

April 15, 2014

Results from the Patient Experience Survey of the Massachusetts Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Project

MassHealth - Time 3

Summary Report for MassHealth

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Understanding This Report

The CHIPRA Patient Experience Survey instrument incorporates questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a nationally recognized, validated survey. This report includes summary measures as well as detailed results for the associated survey questions.

The report provides results for six composite measures as well as an overall rating measure of providers (see below). Composite measures summarize the answers to two or more questions contained in the survey. Composite measures 1-5 and rating measure 7 are part of the CAHPS standard reporting measures. The sixth composite measure was created based on additional questions we included on behavioral health.

1. Getting Timely Appointments, Care, and Information
2. How Well Providers (or Doctors) Communicate with Patients
3. Helpful, Courteous, and Respectful Office Staff
4. Provider's (Doctor's) Attention to Your Child's Growth and Development
5. Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy
6. Provider's Attention to Behavioral and Emotional Problems
7. Parent's Rating of the Provider (or Doctor)

The next section, **Overview of Measures**, provides a description of each measure including the questions included in the measure. **Comparative Summary of MassHealth Times 1, 2, and 3 Results** provides a summary table of the measure scores computed for all three time points (i.e., cross sections) in the study. **MassHealth Time 3 Detailed Results** provides the response distributions of each survey item associated with above measures based only on the MassHealth Time 3 sample of completed interviews. In addition, it includes information gathered through the demographic and health status questions included in the survey.

Overview of Measures



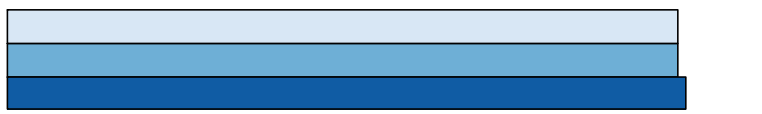
The following table provides a description of each measure as well as the associated questions from the survey. Measures 1-6 are composite measures that combine results for closely-related questions. Measure 7 is a single-item measure that rates a respondent's assessment of their child's provider on a scale of 0 to 10.

Measure	Description	Question Number	Question Description
<i>1. Getting Timely Appointments, Care, and Information</i>	The survey asked parents how often they got appointments for a child's care as soon as needed and timely answers to questions when they called the office. The survey also asked parents how often they saw the provider within 15 minutes of their appointment time.	Q13	Child got appointment for urgent care as soon as needed
		Q16	Child got appointment for non-urgent care as soon as needed
		Q21	Respondent got answer to medical question the same day he/she phoned provider's office
		Q23	Respondent got answer to medical question as soon as needed when he/she phoned provider's office after hours
		Q25	Child saw provider within 15 minutes of appointment time
<i>2. How Well Providers (or Doctors) Communicate with Patients</i>	The survey asked parents how often the providers explained things clearly, listened carefully, showed respect, provided easy to understand instructions, knew their child's medical history, and spent enough time with the patient.	Q26	Provider explained things in a way that was easy to understand
		Q27	Provider listened carefully to respondent
		Q29	Provider gave easy to understand information about health questions or concerns
		Q30	Provider knew important information about child's medical history
		Q31	Provider showed respect for what respondent had to say
		Q32	Provider spent enough time with child
<i>3. Helpful, Courteous, and Respectful Office Staff</i>	The survey asked parents how often office staff were helpful and treated them with courtesy and respect.	Q53	Clerks and receptionists were helpful
		Q54	Clerks and receptionists were courteous and respectful
<i>4. Provider's (Doctor's) Attention to Your Child's Growth and Development</i> <i>(Continued on next page...)</i>	The survey asked parents if the provider (or doctor) talked about their child's growth, behaviors, moods and emotions, and ability to learn and get along with others.	Q38	Respondent and provider talked about child's learning ability
		Q39	Respondent and provider talked about age-appropriate behaviors
		Q40	Respondent and provider talked about child's physical development

