care and mental health care at the same place?
 - Yes
 - No
 - I do not use mental health care
 - Don't know

For purposes of the RAE and Practice Comparisons analysis, HSAG calculated top-box scores for the Receive Health Care and Mental Health Care at Same Place individual item measure, which was defined as a response of “Yes.”²⁻⁹

²⁻⁹ Respondents that answered “I do not use mental health care” and “Don't know” were removed from the top-box score calculation.

Figure 2-29 shows the Receive Health Care and Mental Health Care at Same Place top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the seven RAEs.

**Figure 2-29—Receive Health Care and Mental Health Care at Same Place
RAE-Level Top-Box Scores**

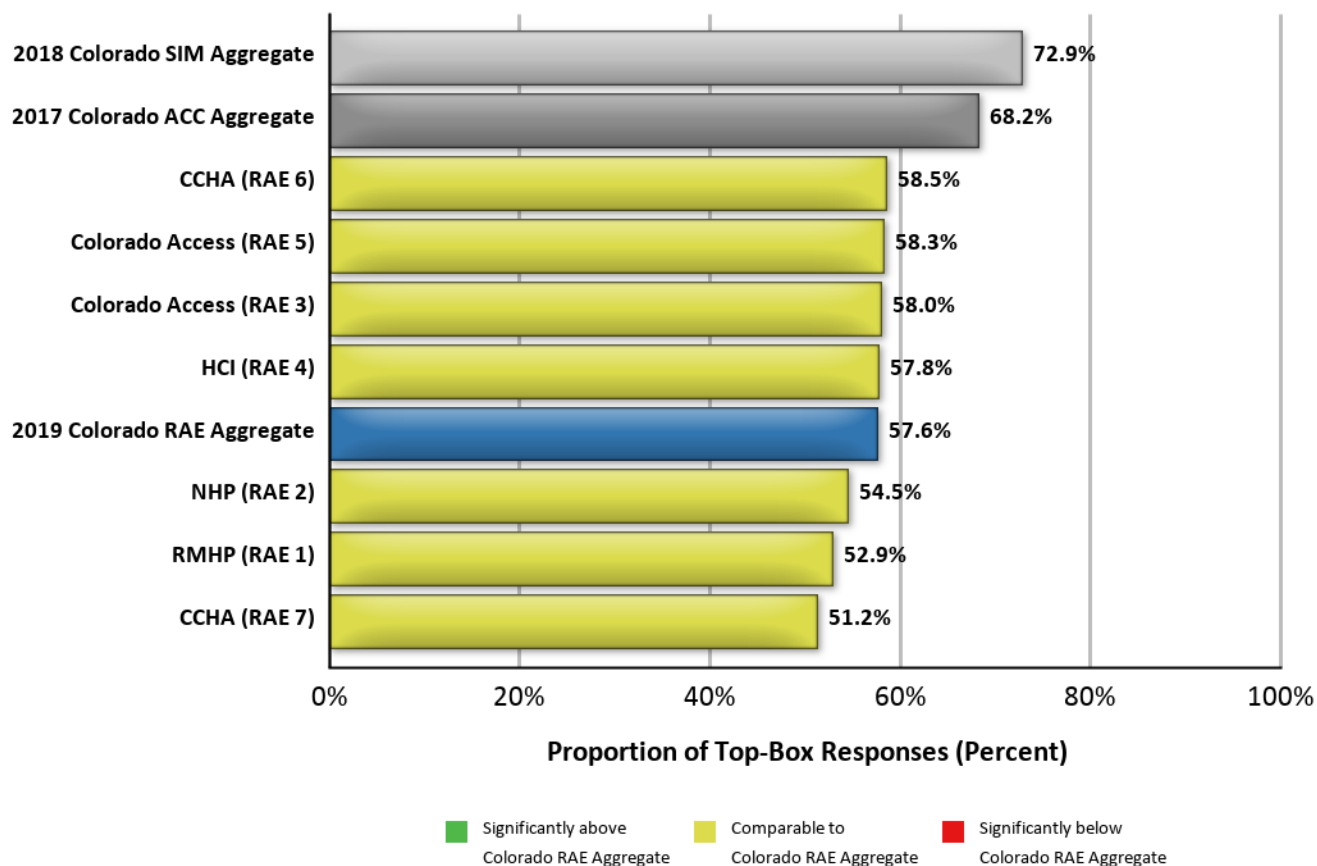
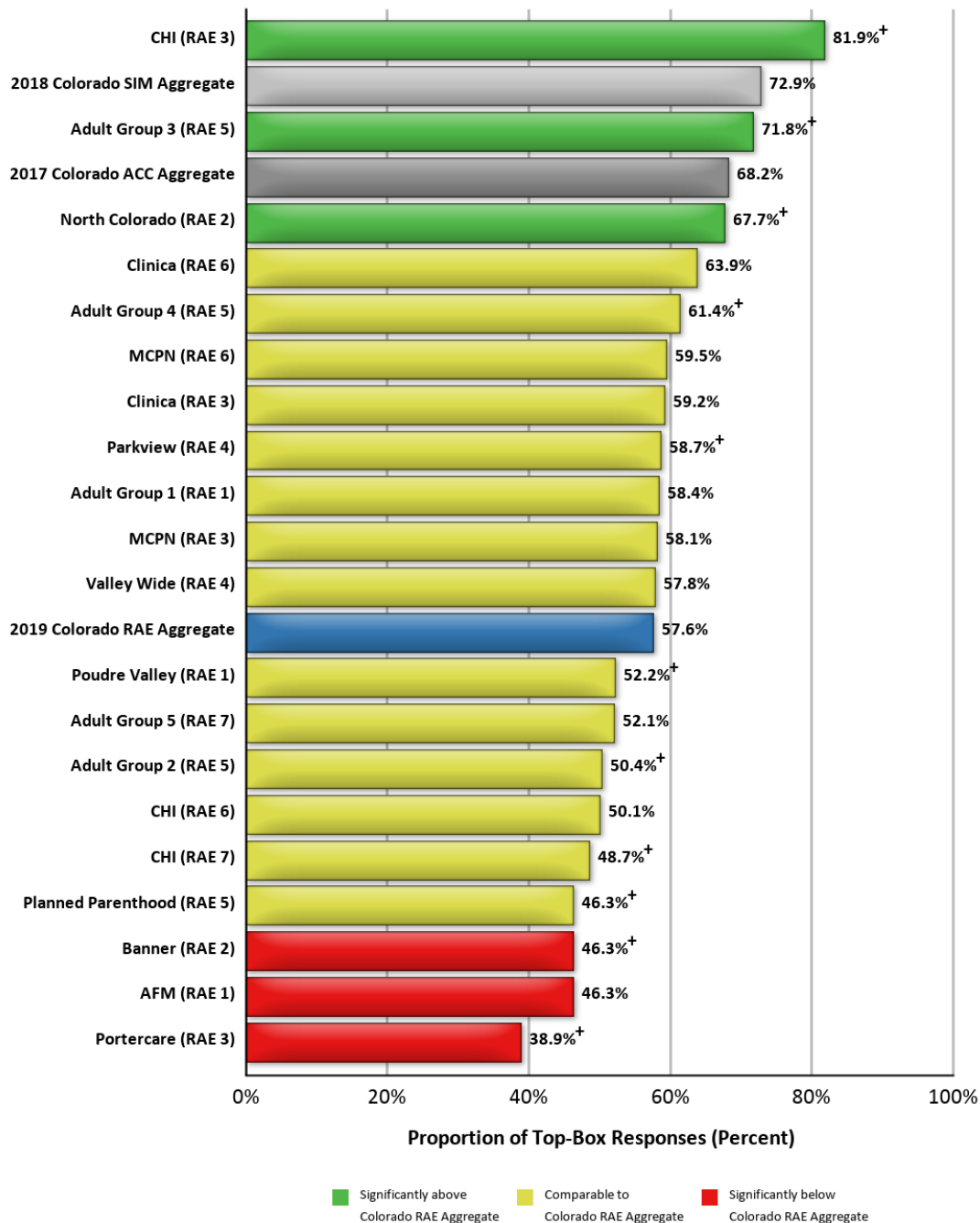


Figure 2-30 shows the Receive Health Care and Mental Health Care at Same Place top-box scores for the 2019 Colorado RAE Aggregate, 2018 Colorado SIM Aggregate, 2017 Colorado ACC Aggregate, and the RAE-contracted practices.

