

WYOMING HEALTHY TOGETHER
SATISFACTION SURVEY
AND ANALYSIS
2005

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HEALTHY TOGETHER PROGRAM SURVEY - 2005

The first satisfaction survey for the Wyoming Health Management Program for the Wyoming EqualityCare Program was conducted in June 2005. A total of 592 surveys were mailed on two separate dates to adults and 14 children. The surveys were accompanied by a cover letter congratulating the individual for participating in the Healthy TogetherSM Disease Management Program and requested the individual's assistance completing the survey to improve services. Due dates were requested and the letter was signed by both the Senior Medical Director and the Wyoming Medical Director.

A total of 98 completed surveys or nearly 17% were returned from the combined mailings and included only one child survey. Surveys were sent only to individuals who have had or have an open disease management case that was stratified between January 1, 2004 through December 31, 2004. Member ages were calculated as of June 2, 2005.

Scoring applied a Likert scale of 1-4 for very satisfied, satisfied, dissatisfied and very dissatisfied. Satisfaction of the Health Together Disease Management Program was scored for very satisfied and satisfied responses.

Survey Results:

Question 1: Have you or your child received one of our newsletters or educational materials within this past year?

Yes	72	74%
No	20	21%
No Response	6	6%
Total	98	100%

Of the returned surveys, 74% or 12% of the survey sample acknowledged receipt of the education materials describing the Health Together Disease Management Program.

Question 1a: How satisfied are you with the educational materials that you or your child got in the mail?

Very Satisfied/Satisfied	79	81%
Very Dissatisfied/Dissatisfied	2	2%
No Response	17	17%
Total	98	100%

Nearly 81% of the respondents were satisfied or very satisfied with the educational materials received; however one respondent who did not receive the materials was dissatisfied with the educational materials. This suggests a lack of understanding by the respondent. For those who provided 'No Response' to Question 1 asking about receipt of educational materials, indicated satisfaction of the received materials. This may suggest a readers' oversight of the question in the survey.

Question 1b: How satisfied are you with the newsletters that you or your child got in the mail?

Very Satisfied/Satisfied	70	71%
Very Dissatisfied/Dissatisfied	4	4%
No Response	24	25%
Total	98	100%

Of the respondents, 71% were satisfied or very satisfied with the newsletter received in the mail. An additional 25% of respondents did not answer the question.

Question 2: Have you or your child been contacted by one of the APS Health Coaches within this past year?

Yes	67	68%
No	17	17%
No Response	14	15%
Total	98	100%

Although 68% of the respondents recalled being contacted by an APS Health Coach, it is unclear if the 32% of respondents did not know what a “Health Coach” was and responded as a ‘no’ or did not respond at all.

Question 2a: How satisfied are you with the availability of your or your child’s Health Coach?

Very Satisfied/Satisfied	71	72%
Very Dissatisfied/Dissatisfied	3	3%
No Response	24	25%
Total	98	100%

The response rates for this question is consistent with the previous question addressing a Health Coach contact call with the respondent. The term ‘Health Coach’ may have confused the respondent and 28% of the returned surveys indicated either dissatisfaction or no response was given.

Question 2b: How satisfied are you with your or your child’s Health Coach’s ability to make you feel at ease during phone calls?

Very Satisfied/Satisfied	70	71%
Very Dissatisfied/Dissatisfied	4	4%
No Response	24	25%
Total	98	100%

The response rate for this question is consistent with the three previous questions related to a Health Coach relationship and satisfaction.

Question 2c: How satisfied are you with the knowledge you or your child’s Health Coach had about your or your child’s condition?

Very Satisfied/Satisfied	70	71%
Very Dissatisfied/Dissatisfied	4	4%
No Response	24	25%
Total	98	100%

The response rate for this question is consistent with the four previous questions related to a Health Coach relationship and satisfaction.

Question 2d: How satisfied are you with the information your or your child’s Health Coach gave you over the phone?