Measure	Description	Question Number	Question Description
<p>(... Continued from previous page)</p> <p>4. <i>Provider's (Doctor's) Attention to Your Child's Growth and Development</i></p>	<p>The survey asked parents if the provider (or doctor) talked about their child's growth, behaviors, moods and emotions, and ability to learn and get along with others.</p>	Q41	Respondent and provider talked about child's moods and emotions
		Q44	Respondent and provider talked about how much time child spends on a computer and in front of TV
		Q47	Respondent and provider talked about how child gets along with others
<p>5. <i>Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy</i></p>	<p>The survey asked parents if the provider talked about keeping their child from getting injured, the food the child eats, physical activity, and household problems.</p> <p>The survey also asked parents if the provider gave printed handouts or booklets on keeping their child from getting injured.</p>	Q42	Respondent and provider talked about injury prevention
		Q43	Provider gave information on injury prevention
		Q45	Respondent and provider talked about child's eating habits
		Q46	Respondent and provider talked about child's physical activity
		Q48	Respondent and provider talked about any problems in the household that might affect child
<p>6. <i>Provider's Attention to Behavioral and Emotional Problems</i></p>	<p>The survey asked parents if the provider gave the help the child needed for behavioral and family problems or mental and emotional illness.</p> <p>The survey also asked if the provider seemed informed about the emotional or behavioral counseling the child received.</p>	Q56	Provider gave the help the child needed for a behavior problem, family problem, or a mental or emotional illness
		Q58	Provider seemed informed and up-to-date about the emotional or behavioral counseling the child received?
<p>7. <i>Parent's Rating of the Provider (or Doctor)</i></p>	<p>The survey asked parents to rate the provider on a scale of 0 to 10, with 0 being the worst and 10 being the best.</p>	Q35	Rating of provider

Comparative Summary of MassHealth Times 1, 2, and 3 Results

The following table provides mean scores for each measure based on the eligible¹ samples of respondents across all three MassHealth study times². The total number of completed interviews eligible for analysis was 1,187 for Time 1, 1,771 for Time 2, and 1,520 for Time 3. Sample sizes may vary across measures when computing the mean scores due to item level screening and/or non-response. Differences in measure scores among study times were tested for statistical significance³.

Composite and Rating Measures	Comparison of Measure Scores Across CHIPRA MassHealth Study Times 1, 2, and 3 (top, middle, and bottom bars respectively)	Mean Score (Sample Size)		
		Time 1	Time 2	Time 3
Provider and Patient Communication		3.75 (1,181)	3.77 (1,763)	3.78 (1,519)
Courteous and Helpful Office Staff		3.52 (1,152)	3.54 (1,742)	3.56 (1,484)
Timely Appointments, Care, and Information		3.40 (1,181)	3.43 (1,761)	3.43 (1,518)
Behavioral and Emotional Problems		3.20 (505)	3.39 (780)	3.39 (686)
1 (Never) 2 (Sometimes) 3 (Usually) 4 (Always)				
Child's Growth and Development		0.71 (1,182)	0.72 (1,761)	0.76 (1,513)
Child's Health and Safety		0.69 (1,177)	0.71 (1,760)	0.74 (1,509)
0 0.2 0.4 0.6 0.8 1				
Respondent's Rating of the Provider		9.11 (1,171)	9.11 (1,751)	9.22 (1,504)
0 (Worst) 2 4 6 8 10 (Best)				

¹ Respondents who did not report their child's primary care provider as the provider listed or reported no visits within the past twelve months were considered ineligible and excluded from the calculation of the measure scores.

² Patient enrollment periods were from January 1st to June 30th with Time 1 conducted in 2011, Time 2 in 2012, and Time 3 in 2013.

³ A global F-test was performed to test the null hypothesis that measure scores are equal among study times. There were statistically significant differences among Times 1, 2 and 3 at the 0.05 level (i.e., p-value < 0.05) for the following three measures; "Child's Growth and Development", "Child's Health and Safety", and "Behavioral and Emotional Problems".

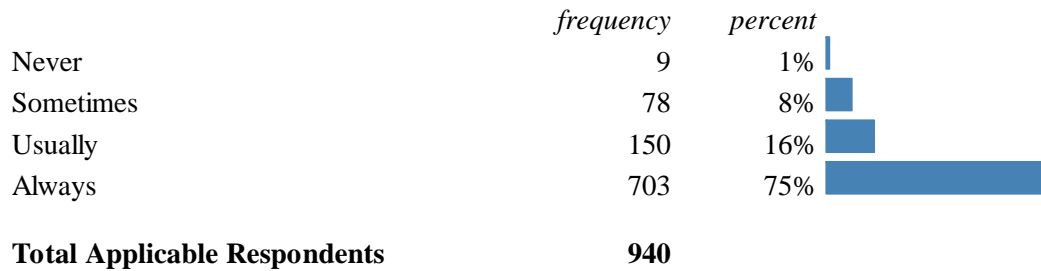
MassHealth Time 3 Detailed Results

This section lists the survey questions associated with each summary measure. This section concludes with specific demographic and health information for the parents and patients sampled. Each question includes aggregate response information for the MassHealth Time 3 sample only. The following terms are used to interpret results for each question.

