



COLORADO

**Department of Health Care
Policy & Financing**

2020 Colorado Patient-Centered Medical Home Survey Child Report

July 2020

*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 Child Patient-Centered Medical Home (PCMH) Survey administered to parents/caretakers of child members receiving 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 RAEs are to coordinate care, ensure members are attributed to a primary medical care provider, and administer the capitated behavioral health benefit.

The survey instrument administered was a modified Consumer Assessment of Healthcare Providers and Systems Clinician & Group (CG-CAHPS[®]) 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey.¹⁻² The administered survey is referred to as the PCMH Survey in this report. Parents/caretakers of child Medicaid members completed the surveys from December 2019 to March 2020.

¹⁻¹ For the Child PCMH Survey, the survey questionnaire was addressed to the parent/caretaker of the child member (identified as having visited a participating practice clinician) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member.

¹⁻² 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 child RAE-contracted practices that were selected by the Department for inclusion in the 2020 PCMH Survey administration.

Table 1-1—Child RAE Practices

RAE Name	RAE Abbreviation	RAE Region	RAE-Contracted Practices	Practice Abbreviation
Rocky Mountain Health Plans	RMHP	1	Mountain Family Health Centers Avon School-Based Health Center	Mountain Family (RAE 1)
			Pediatric Associates, Teen Care Center	Pediatric Associates (RAE 1)
			Primary Care Partners, Inc.	Primary Care Partners (RAE 1)
Northeast Health Partners	NHP	2	Banner Health Physicians Colorado LLC	Banner (RAE 2)
			Sunrise Community Health	Sunrise (RAE 2)
Colorado Access	Colorado Access	3	Clinica Campesina Family Health Services	Clinica (RAE 3)
			Metro Community Provider Network, Inc.	MCPN (RAE 3)
			Rocky Mountain Youth Medical and Nursing Consultants, Inc.	Rocky Mountain Youth (RAE 3)
Health Colorado, Inc.	HCI	4	Lutheran Hospital Association of The San Luis Valley	Lutheran Hospital (RAE 4)
			Southern Colorado Clinic, P.C.	Southern Colorado (RAE 4)
			Valley-Wide Health Systems, Inc.	Valley-Wide (RAE 4)
Colorado Access	Colorado Access	5	Lowry Pediatrics, PC	Lowry Peds (RAE 5)
			Rocky Mountain Youth Medical and Nursing Consultants, Inc.	Rocky Mountain Youth (RAE 5)
Colorado Community Health Alliance	CCHA	6	Clinica Campesina Family Health Services	Clinica (RAE 6)
			Metro Community Provider Network, Inc.	MCPN (RAE 6)
			Peak Pediatrics PLLC	Peak Pediatrics (RAE 6)
Colorado Community Health Alliance	CCHA	7	Iron Horse Pediatrics, LLC	Iron Horse Peds (RAE 7)
			Matthews-Vu Medical Group PC	Matthews-Vu (RAE 7)
			Peak Vista Community Health Centers	Peak Vista (RAE 7)

Survey Administration and Response Rates

Survey Administration

HSAG selected a sample of 233 to 1,200 members for each child RAE practice. Additional information on the sampling procedures is included in the Reader's Guide Section beginning on page 4-5.

The survey process employed allowed parents/caretakers of child 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 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 via mail or the web. Additional information on the survey protocol is included in the Reader's Guide Section beginning on page 4-5.

Response Rates

The PCMH Survey response rate is the total number of completed surveys divided by all eligible members of the sample. 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 1.¹⁻³ 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 4-6.

A total of 3,638 parents/caretakers returned a completed survey on behalf of their child. The 2020 Colorado PCMH Survey response rate was 19.00 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.

¹⁻³ Question 1 asked if the child member got care from the provider/practice listed in the last 6 months.

Table 1-2—Sample Dispositions and Response Rates

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	19,587	441	19,146	3,638	19.00%
Banner (RAE 2)	233	3	230	40	17.39%
Clinica (RAE 3)	1,200	25	1,175	266	22.64%
Clinica (RAE 6)	1,200	24	1,176	269	22.87%
Iron Horse Peds (RAE 7)	1,200	16	1,184	244	20.61%
Lowry Peds (RAE 5)	544	13	531	93	17.51%
Lutheran Hospital (RAE 4)	985	32	953	106	11.12%
Matthews-Vu (RAE 7)	1,200	13	1,187	211	17.78%
MCPN (RAE 3)	1,200	70	1,130	299	26.46%
MCPN (RAE 6)	865	12	853	196	22.98%
Mountain Family (RAE 1)	769	20	749	113	15.09%
Peak Pediatrics (RAE 6)	1,200	18	1,182	193	16.33%
Peak Vista (RAE 7)	1,200	11	1,189	242	20.35%
Pediatric Associates (RAE 1)	1,200	11	1,189	228	19.18%
Primary Care Partners (RAE 1)	1,200	23	1,177	209	17.76%
Rocky Mountain Youth (RAE 3)	1,200	35	1,165	252	21.63%
Rocky Mountain Youth (RAE 5)	627	4	623	127	20.39%
Southern Colorado (RAE 4)	1,164	20	1,144	155	13.55%
Sunrise (RAE 2)	1,200	88	1,112	198	17.81%
Valley-Wide (RAE 4)	1,200	3	1,197	197	16.46%

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for two global ratings: *Rating of Provider* and *Rating of All Health Care*. The analysis provides information on: (1) how well the Colorado RAE Aggregate 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 4-7. Table 2-1 depicts those items identified for each of the two global ratings as being key drivers of low member experience for the Colorado RAE Aggregate (as indicated by a ✓).

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

Key Drivers	Rating of Provider	Rating of All Health Care
Respondents reported that when they scheduled an appointment for a check-up or routine care, they did not obtain an appointment with their child’s provider as soon as they thought their child needed.		✓
Respondents reported that when they contacted their child’s provider’s office during regular office hours, they did not receive an answer to their medical questions within the same day.		✓
Respondents reported that when their child’s provider ordered a blood test, x-ray, or other test for their child, no one from their child’s provider’s office followed up to give them the results.		✓
Respondents reported that their child’s provider did not always seem informed and up-to-date about the care their child received from specialists.	N/A	✓
<i>N/A indicates that this question was not evaluated for this measure.</i>		

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.”

Child and Respondent Demographics

In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers with a higher education level tend to report higher levels of experience for their child; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻²

Child Demographics

Table 2-2 through Table 2-7 show the age, gender, race, ethnicity, overall general health status, and mental health status of children for whom a parent/caretaker completed a PCMH Survey.

Table 2-2—Child Demographics: Age

Practice Name	0 to 3	4 to 7	8 to 12	13 to 18*
Colorado RAE Aggregate	25.1%	22.0%	26.8%	26.1%
Banner (RAE 2)	17.6%	14.7%	26.5%	41.2%
Clinica (RAE 3)	22.3%	22.3%	28.5%	26.9%
Clinica (RAE 6)	17.7%	19.4%	32.9%	30.0%
Iron Horse Peds (RAE 7)	29.1%	25.5%	29.5%	15.9%
Lowry Peds (RAE 5)	31.5%	21.9%	26.0%	20.5%
Lutheran Hospital (RAE 4)	29.9%	21.6%	19.6%	28.9%
Matthews-Vu (RAE 7)	23.0%	20.4%	22.0%	34.6%
MCPN (RAE 3)	27.1%	19.6%	31.0%	22.4%
MCPN (RAE 6)	30.6%	21.7%	20.0%	27.8%
Mountain Family (RAE 1)	29.3%	16.2%	23.2%	31.3%
Peak Pediatrics (RAE 6)	26.5%	27.1%	28.3%	18.1%
Peak Vista (RAE 7)	21.6%	16.5%	30.7%	31.2%
Pediatric Associates (RAE 1)	26.6%	22.4%	27.6%	23.4%
Primary Care Partners (RAE 1)	22.6%	25.3%	29.5%	22.6%
Rocky Mountain Youth (RAE 3)	31.3%	19.8%	26.3%	22.6%
Rocky Mountain Youth (RAE 5)	33.6%	26.5%	23.0%	16.8%
Southern Colorado (RAE 4)	18.0%	26.6%	21.6%	33.8%
Sunrise (RAE 2)	25.7%	24.6%	24.6%	25.1%
Valley-Wide (RAE 4)	17.0%	22.7%	25.0%	35.2%

Please note: Percentages may not total 100.0% due to rounding.

*Children were eligible for inclusion in the PCMH Survey if they were 17 or younger as of October 31, 2019. Some children eligible for the PCMH Survey turned 18 between November 1, 2019 and the time of the survey administration.