Very Satisfied/Satisfied	76	78%
Very Dissatisfied/Dissatisfied	1	1%
No Response	21	21%
Total	98	100%

Nearly 22% of the returned surveys indicated a ‘No Response’ to this question which suggests that it is not clear what defines a Health Coach.

Question 3: Have you or your child been given a Health Buddy device as part of the Healthy Together program?

Yes	22	22%
No	68	68%
No Response	10	10%
Total	98	100%

Most respondents of the returned survey, 68%, did not receive a Health Buddy as part of the Healthy Together program while 22% did receive the device.

Question 3a: How satisfied are you or is your child with how easy is the Health Buddy to use?

Very Satisfied/Satisfied	27	28%
Very Dissatisfied/Dissatisfied	2	1%
No Response	69	71%
Total	98	100%

Nearly 28% of the respondents were very satisfied with the ease of using the Health Buddy, which is consistent with the previous question asking if a Health Buddy was provided.

Question 3b: How satisfied are you or is your child with how helpful is the Health Buddy for taking care of your or your child’s condition?

Very Satisfied/Satisfied	24	25%
Very Dissatisfied/Dissatisfied	3	1%
No Response	71	74%
Total	98	100%

Satisfaction levels were high for those respondents indicating the Health Buddy helpfulness for them or their child.

Question 4: How satisfied are you or is your child with the overall quality of our Healthy Together Disease Management Program?

Very Satisfied/Satisfied	75	77%
Very Dissatisfied/Dissatisfied	3	3%
No Response	22	20%
Total	98	100%

Overall satisfaction with the Healthy Together Disease Management Program is very high with a reported 77% of the returning surveys.

Question 4a: How satisfied are you or is your child with how helpful is the Healthy Together program for taking care of your or your child’s condition?

Very Satisfied/Satisfied	72	74%
Very Dissatisfied/Dissatisfied	2	2%
No Response	26	24%
Total	98	100%

This similar question to the previous question indicated a high level of satisfaction for the helpfulness of the program taking care of the disease condition.

Question 5: if you are or your child is “Dissatisfied” or “Very Dissatisfied” with any part of our program, or if you have or your child has other comments or suggestions to help improve our Health Together Disease Management Program, please write them in the box below.

1. I think this program is good.
2. I have been very ill this past year.
3. I have enjoyed talking to my health coach.
4. ...would like more questions
5. I’m not really sure.
6. I have no children.
7. Thank you for everything.
8. It’s good to be able to call.
9. Needs to be easier to contact
10. I have a close association with...
11. I haven’t had too much to do with...
12. Blurb about not wanting contact

13. Been back and forth to Denver...
14. I am very thankful for the help.
15. I have no children other than...
16. Have not heard from anyone for a long time.
17. I don't like talking to someone.
18. No child.

Free text comments/phrases were provided by 18% of the respondents.

Conclusions and Recommendations:

Overall, the survey results indicated a very satisfied or satisfied membership for the Wyoming Healthy Together Program in the Wyoming EqualityCare Program and with a favorable response rate of 17 percent. Partnership with APS' Healthy Together Program has been positive including the Health Buddy device. Educational materials are well received by the membership as they were found to be helpful and informative.

Opportunities for Improvement:

1. Survey design might be improved as it relates to defining a "Health Coach" more clearly as the outcome of the questions associated with a Health Coach appeared to support a lack of understanding of the term by the respondents.
2. Although the Health Buddy received high satisfaction rates, there was a small sampling of those who responded. Increasing the access to the Health Buddy for this high risk population group should be considered by APS.
3. Based upon the free-text comments made by members, there may be an opportunity to reinforce information related to Health Coach availability and the opt-out component of the program.

HEALTHY TOGETHER DISEASE MANAGEMENT PROGRAM SATISFACTION SURVEY

1. Have you/your child received one of our newsletters or educational mailings within this past year?

NO YES *If you answered YES, please mark one box for each question.*

How satisfied are you with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
The educational materials that you/your child got in the mail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The newsletters that you/your child got in the mail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you/your child been contacted by one of our Health Coaches within this past year?