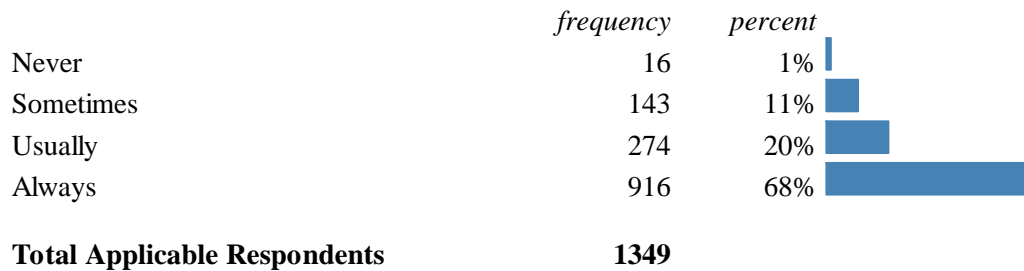
- “Frequency” represents the number of respondents who selected a response option.
- “Percent” represents the percentage of applicable respondents who selected a response option. The corresponding bar chart provides a visual representation of the percentage.
- “Total applicable respondents” represents the number of individuals who responded to the question. Many questions have screening questions that allow respondents to skip questions that do not apply.

Getting Timely Appointments, Care, and Information

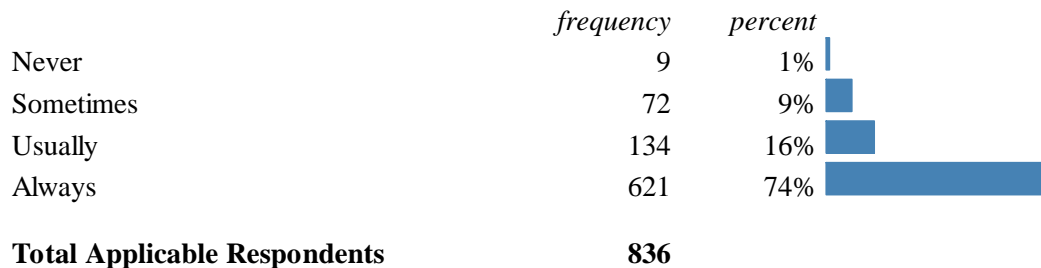
13. In the last 12 months, did you phone this provider’s office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?



16. In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?







21. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?



Getting Timely Appointments, Care, and Information (continued from previous page)

23. In the last 12 months, when you phoned this provider’s office after regular office hours, how often did you get an answer to your medical question as soon as you needed?





	<i>frequency</i>	<i>percent</i>	
Never	12	3%	
Sometimes	37	10%	
Usually	74	21%	
Always	237	66%	
Total Applicable Respondents	360		

25. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider within 15 minutes of his or her appointment time?





	<i>frequency</i>	<i>percent</i>	
Never	176	12%	
Sometimes	403	27%	
Usually	402	27%	
Always	524	35%	
Total Applicable Respondents	1505		

How Well Providers (or Doctors) Communicate with Patients

26. In the last 12 months, how often did this provider explain things about your child’s health in a way that was easy to understand?

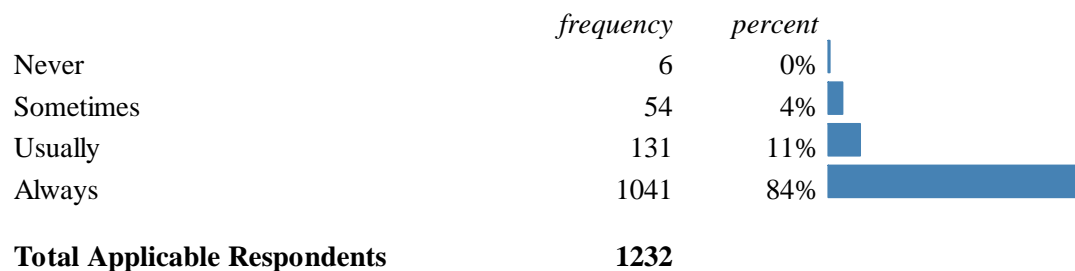
	<i>frequency</i>	<i>percent</i>	
Never	11	1%	
Sometimes	62	4%	
Usually	164	11%	
Always	1277	84%	
Total Applicable Respondents	1514		