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—Child Demographics: Gender

Practice Name	Male	Female
Colorado RAE Aggregate	50.8%	49.2%
Banner (RAE 2)	38.2%	61.8%
Clinica (RAE 3)	51.7%	48.3%
Clinica (RAE 6)	52.5%	47.5%
Iron Horse Peds (RAE 7)	54.5%	45.5%
Lowry Peds (RAE 5)	53.4%	46.6%
Lutheran Hospital (RAE 4)	44.3%	55.7%
Matthews-Vu (RAE 7)	49.2%	50.8%
MCPN (RAE 3)	49.8%	50.2%
MCPN (RAE 6)	56.2%	43.8%
Mountain Family (RAE 1)	46.5%	53.5%
Peak Pediatrics (RAE 6)	47.3%	52.7%
Peak Vista (RAE 7)	52.5%	47.5%
Pediatric Associates (RAE 1)	47.4%	52.6%
Primary Care Partners (RAE 1)	52.1%	47.9%
Rocky Mountain Youth (RAE 3)	52.8%	47.2%
Rocky Mountain Youth (RAE 5)	46.0%	54.0%
Southern Colorado (RAE 4)	49.6%	50.4%
Sunrise (RAE 2)	54.1%	45.9%
Valley-Wide (RAE 4)	50.3%	49.7%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

Table 2-4—Child Demographics: Race

Practice Name	Multi-Racial	White	Black	Asian	Native American	Other*
Colorado RAE Aggregate	14.1%	65.8%	5.1%	2.7%	1.4%	11.0%
Banner (RAE 2)	21.9%	62.5%	0.0%	3.1%	0.0%	12.5%
Clinica (RAE 3)	7.5%	71.1%	0.5%	4.8%	1.1%	15.0%
Clinica (RAE 6)	12.0%	65.6%	1.0%	5.7%	0.5%	15.1%
Iron Horse Peds (RAE 7)	18.1%	69.9%	2.8%	2.8%	0.9%	5.6%
Lowry Peds (RAE 5)	27.1%	44.3%	14.3%	2.9%	0.0%	11.4%
Lutheran Hospital (RAE 4)	10.9%	71.7%	1.1%	1.1%	2.2%	13.0%
Matthews-Vu (RAE 7)	17.4%	65.8%	3.7%	3.2%	0.5%	9.5%
MCPN (RAE 3)	14.0%	47.5%	16.5%	5.0%	2.5%	14.5%
MCPN (RAE 6)	13.5%	64.2%	4.7%	4.7%	1.4%	11.5%
Mountain Family (RAE 1)	14.7%	70.7%	0.0%	1.3%	0.0%	13.3%
Peak Pediatrics (RAE 6)	12.9%	72.9%	2.6%	3.2%	1.9%	6.5%
Peak Vista (RAE 7)	22.2%	48.9%	11.7%	1.1%	0.6%	15.6%
Pediatric Associates (RAE 1)	11.4%	78.2%	0.5%	1.5%	1.0%	7.4%
Primary Care Partners (RAE 1)	9.8%	82.2%	1.1%	1.7%	0.6%	4.6%
Rocky Mountain Youth (RAE 3)	13.6%	59.7%	14.8%	1.7%	1.1%	9.1%
Rocky Mountain Youth (RAE 5)	17.0%	57.4%	9.6%	3.2%	2.1%	10.6%
Southern Colorado (RAE 4)	13.1%	70.0%	3.1%	0.0%	2.3%	11.5%
Sunrise (RAE 2)	10.9%	69.4%	4.1%	1.4%	2.0%	12.2%
Valley-Wide (RAE 4)	12.8%	66.0%	1.9%	0.0%	4.5%	14.7%

Please note: Percentages may not total 100.0% due to rounding.

**The “Other” race category includes responses of Native Hawaiian or Other Pacific Islander and Other.*

Table 2-5—Child Demographics: Ethnicity

Practice Name	Hispanic	Non-Hispanic
Colorado RAE Aggregate	60.2%	39.8%
Banner (RAE 2)	51.5%	48.5%
Clinica (RAE 3)	93.8%	6.2%
Clinica (RAE 6)	73.3%	26.7%
Iron Horse Peds (RAE 7)	26.8%	73.2%
Lowry Peds (RAE 5)	31.5%	68.5%
Lutheran Hospital (RAE 4)	56.8%	43.2%
Matthews-Vu (RAE 7)	31.1%	68.9%
MCPN (RAE 3)	75.6%	24.4%
MCPN (RAE 6)	73.4%	26.6%
Mountain Family (RAE 1)	85.7%	14.3%
Peak Pediatrics (RAE 6)	38.3%	61.7%
Peak Vista (RAE 7)	61.1%	38.9%
Pediatric Associates (RAE 1)	39.8%	60.2%
Primary Care Partners (RAE 1)	32.6%	67.4%
Rocky Mountain Youth (RAE 3)	69.9%	30.1%
Rocky Mountain Youth (RAE 5)	75.7%	24.3%
Southern Colorado (RAE 4)	65.0%	35.0%
Sunrise (RAE 2)	83.1%	16.9%
Valley-Wide (RAE 4)	60.1%	39.9%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

Table 2-6—Child Demographics: Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	39.0%	33.6%	21.3%	5.6%	0.5%
Banner (RAE 2)	38.2%	35.3%	23.5%	2.9%	0.0%
Clinica (RAE 3)	30.2%	38.8%	23.1%	7.0%	0.8%
Clinica (RAE 6)	39.9%	33.2%	18.5%	7.6%	0.8%
Iron Horse Peds (RAE 7)	39.2%	37.4%	17.1%	5.4%	0.9%
Lowry Peds (RAE 5)	44.4%	34.7%	16.7%	4.2%	0.0%
Lutheran Hospital (RAE 4)	44.8%	31.3%	20.8%	2.1%	1.0%
Matthews-Vu (RAE 7)	38.6%	40.2%	16.9%	3.7%	0.5%
MCPN (RAE 3)	38.2%	28.6%	28.2%	5.0%	0.0%
MCPN (RAE 6)	36.9%	32.4%	24.0%	6.1%	0.6%
Mountain Family (RAE 1)	43.0%	30.0%	21.0%	6.0%	0.0%
Peak Pediatrics (RAE 6)	41.1%	32.7%	19.0%	6.5%	0.6%
Peak Vista (RAE 7)	38.0%	31.5%	22.7%	6.5%	1.4%
Pediatric Associates (RAE 1)	39.9%	34.7%	19.2%	6.1%	0.0%
Primary Care Partners (RAE 1)	40.4%	30.6%	23.3%	4.7%	1.0%
Rocky Mountain Youth (RAE 3)	47.7%	23.2%	23.6%	5.5%	0.0%
Rocky Mountain Youth (RAE 5)	48.7%	24.8%	23.0%	2.7%	0.9%
Southern Colorado (RAE 4)	36.8%	41.2%	16.9%	5.1%	0.0%
Sunrise (RAE 2)	34.3%	33.7%	27.1%	5.0%	0.0%
Valley-Wide (RAE 4)	31.6%	44.6%	15.8%	7.3%	0.6%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>					

Table 2-7—Child Demographics: Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	41.0%	29.1%	22.2%	6.5%	1.2%
Banner (RAE 2)	39.4%	27.3%	30.3%	3.0%	0.0%
Clinica (RAE 3)	34.7%	36.4%	22.6%	4.6%	1.7%
Clinica (RAE 6)	36.6%	36.1%	21.4%	5.0%	0.8%
Iron Horse Peds (RAE 7)	37.4%	32.4%	23.0%	5.9%	1.4%
Lowry Peds (RAE 5)	49.3%	27.4%	16.4%	5.5%	1.4%
Lutheran Hospital (RAE 4)	47.4%	27.8%	21.6%	2.1%	1.0%
Matthews-Vu (RAE 7)	35.7%	26.5%	24.5%	10.2%	3.1%
MCPN (RAE 3)	48.3%	29.7%	17.4%	4.2%	0.4%
MCPN (RAE 6)	48.6%	20.7%	17.9%	12.3%	0.6%
Mountain Family (RAE 1)	45.0%	23.0%	20.0%	10.0%	2.0%
Peak Pediatrics (RAE 6)	39.5%	29.0%	21.0%	8.0%	2.5%
Peak Vista (RAE 7)	41.6%	28.0%	20.6%	7.5%	2.3%
Pediatric Associates (RAE 1)	40.0%	29.3%	22.3%	7.4%	0.9%
Primary Care Partners (RAE 1)	35.4%	29.7%	25.5%	8.3%	1.0%
Rocky Mountain Youth (RAE 3)	53.2%	21.8%	21.8%	2.7%	0.5%
Rocky Mountain Youth (RAE 5)	45.1%	26.5%	22.1%	5.3%	0.9%
Southern Colorado (RAE 4)	37.2%	31.4%	25.5%	5.1%	0.7%
Sunrise (RAE 2)	36.8%	30.2%	25.8%	6.6%	0.5%
Valley-Wide (RAE 4)	36.7%	28.8%	26.0%	7.3%	1.1%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>					

Respondent Demographics

Table 2-8 through Table 2-11 show the self-reported age, gender, level of education, and relationship to the child for respondents who completed the child PCMH Survey on behalf of the child member.