**Figure 2-30—Receive Health Care and Mental Health Care at Same Place
Practice-Level Top-Box Scores**



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

Summary of RAE Comparisons

Statistically Significantly Higher Results

Table 2-9 provides a summary of the RAE Comparisons results that scored statistically significantly higher than the adult Colorado RAE Aggregate (as indicated by a ✓).

**Table 2-9—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 Provider		✓					✓
Rating of Specialist Seen Most Often			✓				
Rating of All Health Care							✓
Composite Measures							
Getting Timely Appointments, Care, and Information		✓					
How Well Providers Communicate with Patients		✓					✓
Providers' Use of Information to Coordinate Patient Care	✓						✓
Talking with You About Taking Care of Your Own Health							✓
Comprehensiveness						✓	✓
Individual Item Measures							
Reminders about Care from Provider Office						✓	✓
Saw Provider Within 15 Minutes of Appointment		✓					

Statistically Significantly Lower Results

Table 2-10 provides a summary of the RAE Comparisons results that scored statistically significantly lower than the adult Colorado RAE Aggregate (as indicated by a ✓).

**Table 2-10—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 Specialist Seen Most Often					✓	✓	
Rating of All Health Care					✓	✓	
Composite Measures							
Getting Timely Appointments, Care, and Information			✓			✓	
How Well Providers Communicate with Patients					✓	✓	
Providers' Use of Information to Coordinate Patient Care					✓	✓	
Talking with You About Taking Care of Your Own Health					✓		
Comprehensiveness				✓	✓		
Helpful, Courteous, and Respectful Office Staff			✓				
Individual Item Measures							
Reminders about Care from Provider Office		✓			✓		
Saw Provider Within 15 Minutes of Appointment				✓	✓	✓	

Summary of Practice Comparisons

Statistically Significantly Higher Results

Table 2-11 provides a summary of the Practice Comparisons results that scored statistically significantly higher than the adult Colorado RAE Aggregate for the global ratings (as indicated by a ✓).

Table 2-11—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	Rating of Health Plan
Adult Group 5 (RAE 7)	✓		✓	
AFM (RAE 1)	✓		✓	
CHI (RAE 3)	✓	✓	✓	
North Colorado (RAE 2)	✓			
Parkview (RAE 4)	✓	✓	✓	
Portercare (RAE 3)	✓		✓	

Table 2-12 and Table 2-13 provide a summary of the Practice Comparisons results that scored statistically significantly higher than the adult Colorado RAE Aggregate for the composite measures (as indicated by a ✓).

Table 2-12—Practice Comparisons
Statistically Significantly Higher Results: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Patients	Providers' Use of Information to Coordinate Patient Care	Talking with You About Taking Care of Your Own Health
Adult Group 5 (RAE 7)		✓	✓	✓
AFM (RAE 1)	✓	✓	✓	
CHI (RAE 3)		✓	✓	
CHI (RAE 6)	✓		✓	
Clinica (RAE 6)				✓
North Colorado (RAE 2)	✓			✓
Parkview (RAE 4)	✓	✓	✓	
Portercare (RAE 3)	✓	✓	✓	

Table 2-13—Practice Comparisons
Statistically Significantly Higher Results: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness	Helpful, Courteous, and Respectful Office Staff	Customer Service
Adult Group 5 (RAE 7)	✓		
AFM (RAE 1)	✓	✓	
CHI (RAE 6)		✓	
Clinica (RAE 6)	✓		
Planned Parenthood (RAE 5)		✓	