27. In the last 12 months, how often did this provider listen carefully to you?

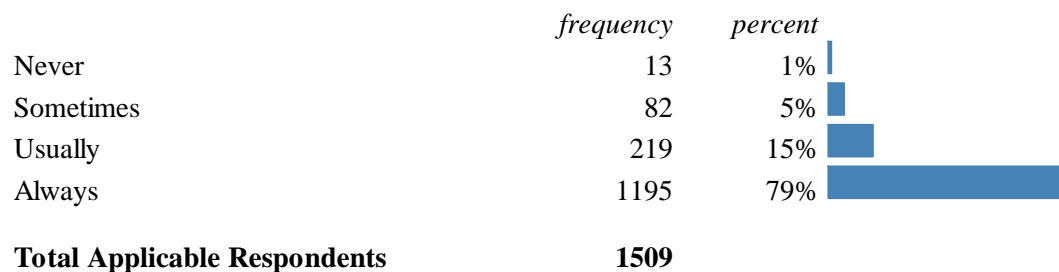
	<i>frequency</i>	<i>percent</i>	
Never	5	0%	
Sometimes	58	4%	
Usually	142	9%	
Always	1308	86%	
Total Applicable Respondents	1513		

How Well Providers (or Doctors) Communicate with Patients (continued from previous page)

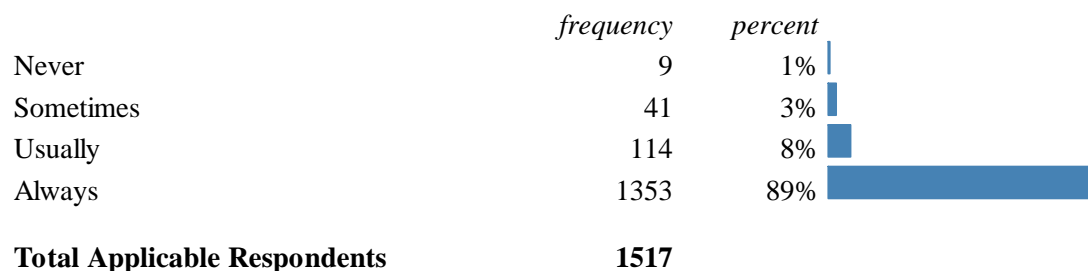
29. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?



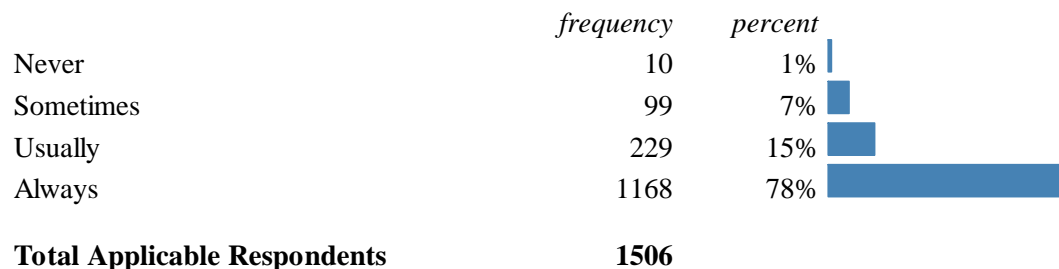
30. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?