Table 2-8—Respondent Demographics: Age

Practice Name	Under 18	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado RAE Aggregate	4.2%	5.6%	30.5%	37.4%	13.2%	5.6%	3.7%
Banner (RAE 2)	3.0%	3.0%	30.3%	24.2%	24.2%	6.1%	9.1%
Clinica (RAE 3)	3.0%	5.2%	36.1%	41.6%	10.7%	3.0%	0.4%
Clinica (RAE 6)	2.2%	2.6%	24.5%	46.7%	17.0%	2.2%	4.8%
Iron Horse Peds (RAE 7)	2.7%	5.9%	37.4%	36.5%	11.4%	4.6%	1.4%
Lowry Peds (RAE 5)	4.3%	2.9%	37.1%	31.4%	18.6%	4.3%	1.4%
Lutheran Hospital (RAE 4)	7.4%	9.6%	26.6%	26.6%	9.6%	9.6%	10.6%
Matthews-Vu (RAE 7)	4.3%	4.3%	28.1%	41.1%	13.5%	5.9%	2.7%
MCPN (RAE 3)	4.0%	5.2%	29.6%	40.4%	17.6%	1.2%	2.0%
MCPN (RAE 6)	1.7%	8.0%	24.4%	40.3%	17.0%	6.3%	2.3%
Mountain Family (RAE 1)	4.2%	5.2%	27.1%	40.6%	16.7%	6.3%	0.0%
Peak Pediatrics (RAE 6)	4.9%	5.6%	33.3%	31.5%	9.9%	9.3%	5.6%
Peak Vista (RAE 7)	7.5%	5.6%	28.6%	36.6%	13.6%	6.1%	1.9%
Pediatric Associates (RAE 1)	5.3%	5.7%	27.8%	35.4%	12.4%	9.1%	4.3%
Primary Care Partners (RAE 1)	4.3%	5.9%	30.8%	36.8%	12.4%	6.5%	3.2%
Rocky Mountain Youth (RAE 3)	3.8%	2.8%	36.8%	44.3%	8.5%	1.4%	2.4%
Rocky Mountain Youth (RAE 5)	2.7%	8.1%	34.2%	38.7%	10.8%	1.8%	3.6%
Southern Colorado (RAE 4)	3.0%	6.0%	32.3%	27.8%	15.0%	6.8%	9.0%
Sunrise (RAE 2)	2.3%	7.0%	31.4%	37.8%	9.3%	7.6%	4.7%
Valley-Wide (RAE 4)	8.8%	7.6%	23.4%	24.6%	12.3%	14.0%	9.4%

Please note: Percentages may not total 100.0% due to rounding.

Table 2-9—Respondent Demographics: Gender

Practice Name	Male	Female
Colorado RAE Aggregate	11.1%	88.9%
Banner (RAE 2)	5.9%	94.1%
Clinica (RAE 3)	8.4%	91.6%
Clinica (RAE 6)	12.3%	87.7%
Iron Horse Peds (RAE 7)	10.4%	89.6%
Lowry Peds (RAE 5)	15.1%	84.9%
Lutheran Hospital (RAE 4)	12.6%	87.4%
Matthews-Vu (RAE 7)	12.4%	87.6%
MCPN (RAE 3)	15.3%	84.7%
MCPN (RAE 6)	8.9%	91.1%
Mountain Family (RAE 1)	10.1%	89.9%
Peak Pediatrics (RAE 6)	10.4%	89.6%
Peak Vista (RAE 7)	9.3%	90.7%
Pediatric Associates (RAE 1)	10.9%	89.1%
Primary Care Partners (RAE 1)	8.9%	91.1%
Rocky Mountain Youth (RAE 3)	9.8%	90.2%
Rocky Mountain Youth (RAE 5)	7.2%	92.8%
Southern Colorado (RAE 4)	16.8%	83.2%
Sunrise (RAE 2)	8.8%	91.2%
Valley-Wide (RAE 4)	15.3%	84.7%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

Table 2-10—Respondent Demographics: Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado RAE Aggregate	10.9%	10.6%	32.2%	30.1%	16.2%
Banner (RAE 2)	5.9%	5.9%	20.6%	47.1%	20.6%
Clinica (RAE 3)	17.1%	23.9%	45.3%	10.7%	3.0%
Clinica (RAE 6)	22.4%	9.5%	35.3%	16.4%	16.4%
Iron Horse Peds (RAE 7)	0.5%	3.6%	17.2%	43.4%	35.3%
Lowry Peds (RAE 5)	0.0%	4.1%	20.5%	46.6%	28.8%
Lutheran Hospital (RAE 4)	3.1%	10.3%	27.8%	43.3%	15.5%
Matthews-Vu (RAE 7)	2.1%	3.6%	18.8%	43.2%	32.3%
MCPN (RAE 3)	22.6%	19.4%	34.7%	15.7%	7.7%
MCPN (RAE 6)	10.2%	14.1%	39.0%	27.1%	9.6%
Mountain Family (RAE 1)	19.8%	12.5%	40.6%	17.7%	9.4%
Peak Pediatrics (RAE 6)	1.2%	6.1%	30.7%	36.8%	25.2%
Peak Vista (RAE 7)	18.0%	11.4%	28.4%	26.1%	16.1%
Pediatric Associates (RAE 1)	4.2%	8.5%	28.3%	35.4%	23.6%
Primary Care Partners (RAE 1)	7.9%	7.9%	27.7%	40.3%	16.2%
Rocky Mountain Youth (RAE 3)	9.3%	12.5%	35.2%	32.4%	10.6%
Rocky Mountain Youth (RAE 5)	12.6%	15.3%	34.2%	28.8%	9.0%
Southern Colorado (RAE 4)	0.7%	2.2%	33.1%	46.3%	17.6%
Sunrise (RAE 2)	22.6%	12.4%	40.7%	15.8%	8.5%
Valley-Wide (RAE 4)	8.7%	5.8%	39.5%	37.2%	8.7%

Please note: Percentages may not total 100.0% due to rounding.

Table 2-11—Respondent Demographics: Relationship to Child

Practice Name	Mother or Father	Grandparent	Legal Guardian	Other
Colorado RAE Aggregate	91.0%	6.5%	1.5%	1.1%
Banner (RAE 2)	84.8%	15.2%	0.0%	0.0%
Clinica (RAE 3)	96.6%	1.3%	0.8%	1.3%
Clinica (RAE 6)	94.7%	4.4%	0.4%	0.4%
Iron Horse Peds (RAE 7)	93.1%	5.0%	0.9%	0.9%
Lowry Peds (RAE 5)	91.8%	6.8%	1.4%	0.0%
Lutheran Hospital (RAE 4)	78.7%	19.1%	2.1%	0.0%
Matthews-Vu (RAE 7)	92.1%	2.1%	3.2%	2.6%
MCPN (RAE 3)	95.3%	2.4%	1.2%	1.2%
MCPN (RAE 6)	91.5%	6.2%	1.7%	0.6%
Mountain Family (RAE 1)	95.9%	4.1%	0.0%	0.0%
Peak Pediatrics (RAE 6)	86.3%	10.0%	2.5%	1.3%
Peak Vista (RAE 7)	92.8%	6.2%	0.5%	0.5%
Pediatric Associates (RAE 1)	88.7%	7.8%	1.5%	2.0%
Primary Care Partners (RAE 1)	91.4%	7.0%	1.6%	0.0%
Rocky Mountain Youth (RAE 3)	97.2%	2.3%	0.0%	0.5%
Rocky Mountain Youth (RAE 5)	93.8%	3.6%	1.8%	0.9%
Southern Colorado (RAE 4)	87.8%	9.2%	0.8%	2.3%
Sunrise (RAE 2)	86.6%	8.4%	2.8%	2.2%
Valley-Wide (RAE 4)	73.5%	20.5%	4.2%	1.8%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>				
<i>*The "Other" relationship to child category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.</i>				

Statewide Comparisons

For purposes of the RAE and practice comparisons and trend analyses, HSAG calculated top-box scores for each measure.²⁻³ 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 and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 4-3.

RAE and Practice Comparisons

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 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. **NOTE: These results may differ from those presented in the trend analysis tables because they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).**

Due to differences in selected practices, the 2019 Colorado RAE Aggregate and 2018 Colorado State Innovation Model (SIM) Aggregate are presented in the figures for reference purposes only and are not comparable to the 2020 Colorado RAE Aggregate results.^{2-4,2-5}

²⁻³ HSAG followed *HEDIS® 2020, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

²⁻⁴ The 2019 Colorado RAE practices selected by the Department for inclusion in the 2019 Child PCMH Survey included: AFM (RAE 1); Mountain Family (RAE 1); Poudre Valley (RAE 1); Banner (RAE 2); North Colorado (RAE 2); Brighton Peds (RAE 3); Guardian Angels (RAE 3); Mountainland Peds (RAE 3); RMYC (RAE 3); Southern Colorado (RAE 4); Valley Wide (RAE 4); Child Group 1 (RAE 5); Children's Medical (RAE 5); Lowry Peds (RAE 5); RMYC (RAE 5); Child Group 2 (RAE 6); Rocky Mountain (RAE 6); Iron Horse Peds (RAE 7); Matthews-Vu (RAE 7); and Mountain View (RAE 7). Eligible members in the Child Group 1 (RAE 5) was a combined population of the following practices: Inner City Health Center and South Federal Family Practice. Eligible members in the Child Group 2 (RAE 6) was a combined population of the following practices: Catholic Health Initiatives and Pediatrics West, PC.

²⁻⁵ The 2018 Colorado SIM practices selected by the Department for inclusion in the 2018 Child PCMH Survey included: Child Group Practice; Denver Health – Eastside Family Health Child Clinic; Denver Health – Westside Pediatrics Clinic; Denver Health – Level One Physicians Clinic; KidsFirst Pediatrics, Prof LLP; Parker Pediatrics and Adolescents; Pediatric Partners of the Southwest; Salud Family Health Centers – Fort Collins; Salud Family Health Centers – Longmont; Salud Family Health Centers – Commerce City; Primary Care Partners, Inc.; and Pueblo Community Health Center, Inc. Eligible members in the Child Group Practice was a combined population of the following practices: Castle Valley Children's Clinic; Doctors Care; Salud Family Health Centers – Fort Morgan; and Rocky Ford Family Health Center, LLC.