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

Table 2-14—Practice Comparisons
Statistically Significantly Higher Results: Individual Item Measures

RAE-Contracted Practices	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Care from Provider Office	Saw Provider Within 15 Minutes of Appointment	Receive Health Care and Mental Health Care at Same Place
Adult Group 3 (RAE 5)				✓
Adult Group 5 (RAE 7)		✓	✓	
AFM (RAE 1)	✓			
Banner (RAE 2)			✓	
CHI (RAE 3)			✓	✓
CHI (RAE 6)			✓	
Clinica (RAE 6)		✓		
North Colorado (RAE 2)			✓	✓
Portercare (RAE 3)			✓	
Valley Wide (RAE 4)	✓			

Statistically Significantly Lower Results

Table 2-15 provides a summary of the Practice Comparisons results that scored statistically significantly lower than the adult Colorado RAE Aggregate for the global ratings (as indicated by a ✓).

Table 2-15—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	Rating of Health Plan
Adult Group 3 (RAE 5)	✓	✓	✓	
Clinica (RAE 3)	✓			
Clinica (RAE 6)	✓		✓	
MCPN (RAE 3)	✓		✓	
MCPN (RAE 6)	✓		✓	
Planned Parenthood (RAE 5)		✓		
Poudre Valley (RAE 1)	✓			
Valley Wide (RAE 4)	✓	✓	✓	

Table 2-16 and Table 2-17 provide a summary of the Practice Comparisons results that scored statistically significantly lower than the adult Colorado RAE Aggregate for the composite measures (as indicated by a ✓).

Table 2-16—Practice Comparisons
Statistically Significantly Lower Results: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Patients	Providers' Use of Information to Coordinate Patient Care	Talking with You About Taking Care of Your Own Health
Adult Group 1 (RAE 1)	✓			
Adult Group 2 (RAE 5)			✓	✓
Adult Group 3 (RAE 5)		✓		
Banner (RAE 2)				✓
Clinica (RAE 3)	✓	✓	✓	
Clinica (RAE 6)	✓		✓	
MCPN (RAE 3)	✓	✓	✓	
MCPN (RAE 6)	✓	✓	✓	
Poudre Valley (RAE 1)	✓			
Valley Wide (RAE 4)		✓	✓	✓

Table 2-17—Practice Comparisons
Statistically Significantly Lower Results: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness	Helpful, Courteous, and Respectful Office Staff	Customer Service
Adult Group 2 (RAE 5)	✓		
Adult Group 3 (RAE 5)	✓	✓	
Clinica (RAE 3)		✓	
MCPN (RAE 3)		✓	
Parkview (RAE 4)	✓		
Valley Wide (RAE 4)	✓		

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

Table 2-18—Practice Comparisons
Statistically Significantly Lower Results: Individual Item Measures

RAE-Contracted Practices	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Care from Provider Office	Saw Provider Within 15 Minutes of Appointment	Receive Health Care and Mental Health Care at Same Place
Adult Group 2 (RAE 5)		✓		
Adult Group 3 (RAE 5)			✓	
AFM (RAE 1)				✓
Banner (RAE 2)		✓		✓
Clinica (RAE 3)			✓	
Clinica (RAE 6)			✓	
MCPN (RAE 3)			✓	
MCPN (RAE 6)	✓		✓	
Portercare (RAE 3)				✓
Valley Wide (RAE 4)			✓	

Stratification of Results

HSAG stratified results for select questions in the adult 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., adult Colorado RAE Aggregate).

Rating of Provider

Table 2-19 through Table 2-23 display the responses for select survey questions stratified by the Rating of Provider global rating response categories for the adult Colorado RAE Aggregate.

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

Table 2-19—Length of Time Going to Provider

Length of Time Going to Provider (Q3) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	86	23.2%	99	26.7%	186	50.1%
At Least 6 Months but Less Than 1 Year	44	10.2%	101	23.3%	288	66.5%
At least 1 Year but Less Than 3 Years	87	9.8%	217	24.5%	580	65.6%
At Least 3 Years but Less Than 5 Years	54	9.8%	118	21.4%	380	68.8%
5 Years or More	84	10.2%	174	21.1%	566	68.7%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Question 6a asked how many days the member had to wait for an appointment when they needed care right away.