31. In the last 12 months, how often did this provider show respect for what you had to say?

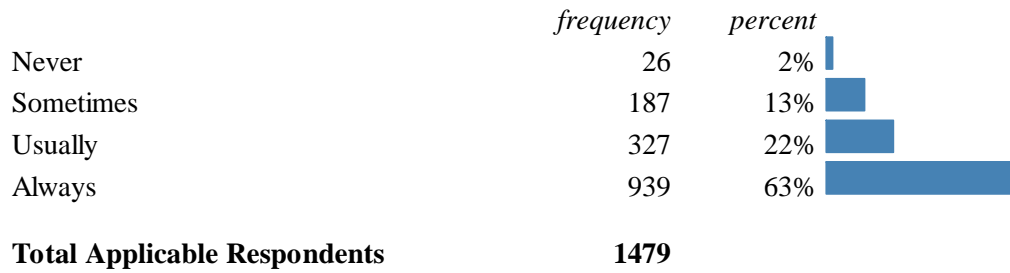


32. In the last 12 months, how often did this provider spend enough time with your child?

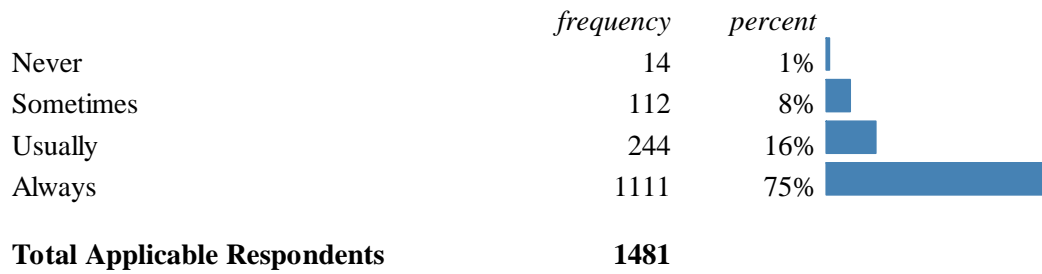


Helpful, Courteous, and Respectful Office Staff

53. In the last 12 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?

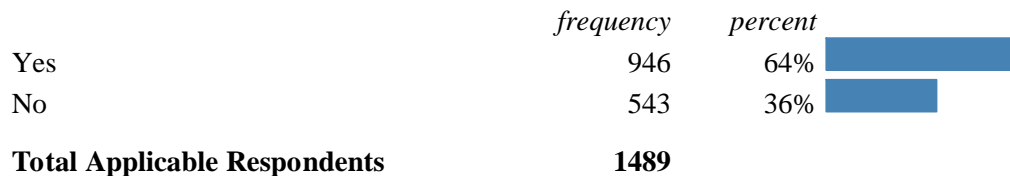


54. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

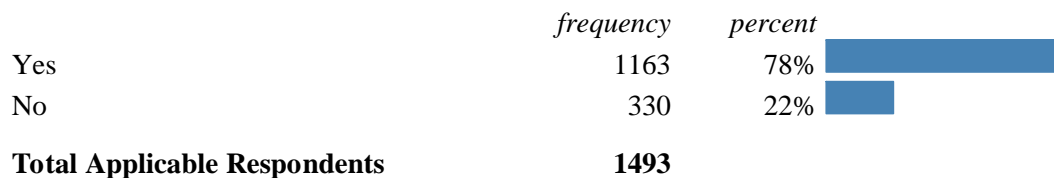


Provider’s (Doctor’s) Attention to Your Child’s Growth and Development

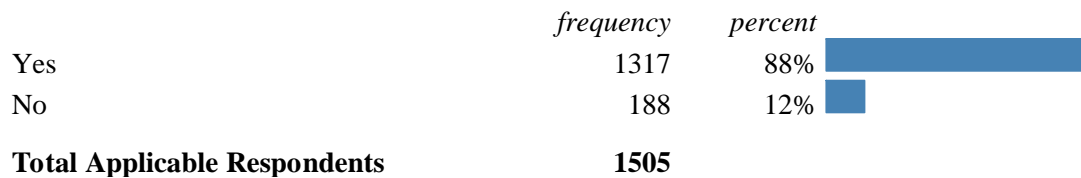
38. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?



39. In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?






40. In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?






Provider's (Doctor's) Attention to Your Child's Growth and Development (continued from previous page)




41. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

	<i>frequency</i>	<i>percent</i>	
Yes	1122	75%	
No	367	25%	
Total Applicable Respondents	1489		

44. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?