Trend Analysis

In order to evaluate trends in parents' or caretakers' experiences of child members, HSAG compared the 2020 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine if the results were statistically significantly different.²⁻⁶ Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are noted with a dash (—).

²⁻⁶ Only the following practices that were selected for both the 2019 and 2020 survey administrations are presented in the tables for trending purposes: Banner (RAE 2), Iron Horse Peds (RAE 7), Lowry Peds (RAE 5), Matthews-Vu (RAE 7), Mountain Family (RAE 1), and Southern Colorado (RAE 4).

Global Ratings

Rating of Provider

Figure 2-1 shows the *Rating of Provider* top-box scores for the seven RAEs.

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

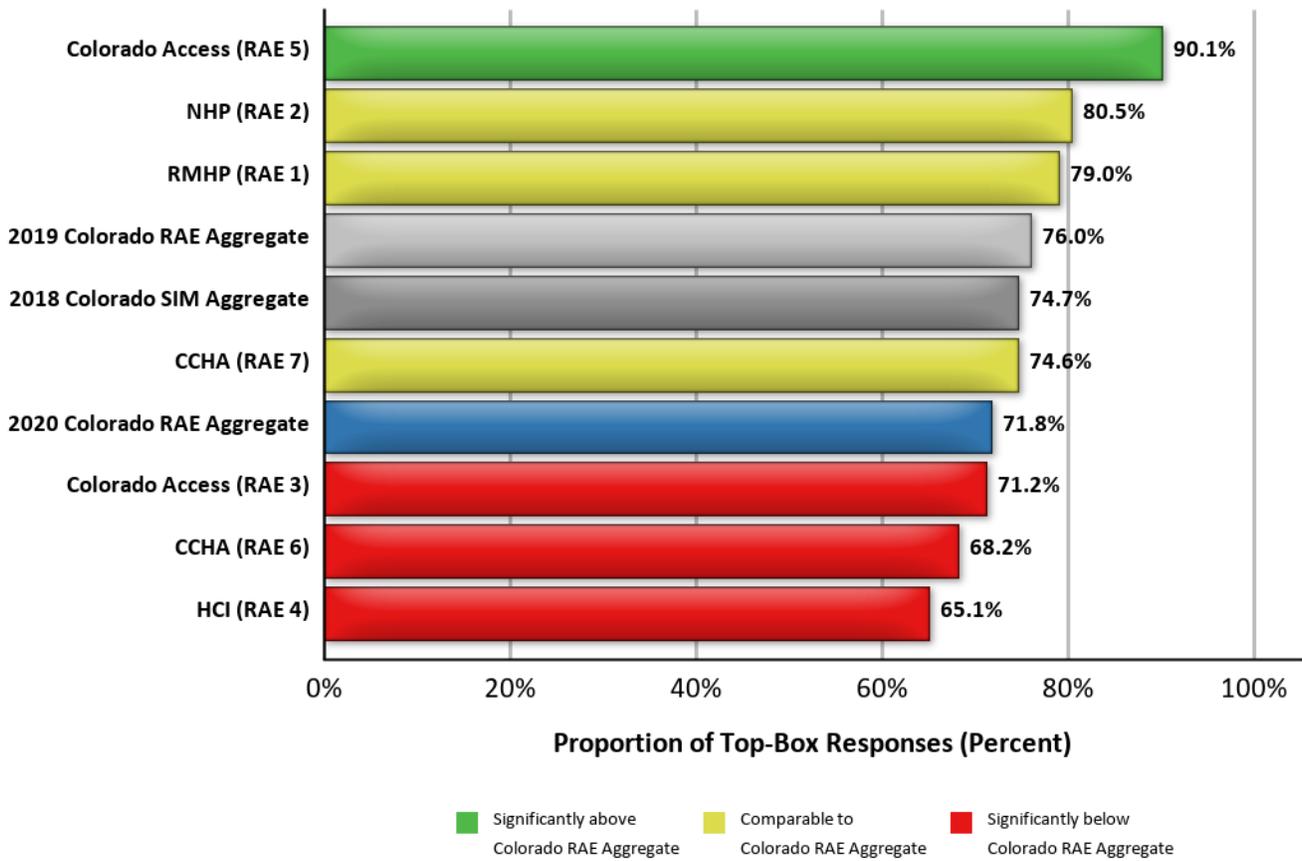
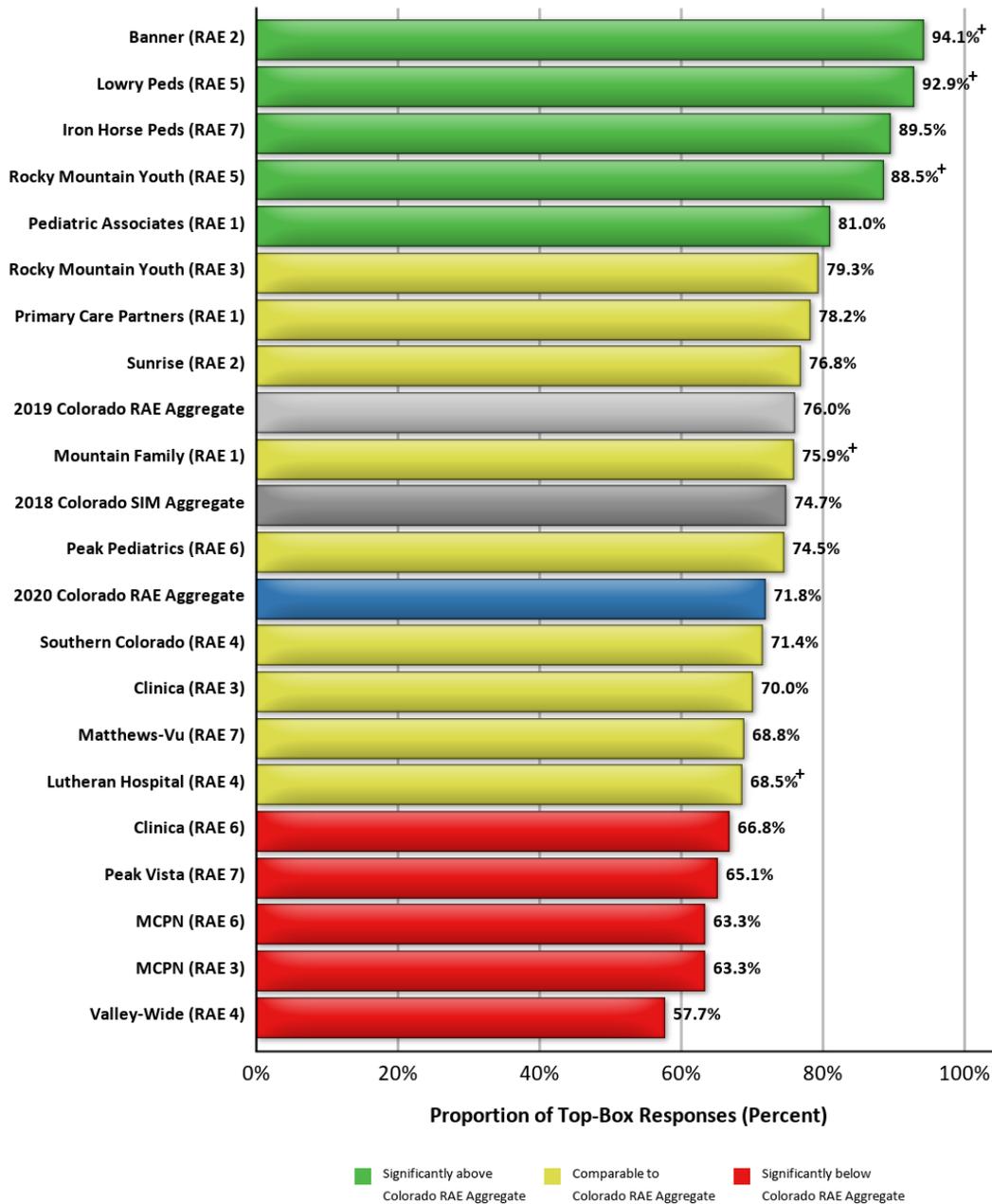


Figure 2-2 shows the *Rating of Provider* top-box scores for the RAE-contracted practices.

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



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

Table 2-12 shows the 2019 and 2020 *Rating of Provider* top-box scores and the trend results for the applicable RAE-contracted practices.