Table 2-20—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q6a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	17	4.2%	69	17.1%	317	78.7%
1 Day	20	6.4%	58	18.6%	233	74.9%
2 to 3 Days	48	12.3%	96	24.6%	247	63.2%
4 to 7 Days	46	16.8%	91	33.3%	136	49.8%
More Than 7 Days	65	33.7%	52	26.9%	76	39.4%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11a asked whether the members received reminders about their care from their provider's office between visits.

Table 2-21—Reminders About Care from Provider Office

Reminders about Care from Provider Office (Q11a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	158	7.2%	483	22.0%	1550	70.7%
No	195	22.3%	225	25.8%	453	51.9%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11b asked members how often they saw their provider within 15 minutes of the appointment time.

Table 2-22—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q11b) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	120	37.4%	99	30.8%	102	31.8%
Sometimes	103	20.7%	179	36.0%	215	43.3%
Usually	93	9.1%	264	25.7%	669	65.2%
Always	42	3.4%	163	13.4%	1015	83.2%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-23—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q19)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	65	7.2%	197	22.0%	635	70.8%
	Good	117	10.8%	261	24.1%	706	65.1%
	Fair/Poor	165	16.1%	243	23.7%	617	60.2%
Mental Health Status (Q30)	Excellent/Very Good	92	8.0%	227	19.8%	826	72.1%
	Good	102	10.0%	242	23.7%	676	66.3%
	Fair/Poor	153	18.2%	226	26.9%	461	54.9%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>							

Rating of Specialist Seen Most Often

Table 2-24 displays the responses for select survey questions stratified by the Rating of Specialist Seen Most Often global rating response categories for the adult Colorado RAE Aggregate.

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-24—Physical and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q20a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	29	8.7%	71	21.3%	234	70.1%
	Good	50	9.4%	136	25.6%	346	65.0%
	Fair/Poor	93	14.5%	177	27.7%	370	57.8%
Mental Health Status (Q30)	Excellent/Very Good	45	8.5%	103	19.5%	380	72.0%
	Good	55	10.7%	145	28.1%	316	61.2%
	Fair/Poor	72	15.4%	138	29.4%	259	55.2%
Please note: Percentages may not total 100.0% due to rounding.							

Rating of All Health Care

Table 2-25 and Table 2-26 display the responses for select survey questions stratified by the Rating of All Health Care global rating response categories for the adult Colorado RAE Aggregate.

Question 29a asked if members had a physical or medical condition that interferes with their day-to-day activities.

Table 2-25—Condition that Interferes with Day-to-Day Activities

Condition that Interferes with Day-to-Day Activities (Q29a) Responses	Rating of All Health Care (Q26a)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	260	17.1%	404	26.6%	856	56.3%
No	141	9.4%	403	27.0%	951	63.6%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-26—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q26a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	62	6.8%	226	24.9%	619	68.2%
	Good	129	11.8%	293	26.9%	668	61.3%
	Fair/Poor	211	20.5%	296	28.7%	524	50.8%
Mental Health Status (Q30)	Excellent/Very Good	89	7.7%	255	22.0%	814	70.3%
	Good	133	12.9%	303	29.5%	592	57.6%
	Fair/Poor	181	21.5%	250	29.7%	411	48.8%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>							

Rating of Health Plan

Table 2-27 displays the responses for select survey questions stratified by the Rating of Health Plan global rating response categories for the adult Colorado RAE Aggregate.