	<i>frequency</i>	<i>percent</i>	
Yes	1053	71%	
No	433	29%	
Total Applicable Respondents	1486		

47. In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?




	<i>frequency</i>	<i>percent</i>	
Yes	1195	80%	
No	299	20%	
Total Applicable Respondents	1494		

Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy

42. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

	<i>frequency</i>	<i>percent</i>	
Yes	1086	73%	
No	408	27%	
Total Applicable Respondents	1494		

43. In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?

	<i>frequency</i>	<i>percent</i>	
Yes	985	67%	
No	489	33%	
Total Applicable Respondents	1474		

Provider's (Doctor's) Advice on Keeping Your Child Safe and Healthy (continued from previous page)

45. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

	<i>frequency</i>	<i>percent</i>	
Yes	1294	86%	
No	202	14%	
Total Applicable Respondents	1496		

46. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

	<i>frequency</i>	<i>percent</i>	
Yes	1171	78%	
No	324	22%	
Total Applicable Respondents	1495		

48. In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?

	<i>frequency</i>	<i>percent</i>	
Yes	1009	68%	
No	479	32%	
Total Applicable Respondents	1488		

Provider's (Doctor's) Attention to Behavioral and Emotional Problems

56. In the last 12 months, how often did your child's primary care provider give you the help your child needed for a behavior problem, family problem, or a mental/emotional illness?

	<i>frequency</i>	<i>percent</i>	
Never	43	7%	
Sometimes	63	10%	
Usually	87	14%	
Always	423	69%	
Total Applicable Respondents	616		

58. In the last 12 months, how often did your child's primary care provider seem informed and up-to-date about the emotional or behavioral counseling your child received?

	<i>frequency</i>	<i>percent</i>	
Never	25	9%	
Sometimes	37	13%	
Usually	47	16%	
Always	182	63%	
Total Applicable Respondents	291		

Parent's Rating of the Provider (or Doctor)

35. 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?

	<i>frequency</i>	<i>percent</i>
0 Worst Provider Possible	2	0%
1	0	0%
2	2	0%
3	3	0%
4	5	0%
5	24	2%
6	18	1%
7	64	4%
8	215	14%
9	277	18%
10 Best Provider Possible	894	59%
Total Applicable Respondents	1504	

Demographics

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

	<i>frequency</i>	<i>percent</i>
Excellent	677	45%
Very good	459	31%
Good	281	19%
Fair or poor	82	5%
Total Applicable Respondents	1499	

61. What is your child's age?

	<i>frequency</i>	<i>percent</i>
0-3 years old	317	21%
4-7 years old	357	24%
8-12 years old	393	26%
13-17 years old	336	23%
18-19 years old	83	6%
Total Applicable Respondents	1486	

Demographics (continued from previous page)

67. What is the highest grade or level of school that you have completed?

	<i>frequency</i>	<i>percent</i>	
8th grade or less	108	7%	
Some high school, but did not graduate	197	13%	
High school graduate or GED	494	33%	
Some college or 2-year degree	442	30%	
4-year college graduate	162	11%	
More than 4-year college degree	73	5%	
Total Applicable Respondents	1476		



Experiences with Your Child's Primary Care Provider

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. The Office of Survey Research will not share your personal information with anyone without your OK. Your answers to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What to Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to OFFICE OF SURVEY RESEARCH, UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, 333 SOUTH STREET, SHREWSBURY, MA 01545-9803.

If you want to know more about this study, please call 1-888-368-7157.

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → If Yes, go to #1 on page 1
 No

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

Your Child's Care from This Provider in the Last 12 Months

Your Child's Provider

1. A primary care provider is the doctor or nurse that you usually call when your child needs a checkup, gets sick or hurt, or if you want advice about a health problem your child may have.

Is there one particular doctor or nurse that you think of as your child's primary care provider?

- ¹ Yes
² No → If No, Go to #59 on Page 7

2. Our records show that your child's primary care provider is at:

<Practice>

Is that right?

- ¹ Yes
² No → If No, please write the name and address of the office here:

Questions in this survey will refer to your child's primary care provider as "this provider." Please think of that person as you answer these questions.