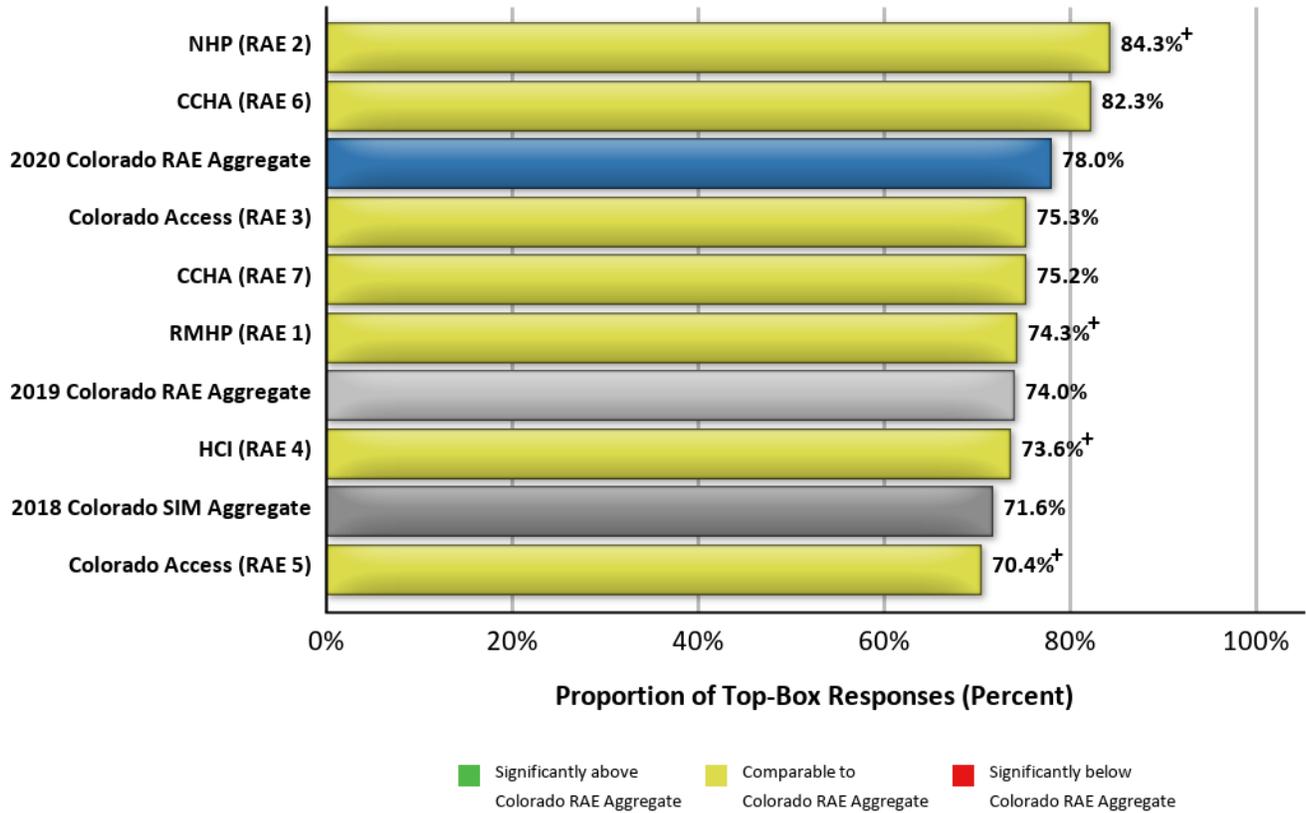
Table 2-12—Rating of Provider Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	87.3% ⁺	93.3% ⁺	—
Iron Horse Peds (RAE 7)	83.4%	87.1%	—
Lowry Peds (RAE 5)	84.3% ⁺	92.1% ⁺	—
Matthews-Vu (RAE 7)	64.5%	67.6%	—
Mountain Family (RAE 1)	72.0% ⁺	77.6% ⁺	—
Southern Colorado (RAE 4)	71.1%	71.0%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Rating of Specialist Seen Most Often

Figure 2-3 shows the *Rating of Specialist Seen Most Often* top-box scores for the seven RAEs.

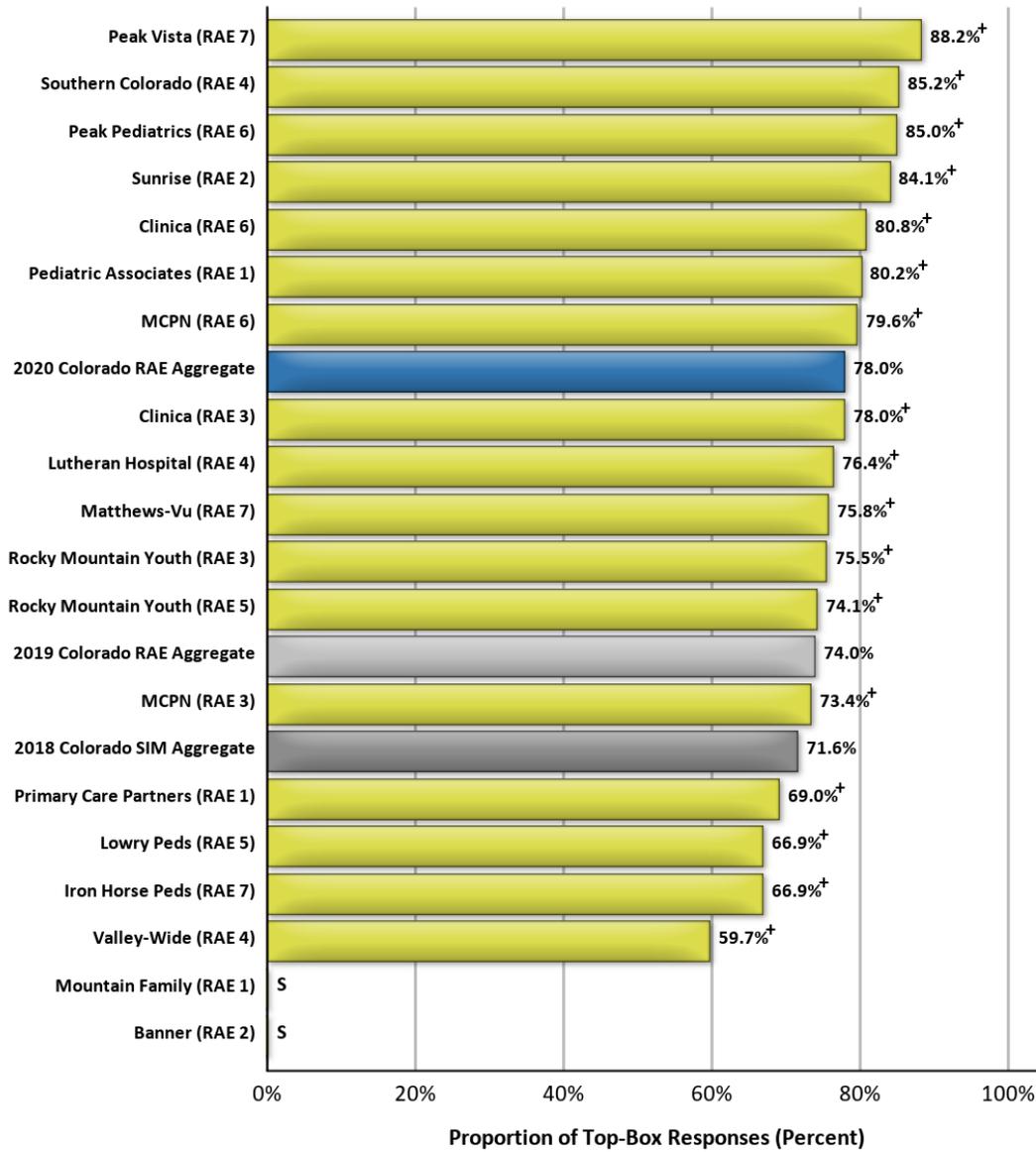
**Figure 2-3—Rating of Specialist Seen Most Often
RAE-Level Top-Box Scores**



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

Figure 2-4 shows the *Rating of Specialist Seen Most Often* top-box scores for the RAE-contracted practices.

Figure 2-4—Rating of Specialist Seen Most Often 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.

Table 2-13 shows the 2019 and 2020 *Rating of Specialist Seen Most Often* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-13—Rating of Specialist Seen Most Often Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	75.0% ⁺	S	S
Iron Horse Peds (RAE 7)	64.4% ⁺	65.4% ⁺	—
Lowry Peds (RAE 5)	71.4% ⁺	68.4% ⁺	—
Matthews-Vu (RAE 7)	76.9% ⁺	75.8% ⁺	—
Mountain Family (RAE 1)	66.7% ⁺	S	S
Southern Colorado (RAE 4)	67.9% ⁺	85.7% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.</p>			

Rating of All Health Care

Figure 2-5 shows the *Rating of All Health Care* top-box scores for the seven RAEs.

