

**ADRC Evaluation Workgroup Call
3/23/2006**

Presenters :

Stephanie Lyon- MD

Louise Olsen, ME

Pat Nosserra (SPELL), ME

Stella Fair, MS

Participants :

Marie Tomlin, AL

Marianne Salmon, NC

Joe Rembert, AL

Annie Hewitt, NJ

Beverly Dunlap, AR

Karen Roberto, VA

Sandi Smith, FL

Bei Wu, WV

Seonyeoun Auh, IA

Carrie Blakeway, Lewin

Stephanie Hull, MD

Barbara Ettner, Lewin

Mark Richards, ME

Madison Sloan, Lewin

14 participants from 11 states.

Materials that were presented on this call are on the ADRC TAE website at:

<http://www.adrc-tae.org/tiki-index.php?page=Marylandpage>

- Maryland Access Point Consumer Satisfaction Survey Findings (Mar 2005 - Feb 2006)
- Maryland Access Point Advisory Board Survey
- Maryland Access Point Stakeholder Interviews Protocol

Introductory Question: What do you think is an effective way to measure awareness of and satisfaction with the ADRC among providers and other stakeholders along critical pathways? For example, some grantees (like Maryland) are doing interviews with providers and stakeholders. Others (like New Hampshire) are doing written surveys of providers known and not known to the ADRC. Others are counting sources of referral. What is your grant team doing or thinking about doing to get feedback from service providers and other stakeholders in the community?

- **Alabama** is still in the planning stages of their evaluation.
- **Arkansas** is thinking about this and have not decided.
- **Iowa** Their regular user survey includes providers.
- **Florida** is on the verge of conducting satisfaction surveys with consumers. These calls will be made by state employees to a sample of ADRC users. They did not plan to do a provider survey, but their current auditors have recommended it so they're checking to see how many providers they've captured in their sample. If the provider sample isn't big enough they'll develop a separate provider survey.
- **Maine's** ADRC involves three broad coalitions in three areas of the states that include providers and consumers. They surveyed the coalition members early on in the project and plan to do a follow up survey soon. They will also do a survey in the pilot site area and conduct key informant interview with local area providers, hopefully to include those who are aware of ADRC and those who are not aware.

- **New Jersey** has piloted consumer satisfaction surveys and is planning to do key informant interviews in both pilot counties.
- **North Carolina** does not include providers in their consumer satisfaction survey, which they have pre-tested. They are planning to survey stakeholders to measure awareness and satisfaction.
- **Virginia** does a consumer satisfaction survey.
- **West Virginia** is doing one third-party consumer satisfaction survey, administered by the state evaluator, and the pilot sites are also doing their own. They plan to conduct stakeholder surveys by telephone and have hired a survey company to do this. They will also do an Advisory Board survey.

Maryland's Consumer Satisfaction Surveys

Maryland: Maryland has two pilot sites, one in suburban Howard County and one in rural Worcester County. Their project has three goals: to have two operational pilot sites, to streamline the Medicaid eligibility process, and develop a statewide resource website.

They now have almost a year's worth of consumer satisfaction survey data from their two pilot sites. They recently conducted a written Advisory Board survey and are also doing stakeholder interviews.

They decided to keep their consumer satisfaction survey brief and put it on-line as well as on paper. Very few people have accessed it on-line (no more than 5). There is room on the survey for consumers to include comments. They have found that even the less positive comments are helpful. They also put a place on the form for consumers to enter identifiable information if they want more assistance from the pilot site.

They select a convenience sample from lists of consumers they get from the pilot sites each week. They try to avoid sending duplicate surveys to repeat users and do not put any identifiers on the instruments except to use different colored paper for each pilot site. They keep a list of people who receive the survey in a locked drawer.

They knew it was important to get surveys out a very short time after services were delivered, so they send them out on a weekly basis. Early on they were concerned about their return rate. Something that seems to help is that one of their pilots sends a letter out to clients saying that they may receive a satisfaction survey and asking them to respond. They use a cover letter and include a stamped return envelope. The envelopes are hand addressed and returned to the University of Maryland. If the consumer filled out the optional identifying section, asking for more assistance, this information is torn off of the survey and sent by the University to the pilot site.

So far they have mailed 1088 surveys and had 250 returned, about a 26% response rate. So far, they have gotten what appears to be a representative sample of respondents, relative to their population of users. They keep all the information for each month in a SAS file for analysis.

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In terms of outcomes, they have found that most consumers respond positively. 61% had called the ADRC for themselves, 36% on behalf of someone else. In Howard County, they had slightly more people looking for services related to disabilities than in Worcester County. So far responses have been similar across age groups. They have run data on people only asking for assistance with disabilities, and found that in this sub-group satisfaction was also very high.

Question from Lewin: With such a short survey, looking back - are there any questions you wish you had included?

Answer from Maryland: Not really - they have gotten great information. Although, for individuals who called on behalf of someone else, they do not know who those people are. It might include other stakeholders or providers. One type of information that they are missing but do not know exactly how to measure, is whether the consumers eventually make their way to the services they need and how quickly they get these services. It is hard to get baseline data for something like this and hard to measure a difference over time. They do try to get anecdotal information about streamlining and time from call to service to use when they talk to legislators.

Comment from Iowa: Iowa includes a multiple choice question on their survey asking whether the person responding contacted the ADRC on behalf of a spouse, relative, friend, patient, etc.

Question from Virginia: How do they select their sample from the lists they get from the pilot sites? How many surveys do you send each week?

Answer from Maryland: They pick every 3rd person from the list in Howard County and survey 100% in Worcester. They will skip names if the person has the same name or address as someone else they are surveying and they try to avoid sending a survey to an individual more than one time. They send out about 20-30 each week.

Comment from North Carolina: Response rate can be a real problem. Like Maryland, North Carolina gets about 25% back. If this is a small absolute number, it can make statistical representation a problem.

Comment from Maryland: Considering that they only do one mailing, with no follow up to non-responders, they have been pleased with their response rate.

Comment from Iowa: They have four different pilot sites in rural and metropolitan areas. They have noticed that their response rate is higher in rural areas, over 30%.

Comment from New Jersey: Thanks to Maryland for sharing their data! In New Jersey, they deliberately chose rural and urban pilot sites to see if there would be differences.

Maryland Advisory Board Surveys and Stakeholder Interviews

Maryland: They have two levels of advisory boards, one at the state level and one for each pilot site, and wanted to survey all members. They told each board member about the survey and developed a short instrument that could be completed online or on paper. The official deadline was last Wednesday, but they have extended it. They have received 39 out of 66 so far. They do not have data to report but are looking forward to the results.

They also started to do stakeholder interviews this month. They plan to do in-depth interviews with 40-50 people in different stakeholder groups: state level, pilot level, critical pathways and

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providers, pilot site staff, partner agencies. They will tailor the questions a little for each group. They are getting a lot of good and detailed information. They hired a student intern and trained her to conduct these surveys by phone or face-to-face. She has a good feel for the goals of the project and the process is going very well so far. They are writing up notes and will eventually produce a report.

Potential Topics Suggested for Future Calls

- How do you measure streamlined access? It is difficult to collect the right data because ADRCs do not always control the outcome, or control the data involved (Medicaid data, for example).
- Differences between urban and rural populations.

Next workgroup meeting:

Thursday, May 25, 2006
2:30 EST