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

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

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

4. In the last 12 months, how many times did your child visit this provider for care?

- ⁰ None → If None, go to #59 on Page 7
¹ 1 time
² 2
³ 3
⁴ 4
⁵ 5 to 9
⁶ 10 or more times

5. In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?

- ¹ Yes → If Yes, go to #7
² No

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

- ¹ Yes → If Yes, go to #10 on page 4
² No → If No, go to #10 on page 4

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

- ¹ Yes
² No → If No, go to #10 on page 4

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

9. In the last 12 months, how often did this provider listen carefully to your child?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

¹ Yes

² No →If No, go to #12

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

¹ Yes

² No

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

¹ Yes

² No →If No, go to #15

13. In the last 12 months, when you phoned this provider's office to get an appointment for care your child needed right away, how often did you get an appointment as soon as your child needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

14. In the last 12 months, how many days did you usually have to wait for an appointment when your child needed care right away?

¹ Same day

² 1 day

³ 2 to 3 days

⁴ 4 to 7 days

⁵ More than 7 days

15. In the last 12 months, did you make any appointments for a check-up or routine care for your child with this provider?

¹ Yes

² No →If No, go to #17

16. In the last 12 months, when you made an appointment for a check-up or routine care for your child with this provider, how often did you get an appointment as soon as your child needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

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

¹ Yes

² No

18. In the last 12 months, did your child need care during evenings, weekends, or holidays?

¹ Yes

² No →If No, go to #20

19. In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

¹ Never

² Sometimes

³ Usually

⁴ Always

20. In the last 12 months, did you phone this provider's office with a medical question about your child during regular office hours?

¹ Yes

² No →If No, go to #22

21. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

¹ Never

² Sometimes

³ Usually

⁴ Always

22. In the last 12 months, did you phone this provider's office with a medical question about your child after regular office hours?

¹ Yes

² No →If No, go to #24 on page 5

23. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

24. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?

- ¹ Yes
- ² No

25. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

26. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

27. In the last 12 months, how often did this provider listen carefully to you?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

28. In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?

- ¹ Yes
- ² No →If No, go to #30

29. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

30. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

31. In the last 12 months, how often did this provider show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

32. In the last 12 months, how often did this provider spend enough time with your child?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

- ¹ Yes
- ² No →If No, go to #35 on page 6

34. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

35. 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?

⁰⁰ 0 Worst provider possible

⁰¹ 1

⁰² 2

⁰³ 3

⁰⁴ 4

⁰⁵ 5

⁰⁶ 6

⁰⁷ 7

⁰⁸ 8

⁰⁹ 9

¹⁰ 10 Best provider possible

36. 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 12 months, did your child see a specialist for a particular health problem?

¹ Yes

² No →If No, go to #38

37. In the last 12 months, how often did your child's primary care provider seem informed and up-to-date about the care your child got from specialists?

¹ Never

² Sometimes

³ Usually

⁴ Always

Please answer these questions about your child's primary care provider.

38. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?

¹ Yes

² No

39. In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?

¹ Yes

² No

40. In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?

¹ Yes

² No

41. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?

¹ Yes

² No

42. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?

¹ Yes

² No

43. In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?

¹ Yes

² No

44. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?

¹ Yes

² No

45. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?

¹ Yes

² No

46. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?

¹ Yes

² No

47. In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?

¹ Yes

² No

Other Care from Your Child's Provider

48. In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?

- ¹ Yes
² No

49. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your child's health?

- ¹ Yes
² No

50. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- ¹ Yes
² No

51. In the last 12 months, did your child take any prescription medicine?

- ¹ Yes
² No → If No, go to #53

52. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

- ¹ Yes
² No

Clerks and Receptionists at This Provider's Office

53. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

54. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

55. In the last 12 months, did you and your child's primary care provider talk about a behavior problem, family problem, or a mental or emotional illness?

- ¹ Yes
² No → If No, go to #57

56. In the last 12 months, how often did your child's primary care provider give you the help your child needed for a behavior problem, family problem, or a mental or emotional illness?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

57. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she gets treatment or counseling?

- ¹ Yes
² No → If No, go to #59

58. In the last 12 months, how often did your child's primary care provider seem informed and up-to-date about the emotional or behavioral counseling your child received?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

About Your Child and You

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

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

61. What is your child's age?

- 1 Less than 1 year old
- _____ Years Old (*write in*)

62. Is your child male or female?

- 1 Male
- 2 Female

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

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

64. What is your child's race? Mark one or more.

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

65. What is your age?

- 1 Under 18
- 2 18 to 24 years old
- 3 25 to 34 years old
- 4 35 to 44 years old
- 5 45 to 54 years old
- 6 55 to 64 years old
- 7 65 to 74
- 8 75 or older

66. Are you male or female?

- 1 Male
- 2 Female

67. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

68. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else _____

(please print)

69. Did someone help you complete this survey?

- 1 Yes
- 2 No →

<p>Thank you. Please return the completed survey in the postage-paid envelope.</p>

70. How did that person help you?

Mark one or more.