NO YES *If you answered YES, please mark one box for each question.*

How satisfied are you with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
The availability of you/your child's Health Coach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You/Your child's Health Coach's ability to make you feel at ease during phone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The knowledge about you/your child's Health Coach had about you/your child's condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information you/your child's Health Coach gave you over the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you/your child been given a Health Buddy device as part of the Healthy Together program?

NO YES *If you answered YES, please mark one box for each question.*

How satisfied are you/is your child with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
How easy is the Health Buddy to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful is the Health Buddy for taking care of you/your child's condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Thinking about you/your child's experience with the Healthy Together program this past year,

How satisfied are you/is your child with:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
The overall quality of our Healthy Together Disease Management Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful is the Healthy Together program for taking care of you/your child's condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are/your child is "Dissatisfied" or "Very Dissatisfied" with any part of our program, or if you have/your child has other comments or suggestions to help improve our Healthy Together Disease Management Program, please write them in the box below. Please attach a separate sheet of paper for additional comments or suggestions.

Thank you for your time. Please return your reply in the pre-paid envelope provided.



June 16, 2005

«FIRST» «LAST»
«ADDRESS1»
«ADDRESS2»
«CITY», «STATE» «ZIP»

Dear «FIRST» «LAST»:

Congratulations on being part of the *Healthy Together*SM program. We are always looking for ways to improve our services. Your opinion is important to us! Please take a few minutes to complete the *Healthy Together*SM survey. Please return your completed survey as soon as possible in the enclosed pre-paid envelope.

Your answers will be kept confidential. What you say will not change your benefits or the personal care you receive from the *Healthy Together*SM program.

Please call toll-free 1-800-741-7844 if you have questions about the *Healthy Together*SM program or this survey. Thank you for your time!

Sincerely,

Kenneth C. Redlin, M.D., A.B.F.P.
Senior Medical Director

Marion Smith, M.D.
Medical Director, APS Healthcare, Wyoming

Enclosures

Wyoming Data Survey Results

Q1	Q1a	Q1b	Q2	Q2a	Q2b	Q2c	Q2d	Q3	Q3a	Q3b	Q4a	Q4b	Q5
YES	1	1	YES	2	1	1	1	NO				1	1
YES	1	1	YES	1	1	1	1	NO				1	1
NO			NO					NO					
NO	1	1	YES	1	1	1	1	YES		1	1	1	1
YES	2	2	YES	1	1	1	1	YES				1	1
NO			YES					NO				2	
	1	1			1	1	1	YES		1	1	1	1
NO			NO					NO					
NO			YES	1	1	1	1	NO				2	2
YES	1	1		1	1	1	1	NO				1	1
YES	2	2	YES	2	2	2	2	YES		2	2	2	2
YES	1	1		1	1	1	1	NO				1	1
YES	2	2	YES	1	1	1	1	YES		1	1	1	1
YES	2	2	YES	2	1	2	1	NO				2	2
YES			YES	2	2	2	2	NO				1	2
YES	2		YES	1	1	1	1	NO				1	1
	1	2	YES	2	1	1	2	YES		2	2	1	1
YES	1	2	YES	2	1	1	1					1	1
NO			YES	2	2	2	2	NO				2	2
YES	2	2	YES	2	1	1	1	NO				2	2
NO	1		NO					NO					
NO			NO					NO					
NO			NO					NO					
YES	2	2	YES	1	1	2	2	YES		1	1	1	1
YES	2	2		2	2	2	2	NO				2	2
YES	2	2	YES	2	2	2	2			2	2	2	2
YES	1	1	YES	1	1	1	1	NO				1	1
NO			YES	1	1	1	1	YES		1	2	1	2
YES	2	2	YES	2	2	2	2	NO				2	2