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-27—Physical and Mental Health Status

Questions	Responses	Rating of Health Plan (Q28f)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	105	9.6%	260	23.8%	729	66.6%
	Good	153	12.1%	372	29.4%	741	58.5%
	Fair/Poor	204	17.1%	320	26.9%	666	56.0%
Mental Health Status (Q30)	Excellent/Very Good	131	9.6%	309	22.6%	930	67.9%
	Good	153	12.9%	353	29.8%	680	57.3%
	Fair/Poor	173	17.4%	288	29.0%	531	53.5%
Please note: Percentages may not total 100.0% due to rounding.							

Other Survey Question

Question 19a asked members about the three most important things that they look for in their healthcare provider. Table 2-28 displays the responses for the Most Important Things in a Healthcare Provider survey question for the adult Colorado RAE Aggregate.

Table 2-28—Most Important Things in a Healthcare Provider

Responses	N	%
Provider listens to and acts quickly to address my concerns	2,235	71.0%
Provider is able to explain things about my health in a way I can understand	2,223	70.6%
Provider spends enough time with me during my appointments	1,899	60.3%
Provider is knowledgeable about my history when I come to appointments	1,702	54.1%
The ability to get timely appointments with my provider	1,196	38.0%
Friendly staff in provider's office	1,081	34.3%
Provider does not judge me	961	30.5%
Provider is close to my home	849	27.0%
Other	331	10.5%
<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 provider. Moreover, the better members perceived their physical and mental health (i.e., self-reported health status of Excellent or Very Good), the higher members rated their provider, specialist, health care, and health plan.

Conclusions and Recommendations Based on Results

Each RAE should evaluate the following 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:

- Respondents not being able to get the care they needed from their provider's office during evenings, weekends, or holidays was identified as a key driver for the Rating of Health Plan global rating. Approximately 43 percent of respondents reported never being able to get the care they needed from their provider's office during evenings, weekends, or holidays.³⁻¹
- Approximately 52 percent of respondents reported that it was not always easy to get timely appointments, care, and information.
- Two of the seven RAEs (Colorado Access [RAE 3] and CCHA [RAE 6]) scored statistically significantly lower than the Colorado RAE Aggregate for the Getting Timely Appointments, Care, and Information composite 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 their 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.

³⁻¹ Please see Question 9b in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

Timeliness of Care

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

- Respondents not being able to receive an answer to their medical question within the same day when they contacted their provider's office during regular office hours was identified as a key driver for the Rating of Provider, Rating of All Health Care, and Rating of Health Plan global ratings. Approximately 10 percent of respondents reported never receiving an answer to their medical question that same day.³⁻²
- Respondents not being able to obtain an appointment with their provider as soon as they thought they needed when they needed care right away was identified as a key driver for the Rating of All Health Care global rating. Approximately 6 percent of respondents reported never getting an appointment as soon as they needed.³⁻³ In addition, about 12 percent of respondents reported they waited more than 7 days for an appointment when they needed care right away.³⁻⁴
- Approximately 62 percent of respondents reported that they did not always see their provider within 15 minutes of the appointment time.
- Three of the seven RAEs (HCI [RAE 4], Colorado Access [RAE 5], and CCHA [RAE 6]) 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 members' perceptions of needing an appointment 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:

- Respondents not being provided the information they needed about how the Medicaid/Health First Colorado works from written materials or the Internet was identified as a key driver for the Rating of Health Plan global rating. Approximately 5 percent of respondents reported written materials or the Internet never provided them the information they needed about how Medicaid/Health First Colorado works.³⁻⁵

³⁻² Please see Question 11 in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻³ Please see Question 6 in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁴ Please see Question 6a in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁵ Please see Question 28b in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- Approximately 51 percent of respondents reported that someone from the member's provider's office did not speak with them about taking care of their own health.
- Approximately 47 percent of respondents reported that someone from the member's provider's office did not speak with them about stressors in their life; periods when they have felt depressed; or personal, mental, or emotional problems.
- One of the seven RAEs (Colorado Access [RAE 5]) scored statistically significantly lower than the Colorado RAE Aggregate for the Talking with You About Taking Care of Your Own Health composite measure.
- Two of the seven RAEs (Colorado Access [RAE 5] and CCHA [RAE 6]) scored statistically significantly lower than the Colorado RAE Aggregate for the How Well Providers Communicate with Patients composite measure.
- Two of the seven RAEs (HCI [RAE 4] and Colorado Access [RAE 5]) scored statistically significantly lower than the Colorado RAE Aggregate for the Comprehensiveness composite measure.