**Figure 2-5—Rating of All Health Care
RAE-Level Top-Box Scores**

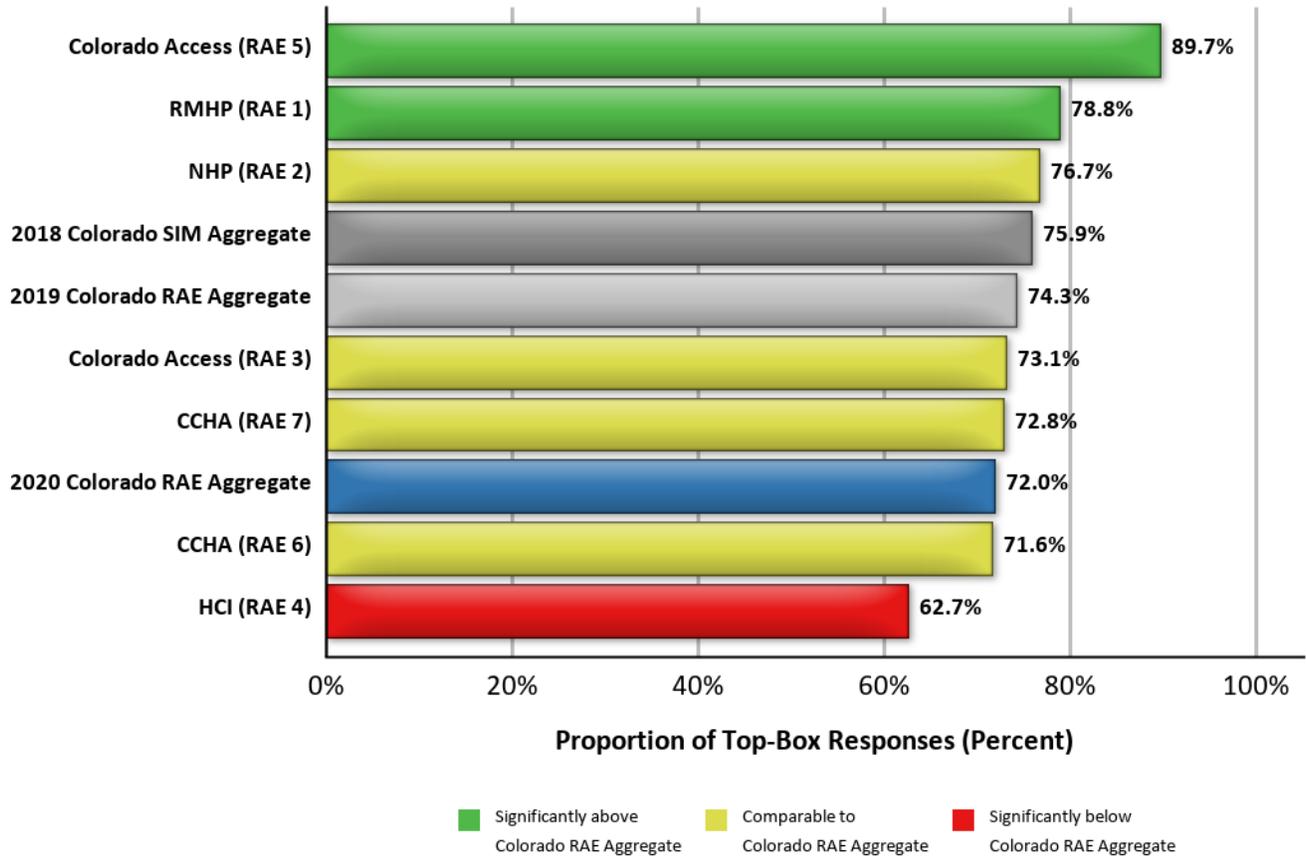
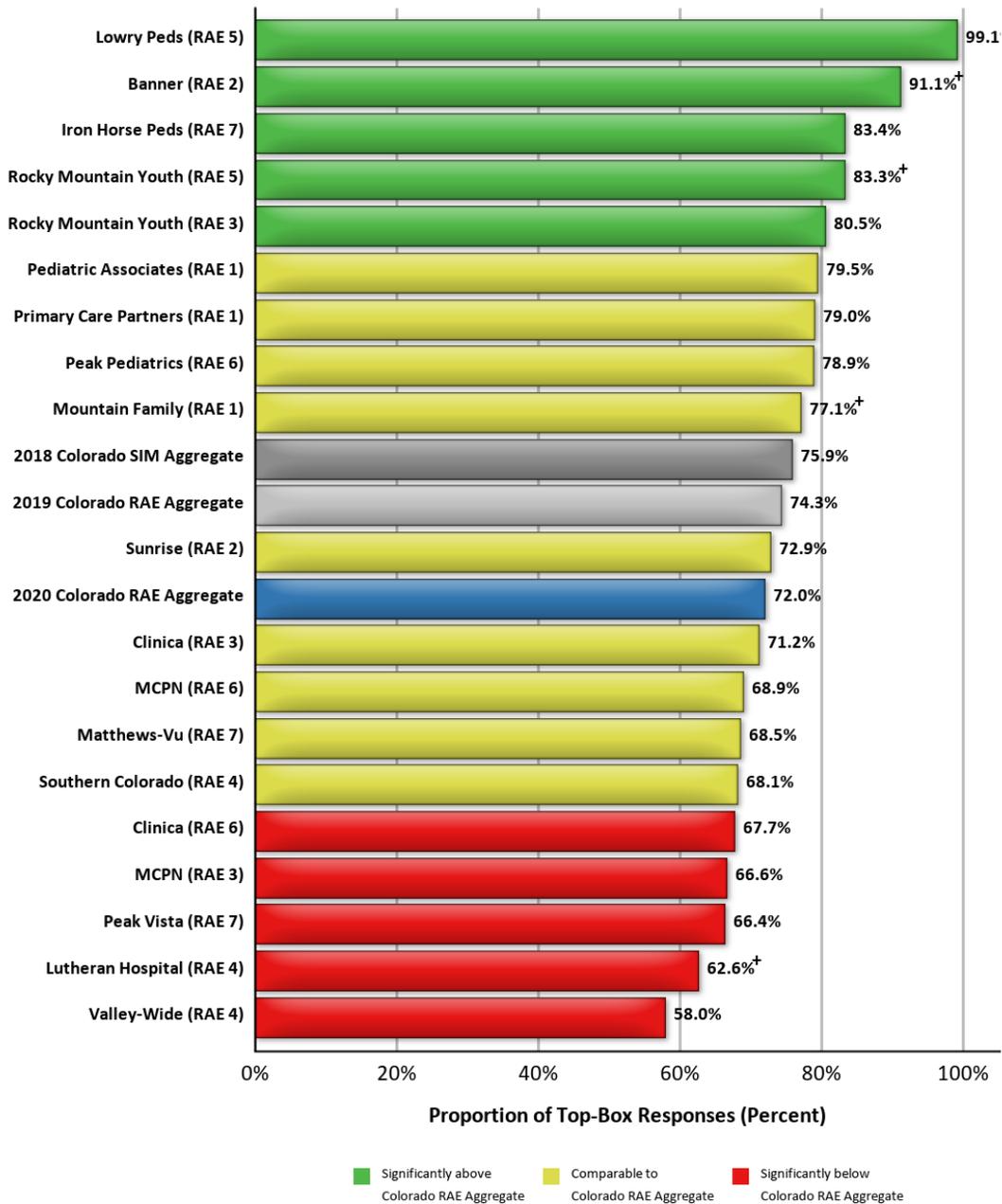


Figure 2-6 shows the *Rating of All Health Care* top-box scores for the RAE-contracted practices.

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



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

Table 2-14 shows the 2019 and 2020 *Rating of All Health Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-14—Rating of All Health Care Trend Analysis

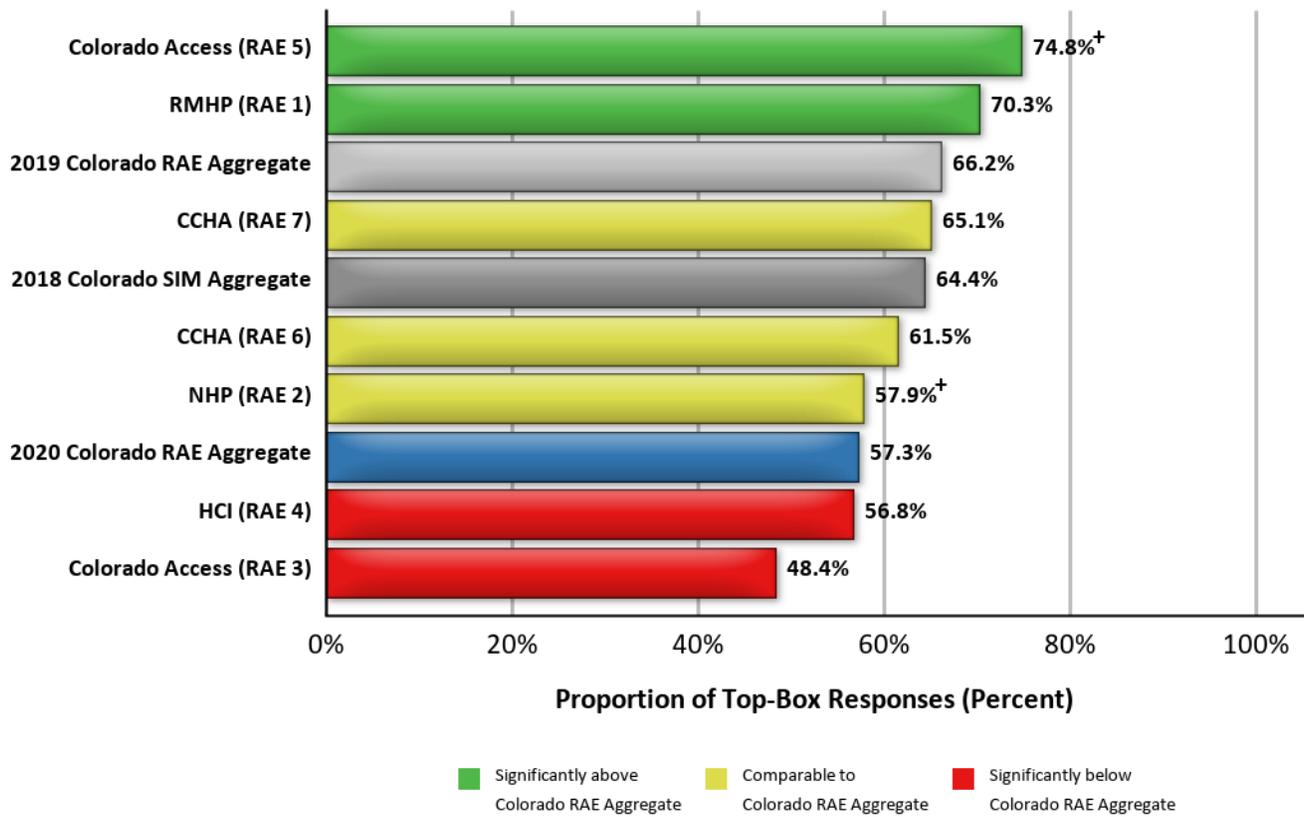
RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	78.5% ⁺	90.0% ⁺	—
Iron Horse Peds (RAE 7)	81.6%	80.5%	—
Lowry Peds (RAE 5)	82.7% ⁺	98.4% ⁺	▲
Matthews-Vu (RAE 7)	65.7%	67.0%	—
Mountain Family (RAE 1)	63.6% ⁺	79.2% ⁺	▲
Southern Colorado (RAE 4)	76.7%	67.7%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

Figure 2-7 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the seven RAEs.

