

How are we doing?

Partnering with Providers to Enhance Client Satisfaction Assessment and Reduce Burden

Katrease Hale¹, Celeste Rabaut¹, Leanne Savola²; ¹Independent Consultant, ²Detroit Health Department

Background

Historically, Detroit Part A funded providers have complied with National Monitoring Standards by holding their own focus groups and/or designing and implementing their own satisfaction surveys. Three questions drove the Detroit Health Department's decision to pilot a system-wide satisfaction survey:

- Could a large urban EMA effectively remove the burden of client satisfaction surveys off providers?
- Could a coordinated approach offer a more global understanding of the client experience within a service category?
- Could this approach identify systems-wide changes that do not readily emerge from individual agency surveys?

Project Scope

One service category was used for simplicity and the pilot was implemented in English only. Medical case management was chosen as it received the 2nd largest funding allocation and served the largest number of individuals.

Medical case managers (MCM) were involved at several points to ensure information gleaned was actionable. A meeting was held to discuss the pilot and what MCM wanted to learn or measure. A questionnaire was used with supervisors to gather information about how the survey could best be conducted. A meeting was held to get input on proposed procedure and timeline. Supervisors received a copy of the pilot survey and proposed introduction for review and input.

Project Goals

1. Learn the capacity of the Detroit Health Department to administer a satisfaction survey across multiple agencies for one service category.
2. Identify where provider involvement was needed for success.
3. Determine if medical case managers prompting their clients to participate would result in client engagement.
4. Assess the quality of information received to determine the potential to identify trends and issues.

Methodology & Process

Engagement & Planning

Detroit Health Department (DHD) met with medical case managers (MCM) several times during the planning and roll-out stages of the survey.



Kick-Off Meeting with MCM Supervisors

DHD met with MCM supervisors to go over the finalized survey, process, MCM client recruitment and timeline. This meeting was an opportunity to ensure everyone was on the same page and to answer any questions prior to launching the survey.

Client Participation

If yes, the MCM forwarded their name & phone number via a confidential method (e.g. Sfax) to DHD interviewer to schedule the interview.

Data Collection

Interviewer documented anonymous responses in Survey Monkey and noted in CAREWare that the client had participated. CAREWare documentation allowed for weekly demographic analysis of participants to ensure they were reflective of the MCM population and guaranteed a client did not participate more than once.

Finalize Survey

Survey Length

Nine quantitative questions utilizing a Likert Scale and one open ended question. A convenience sample (n=83, CI=95%) was used, with the number of surveys needed allocated across agencies dependent upon their client population. Each agency selected a one-week period for the survey.

Recruitment by Medical Case Managers

Started the Monday morning of their designated week. MCM used a script to explain the survey to clients they met with (via phone or in-person) and to ask if they would participate in the survey.

Clients contacted same day or next day

Phone Calls

Completed via telephone using a DHD interviewer. Surveys were conducted either on the same day that a client met with their MCM or at a later time, usually the same week.

Follow-up and Reporting

Once the target sample size was reached, interviewer would inform the agency that the survey was complete and arrange to speak with both their MCM supervisor and a case manager. This was to get their perspective on the process, identify any burden on staff, learn client reactions, and strategize next steps. Once all surveys were completed, DHD analyzed responses to identify themes. Agencies received overall and individualized reports with a breakdown of each quantitative question and all qualitative responses. Any concerns mentioned were also communicated to the agency.

Results

Provider Burden

Case managers said the process was simple and liked that the burden to complete this HRSA/HAB requirement was reduced. It took very little time to explain the survey to clients and get their participation.

Acceptability to Clients

Clients responded positively to the idea of a survey and liked the idea of a phone interview at a time convenient to them. Clients understood that it was confidential.

Administration by Telephone

A telephone survey (vs mail, in-person or online) produced a high response. Clients were contacted within two days of expressing an interest. There was a 69% response rate and it took on average 2 calls to reach each client. Survey calls took an average of 5 minutes each.

Global Understanding

The Detroit Health Department ((DHD) process introduced a level of transparency to both the survey implementation and the sharing of data. For the first time, DHD and providers were able to compare responses across medical case management (MCM) providers.

Identifying Areas for Change

The responses were overall positive, thus no system-wide changes were identified. However, statements clients shared in the Other Comments section did lead to discussions with individual agencies about specific challenges they are experiencing.

Other Factors for Success

- Use of a consultant to design the survey, create a sampling plan, develop a time line and prepare necessary supporting documents for MCM to use in engaging their clients.
- An interviewer with a flexible schedule so clients could be contacted in a timely manner and surveys could be done at times convenient to the clients.
- An interviewer who is familiar with the Ryan White program and its services so they can answer client questions.

Lessons Learned

Clients were comfortable with the interviewer and the idea of the survey because of the positive reputation of the administering agency (Detroit Health Department).

Clients were very willing to answer the questions, likely due to the introduction by their case manager.

The Lickert Scale of five choices seemed to be the right number of responses.

Instead of one large kick-off meeting, hold individual calls with each agency the week prior to their survey week to ensure case managers are prepared and ready to recruit clients for the survey.

All case managers, not just supervisors, need to be involved in the final meeting prior to launching the survey to clarify the process with those who directly engage clients, give them a chance to reflect on the process and ask questions from their unique point of view.

The issue of how to engage clients who are incarcerated or who live in adult foster care homes needs to be considered.

Asking an open-ended question at the end of the survey did not add a significant amount of time to the process and elicited additional information that was helpful to both providers and the health department.