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

(please print)

THANK YOU

Please return the completed survey in the postage-paid envelope to:

<p>OFFICE OF SURVEY RESEARCH, UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, 333 SOUTH STREET, SHREWSBURY, MA 01545-9803</p> <p>Please do not include any other correspondence.</p>

If you have any questions please call the toll-free number 1-888-368-7157.

Appendix 2: Cover Letters

Parent or Guardian of <PatFirst> <PatLast>
<PatAddress1>
<PatAddress2>
<PatCity>, <PatState> <PatZip5>

<Logo>

To the Parent or Guardian of <PatFirst> <PatLast>:

We want to make sure that your child is getting the best care possible. The Office of Survey Research (OSR) at UMass Medical School is conducting a survey on behalf of medical practices in Massachusetts to improve health care for children. You can help by answering a few questions about your child's visits to <Practice> in the last 12 months. Your answers are important.

- **Please take a few minutes to answer the survey questions.** You don't need a stamp to send it back – just put it in the envelope that came with the survey.
- You can choose to answer the questions or not to answer them. **If you choose to not answer the questions, there will be no changes to your child's medical care.**
- **Your answers will be private.** Your name (or your child's name) and answers will not be given to your child's doctor or health plan.

QUESTIONS YOU MAY HAVE:

Who is conducting this survey? The Office of Survey Research (OSR) at UMass Medical School is conducting this survey on behalf of <Practice>.

What is the purpose of this survey? This survey asks about your child's health and your child's health care. Your answers will help improve health care services for your child as well as other children throughout Massachusetts.

How was I selected to participate? OSR randomly chose a group of children receiving care from <Practice> and is asking the Parent or Guardian to take part in this survey.

What does the number label on the survey mean? This number tells OSR if you returned the survey so they don't send you reminders.

Thank you for telling us about your child's health care experience.

Regards,

<Electronic_Signature1>

<Sig_Name1>

<Sig_Title1>

<Electronic_Signature2>

<Sig_Name2>

<Sig_Title2>

<Electronic_Signature3>

<Sig_Name3>

<Sig_Title3>

(Enclosures)

**If you have any questions about the survey please call the Office of Survey Research at this toll-free number:
1-888-368-7157.**

Parent or Guardian of <PatFirst> <PatLast>
<PatAddress1>
<PatAddress2>
<PatCity>, <PatState> <PatZip5>

<Logo>

To the Parent or Guardian of <PatFirst> <PatLast>:

The Office of Survey Research (OSR) at UMass Medical School is conducting a survey on behalf of medical practices in Massachusetts to improve health care for children. About three weeks ago, OSR sent you a survey to ask you about the care your child gets from <Practice>. If you have already mailed back the survey, thank you! If you have not had time to answer or have lost the survey, please take a few minutes to fill out this survey now. Your answers are important.

- **Please take a few minutes to answer the survey questions.** You don't need a stamp to send it back – just put it in the envelope that came with the survey.
- You can choose to answer the questions or not to answer them. **If you choose to not answer the questions, there will be no changes to your child's medical care.**
- **Your answers will be private.** Your name (or your child's name) and answers will not be given to your child's doctor or health plan.

QUESTIONS YOU MAY HAVE:

Who is conducting this survey? The Office of Survey Research (OSR) at UMass Medical School is conducting this survey on behalf of <Practice>.

What is the purpose of this survey? This survey asks about your child's health and your child's health care. Your answers will help improve health care services for your child as well as other children throughout Massachusetts.

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What does the number label on the survey mean? This number tells OSR if you returned the survey so they don't send you reminders.

Thank you for telling us about your child's health care experience.

Regards,

<Electronic_Signature1>

<Sig_Name1>

<Sig_Title1>

<Electronic_Signature2>

<Sig_Name2>

<Sig_Title2>

<Electronic_Signature3>

<Sig_Name3>

<Sig_Title3>

(Enclosures)

**If you have any questions about the survey please call the Office of Survey Research at this toll-free number:
1-888-368-7157.**