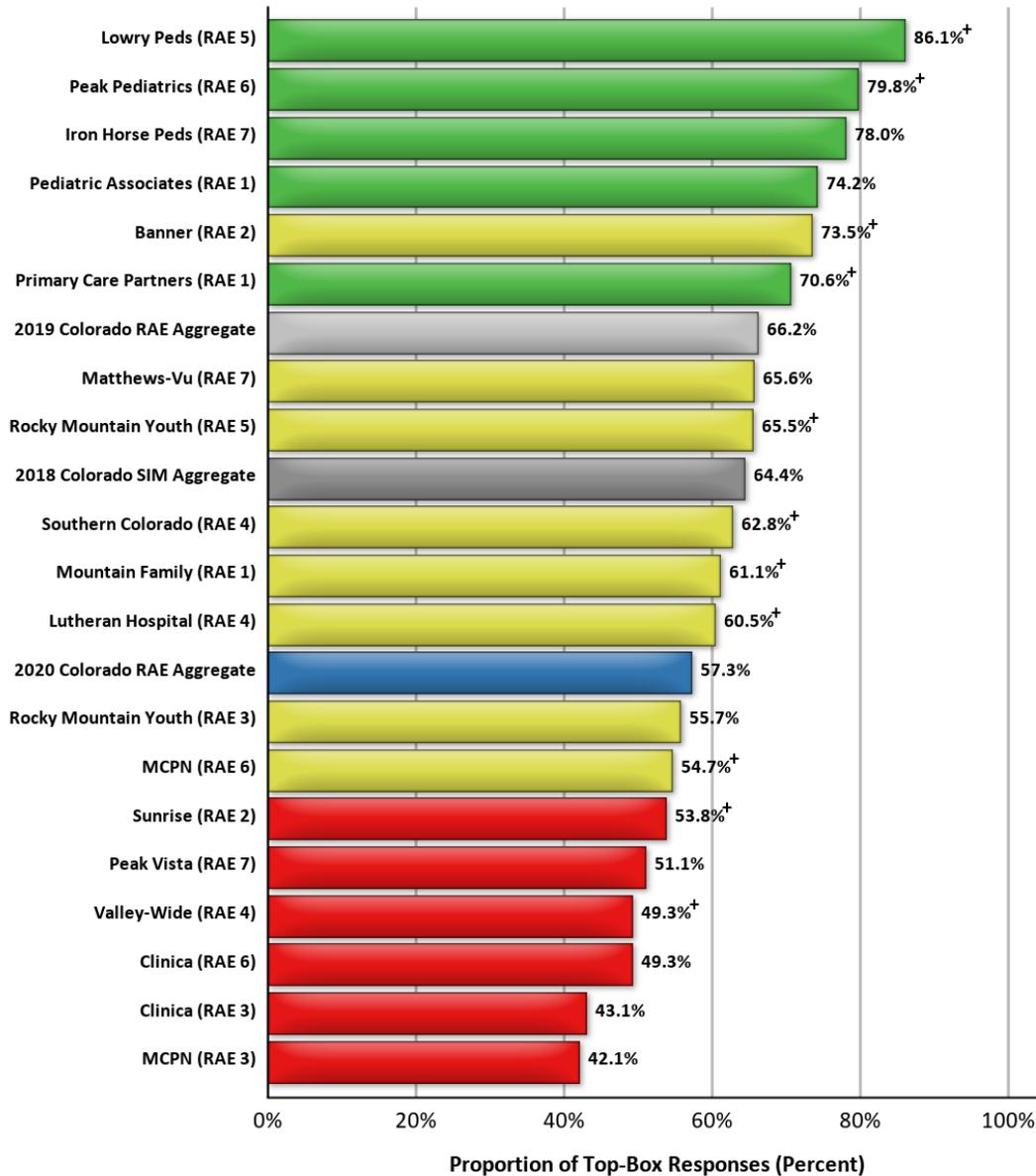
**Figure 2-7—Getting Timely Appointments, Care, and Information
RAE-Level Top-Box Scores**



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

Figure 2-8 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the RAE-contracted practices.

Figure 2-8—Getting Timely Appointments, Care, and Information Practice-Level Top-Box Scores



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

Table 2-15 shows the 2019 and 2020 *Getting Timely Appointments, Care, and Information* top-box scores and the trend results for the applicable RAE-contracted practices.

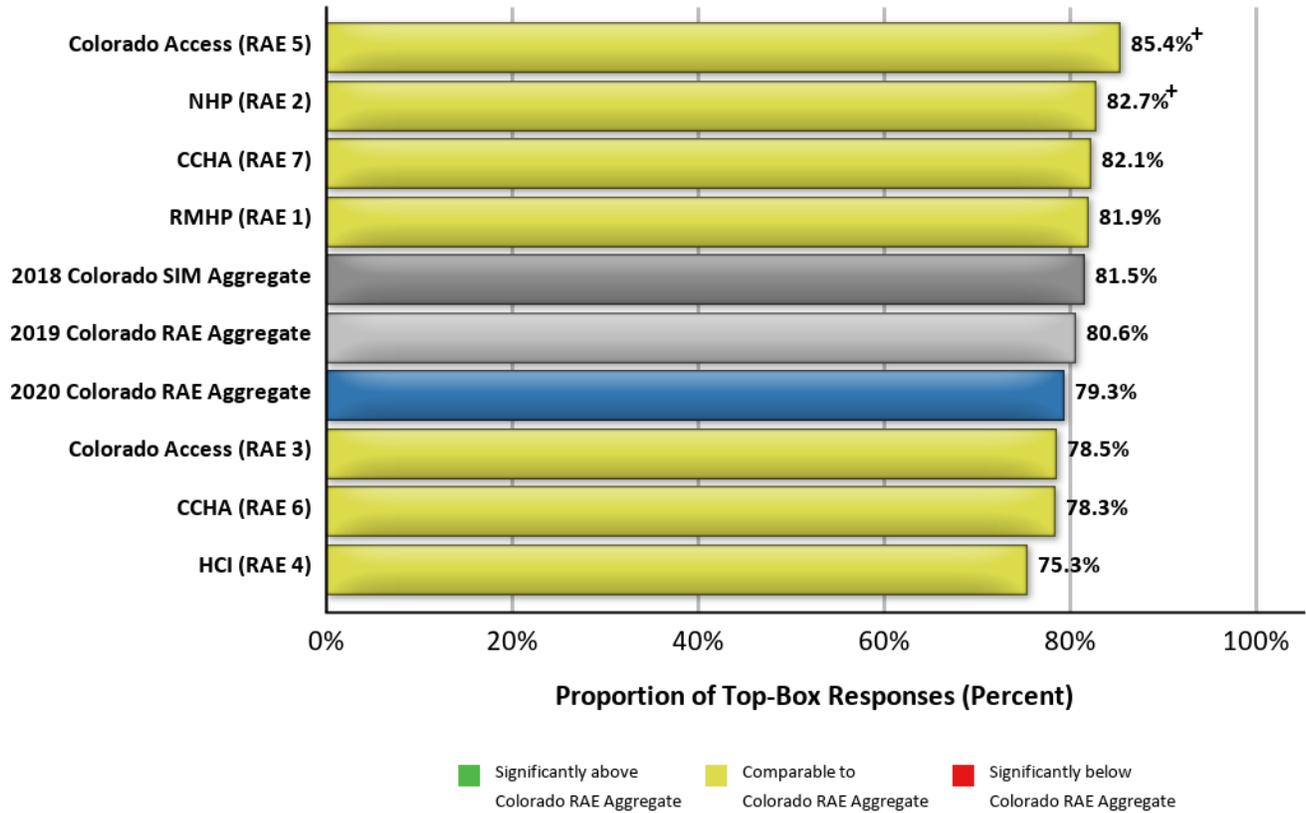
Table 2-15—Getting Timely Appointments, Care, and Information Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	72.5% ⁺	73.6% ⁺	—
Iron Horse Peds (RAE 7)	75.7% ⁺	76.3%	—
Lowry Peds (RAE 5)	81.8% ⁺	86.3% ⁺	—
Matthews-Vu (RAE 7)	66.4% ⁺	64.2%	—
Mountain Family (RAE 1)	59.1% ⁺	62.9% ⁺	—
Southern Colorado (RAE 4)	70.5% ⁺	62.7% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Patient-Centered Communication: How Well Providers Communicate with Child

Figure 2-9 shows the *How Well Providers Communicate with Child* top-box scores for the seven RAEs.