HSAG acknowledges that there may be many factors that determine the need or appropriateness of discussing emotional, wellness, or developmental issues with a member, such as the frequency of appointments with the 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 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 members regarding results of tests and medical questions.

Care Coordination

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

- Providers not always seeming informed and up-to-date about the care members received from specialists was identified as a key driver for the Rating of Health Plan global rating. Approximately 9 percent of respondents reported their provider was never informed and up-to-date about the care they received from specialists.³⁻⁶
- Two of the seven RAEs (Colorado Access [RAE 5] and CCHA [RAE 6]) scored statistically significantly lower than the Colorado RAE Aggregate for the Providers' Use of Information to Coordinate Patient Care composite measure.

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

³⁻⁶ Please see Question 21 in the 2019 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

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 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 in future years (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 Adult 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 adult 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, health care, and the health plan. 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 Patients"). 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 (Q19)	Getting Timely Appointments, Care, and Information (Q6, Q8, and Q11)	Received Care from Provider Office During Evenings, Weekends, or Holidays (Q9b)	Length of Time Going to Provider (Q3)
Rating of Specialist Seen Most Often (Q20a)	How Well Providers Communicate with Patients (Q12, Q13, Q15, and Q16)	Reminder About Care from Provider Office (Q11a)	Number of Days Waited for Appointment (Q6a)
Rating of All Health Care (Q26a)	Providers' Use of Information to Coordinate Patient Care (Q14, Q18, and Q26)	Saw Provider Within 15 Minutes of Appointment (Q11b)	Most Important Things in a Healthcare Provider (Q19a)
Rating of Health Plan (Q28f)	Talking with You About Taking Care of Your Own Health (Q22 and Q23)	Received Health Care and Mental Health Care at Same Place (Q30a)	Physical Health Status (Q29)
	Comprehensiveness (Q24, Q24a, and Q24b)		Condition that Interferes with Day-to-Day Activities (Q29a)
	Helpful, Courteous, and Respectful Office Staff (Q27 and Q28)		Mental Health Status (Q30)
	Health First Colorado Customer Service (Q28d and Q28e)		

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 Adult members eligible for sampling included those who were 18 years of age or older as of December 31, 2018. HSAG selected a sample of 779 to 1,200 members from each adult RAE practice.

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

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 adult PCMH Survey.

Table 4-2—Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to adult members.	0 days
Website made available for adult 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 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 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 4-2), or had a language barrier.

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

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, Rating of All Health Care, and Rating of Health Plan. 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.

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 member got care from the provider/practice listed in the last 6 months.

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. 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 Patients; Providers’ Use of Information to Coordinate Patient Care; Helpful, Courteous, and Respectful Office Staff; and Health First Colorado Customer Service composites, and the Saw Provider Within 15 Minutes of Appointment individual item.
- “Yes” for the Talking with You About Taking Care of Your Own Health and Comprehensiveness composites; and Received Care from Provider Office During Evenings, Weekends, or Holidays; Reminders About Care from Provider Office; and Received Health Care and Mental Health Care at Same Place 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 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.

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

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 and 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 $n - P -$ (*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, education level, and 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, age, and education, it was not possible to adjust for differences in respondent characteristics that were not measured. These characteristics could include 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 Adult 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 2017 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 adult 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 adult 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 selected for Colorado adult members was a modified version of the Adult 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 Provider

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

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 28a*



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 you need a check-up, want advice about a health problem, or get sick or hurt?

☐ Yes
☐ No

3. How long have you 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 Care From This Provider in the Last 6 months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None → *Go to Question 28a*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

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

☐ Yes
☐ No → *Go to Question 7*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

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

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

☐ Yes
☐ No → *Go to Question 9*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

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

- ☐ Yes
- ☐ No

9a. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No ➔ *Go to Question 10*

9b. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

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

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

- ☐ Yes
- ☐ No ➔ *Go to Question 11a*

11. 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

11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?