YES	3	3	YES	1	1	1	1	YES	1	2	1	1	WOULD LIKE MORE QUESTIONS AND
YES	2	2	YES	2	2	2	2	YES	2	2	2	2	
YES	1	1	YES	1	1	1	1	YES	1	1	1	1	
YES	2	2	YES	2	2	2	2	NO			2	2	
NO	1		NO		1	1	1	YES	2		2		
YES	2	2	YES	2	2	2	2	YES	2	1	2	2	
YES	2	2	NO					NO					1 IM NOT REALLY SURE
YES	2	2	YES	1	1	1	1	YES	2	2	2	2	
YES	1	1	NO					NO					I HAVE NO CHILDREN
YES	2	2	YES	2	2	2	2	NO			2	2	
YES	2	2	YES	1	1	1	1				1	1	
NO	3	3	NO					NO			1	1	
YES	1	1	YES	1	2	1	1	NO			1	1	THANK YOU FOR EVERYTHING
NO			NO					NO					I AM 84 YEARS OLD MY CHILDREN

YES	2	2	YES	1	2	2	1	NO			1	2	IT IS GOOD TO BE ABLE TO CALL
NO			YES	2	2	2	2	NO			2	2	

YES	1	1	YES	1	1	1	1	YES	1	1	1	1	I THINK THIS PROGRAM IS A GOOD
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YES	2	2	YES	2	1		2						I HAVE BEEN VERY ILL THIS PAST
YES	2	2	YES	2	2	2	2	NO	4	4	2	2	

YES	1	1	YES	1	1	1	1	NO			1	1	HAVE ENJOYED TALKING TO MY HEA
YES	1	2	YES	2	1	1	1	NO			1	2	
YES	2		YES	2	2	2	2	NO			2	2	
YES	2	2	YES	2	1	1	1	NO			2	2	

YES	2	2	YES	2	4	3	3	NO			3	3	I DON'T LIKE TALKING TO SOMEON
NO			NO					NO					

NO		YES				2						NO CHILD
YES	2	2	YES	2	2	2	2	NO		2	2	
YES	2	2	YES	2	2	2	2	NO		2	2	
YES	2	2	NO					NO		2	2	
YES	1	1	YES	1	1	1	1	YES	2	2	1	1
YES	1	1	YES	2	2	2	2	NO			1	1
YES	1	1	NO					NO			1	
	1	1		2	2	2	2		2	2	2	PLEASE LET ME KNOW WHAT THIS P
YES	1	1		1	1	1	1	NO			1	I AM VERY THANKFUL FOR THE HEL
YES	2	2	YES	2	2	2	2	NO		2	2	
NO		NO						NO				I HAVE NO CHILDREN OTHER THAN
YES	2	2	YES	2	2	3	2	NO				
YES	1	YES		1				NO			2	DO NOT KNOW WHAT A HEALTH BUDD
YES	1	1		1	1	1	1	NO			1	1
YES	2	2	NO	2	2	2	2	NO	2	2	2	2

NO	2	4	YES	4	3	3	1	NO	2	1	3	4
YES	1	1	YES	1	1	1	1	NO			1	1
YES	1	1		1	1	1	1	YES	1	1	1	1

YES								NO			2	2	I HAVE CLOSE ASSOCIATING WITH
YES	2	2	YES	2	2	2	2	NO			2	2	
YES	2	2	YES	1	1	2	1	NO			1	1	
YES	1	1	YES	1	1	1	1	NO			1	1	
	2	2											
YES	2	2	YES	2	2	2	2	NO			2	2	
YES	2	2	YES	2	1	2	2	YES	2	3	2	3	

YES	2	2	YES		2			NO					I HAVENT HAD TOO MUCH TO DO WI
YES						1		NO			1	1	
YES	1		YES	1	1	1	1	YES	1	1	1	1	

YES	2	2		1	1	1	1	YES	1	1	2	2	NEEDS TO BE EASIER TO CONTACT
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