- ☐ Yes
- ☐ No

11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

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

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

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

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

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

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

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

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

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

16. In the last 6 months, how often did this provider spend enough time with you?

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

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

- ☐ Yes
- ☐ No → **Go to Question 19**

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

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

19. 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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Provider | | | | | Provider | | | | | |
| Possible | | | | | Possible | | | | | |

19a. What are the three most important things that you look for in a healthcare provider? Select up to three (3) responses.

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

20. 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 you see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → **Go to Question 21a**

20a. We want to know your rating of the specialist you 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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Specialist | | | | | Best Specialist | | | | | |
| Possible | | | | | Possible | | | | | |

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

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

21a. In the last 6 months, were you 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.

22. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- ☐ Yes
- ☐ No

23. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- ☐ Yes
- ☐ No

24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- ☐ Yes
- ☐ No

24a. In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ☐ Yes
- ☐ No

24b. In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ☐ Yes
- ☐ No

25. In the last 6 months, did you take any prescription medicine?

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

26. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

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

26a. 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 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"/> |
| 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

27. 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

28. 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

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28a. In the last 6 months, did you look for any information in written materials or on the Internet about how Medicaid/Health First Colorado works?

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

28b. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how Medicaid/Health First Colorado works?

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

28c. In the last 6 months, did you get information or help from Medicaid/Health First Colorado customer service?

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

28d. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?

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

28e. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?

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

28f. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate Medicaid/Health First Colorado?

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 Plan | | | | | | Health Plan | | | | | |
| Possible | | | | | | Possible | | | | | |

About You

29. In general, how would you rate your overall health?

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

29a. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ☐ Yes
- ☐ No

30. In general, how would you rate your overall mental or emotional health?

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

30a. Can you get both your health care and your mental health care at the same place?

- ☐ Yes
- ☐ No
- ☐ I do not use mental health care
- ☐ Don't know

30b. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

- ☐ Yes
- ☐ No
- ☐ Don't know

31. What is your age?

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

32. Are you male or female?

- ☐ Male
- ☐ Female

33. 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

34. Are you of Hispanic or Latino origin or descent?

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

35. What is your race? Please mark one or more.

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

36. Did someone help you complete this survey?

- ☐ Yes → **Go to Question 37**
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

◆

37. 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 Adult Medicaid Results

The results presented in this section are from the CAHPS survey administered by each of Colorado's Medicaid managed care health plans rather than from the adult 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 adult Medicaid members enrolled in each of the MCOs. The survey instrument selected for administration was the CAHPS 5.0 Adult Medicaid Health Plan Survey 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 adult 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.

Adult 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 adult population.

Table A-1—Top-Box Scores for DHMP

Measure	2018	2019
Global Ratings		
Rating of Health Plan	59.1%	56.4%
Rating of All Health Care	52.2%	50.3%
Rating of Personal Doctor	70.9%	66.0%
Rating of Specialist Seen Most Often	61.4% ⁺	70.7% ⁺
Composite Measures		
Getting Needed Care	77.5%	71.8%
Getting Care Quickly	78.0%	74.7%
How Well Doctors Communicate	92.5%	92.0%
Customer Service	85.7%	90.0% ⁺
Shared Decision Making	77.8%	84.5% ⁺
⁺ 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 adult population.

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

Measure	2018	2019
Global Ratings		
Rating of Health Plan	56.5%	69.1%
Rating of All Health Care	61.4%	64.3%
Rating of Personal Doctor	68.7%	74.4%
Rating of Specialist Seen Most Often	64.5%	69.6%
Composite Measures		
Getting Needed Care	82.5%	84.2%
Getting Care Quickly	85.8%	82.6%
How Well Doctors Communicate	92.2%	95.1%
Customer Service	88.9% ⁺	93.8% ⁺
Shared Decision Making	82.7%	85.8%
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		