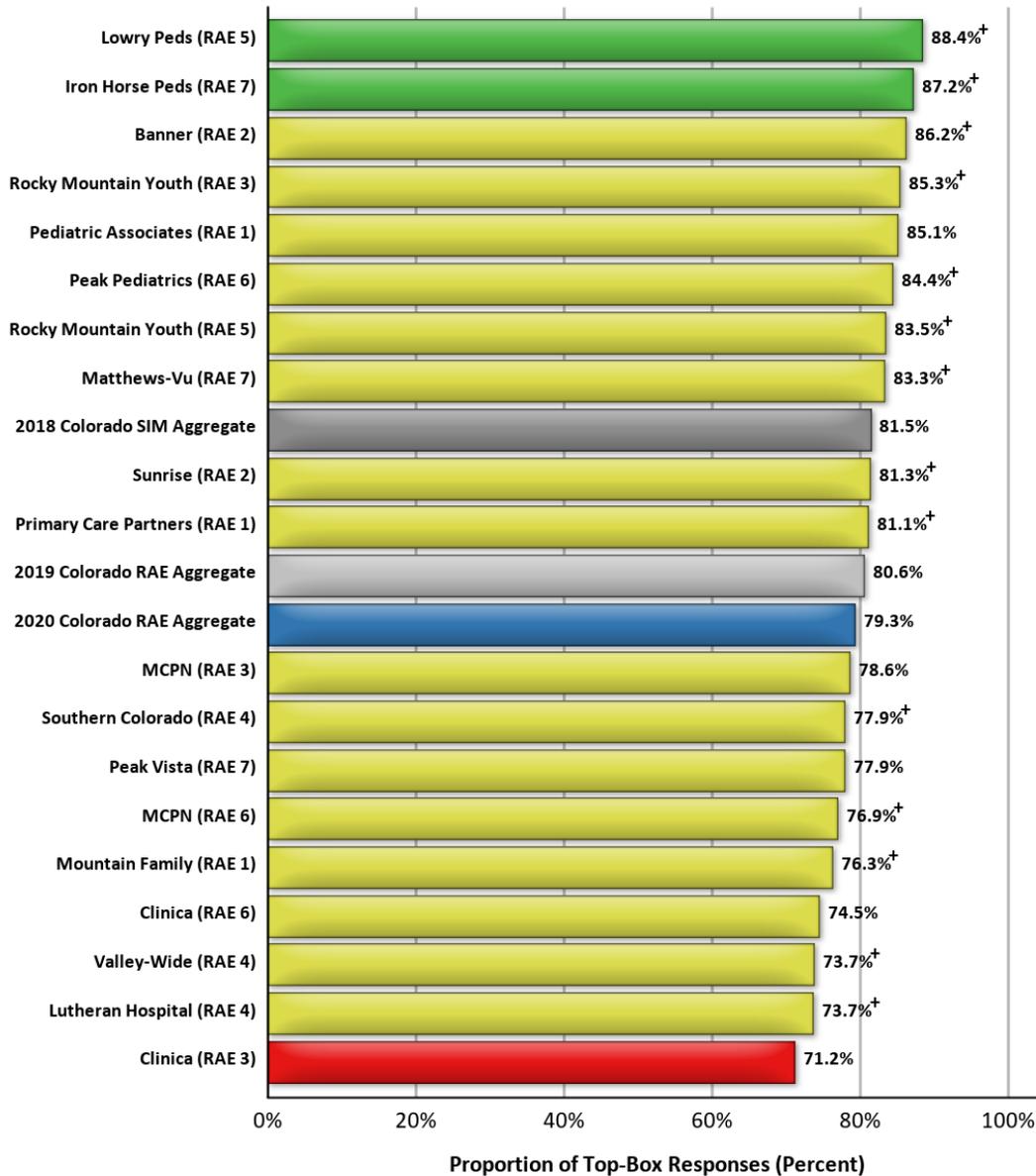
**Figure 2-9—How Well Providers Communicate with Child
RAE-Level Top-Box Scores**



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

Figure 2-10 shows the *How Well Providers Communicate with Child* top-box scores for the RAE-contracted practices.

Figure 2-10—How Well Providers Communicate with Child Practice-Level Top-Box Scores



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

Table 2-16 shows the 2019 and 2020 *How Well Providers Communicate with Child* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-16—How Well Providers Communicate with Child Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	79.7% ⁺	86.8% ⁺	—
Iron Horse Peds (RAE 7)	88.7% ⁺	87.0% ⁺	—
Lowry Peds (RAE 5)	86.2% ⁺	90.0% ⁺	—
Matthews-Vu (RAE 7)	72.8% ⁺	83.8% ⁺	—
Mountain Family (RAE 1)	67.5% ⁺	76.9% ⁺	—
Southern Colorado (RAE 4)	89.1% ⁺	77.9% ⁺	▼
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Patient-Centered Communication: How Well Providers Communicate with Parents or Caretakers

Figure 2-11 shows the *How Well Providers Communicate with Parents or Caretakers* top-box scores for the seven RAEs.

**Figure 2-11—How Well Providers Communicate with Parents or Caretakers
RAE-Level Top-Box Scores**

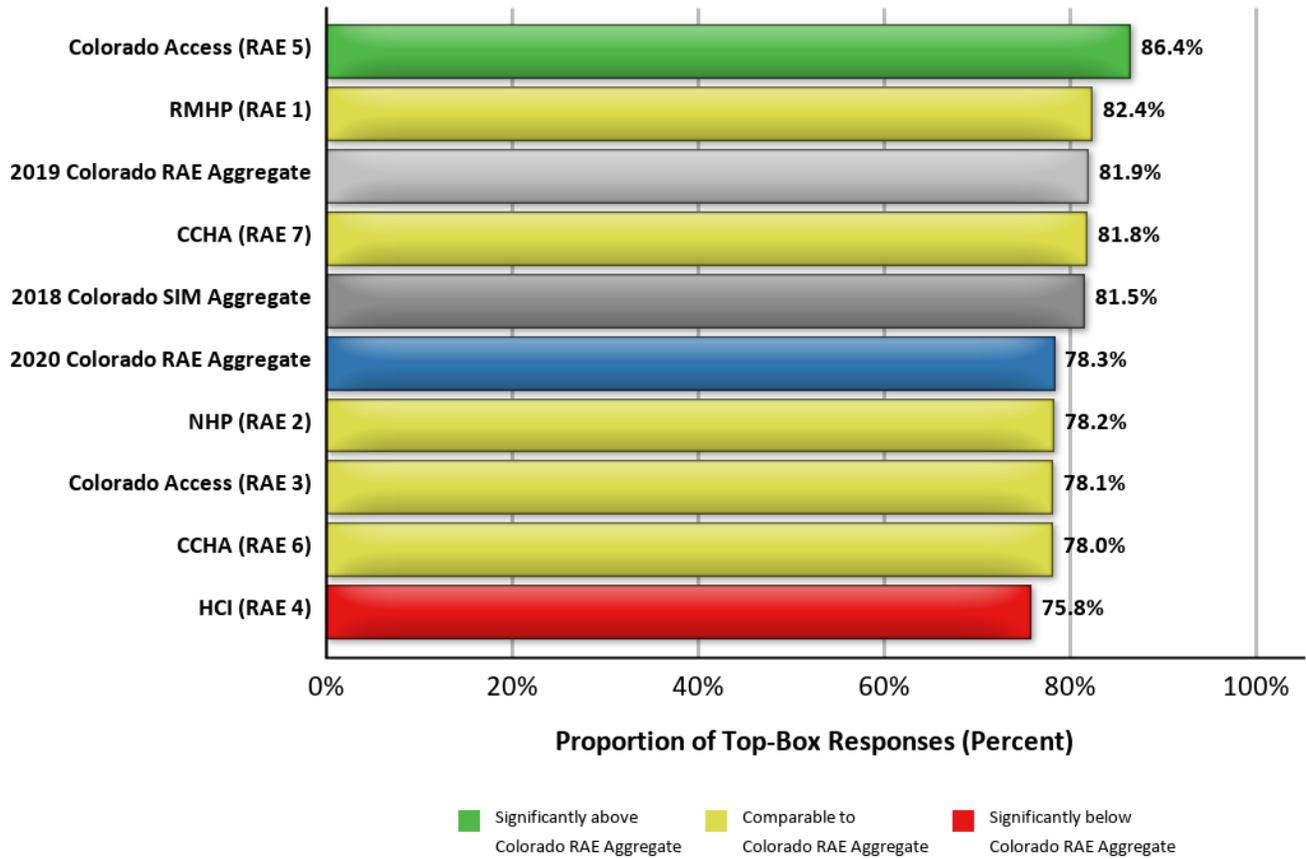


Figure 2-12 shows the *How Well Providers Communicate with Parents or Caretakers* top-box scores for the RAE-contracted practices.

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

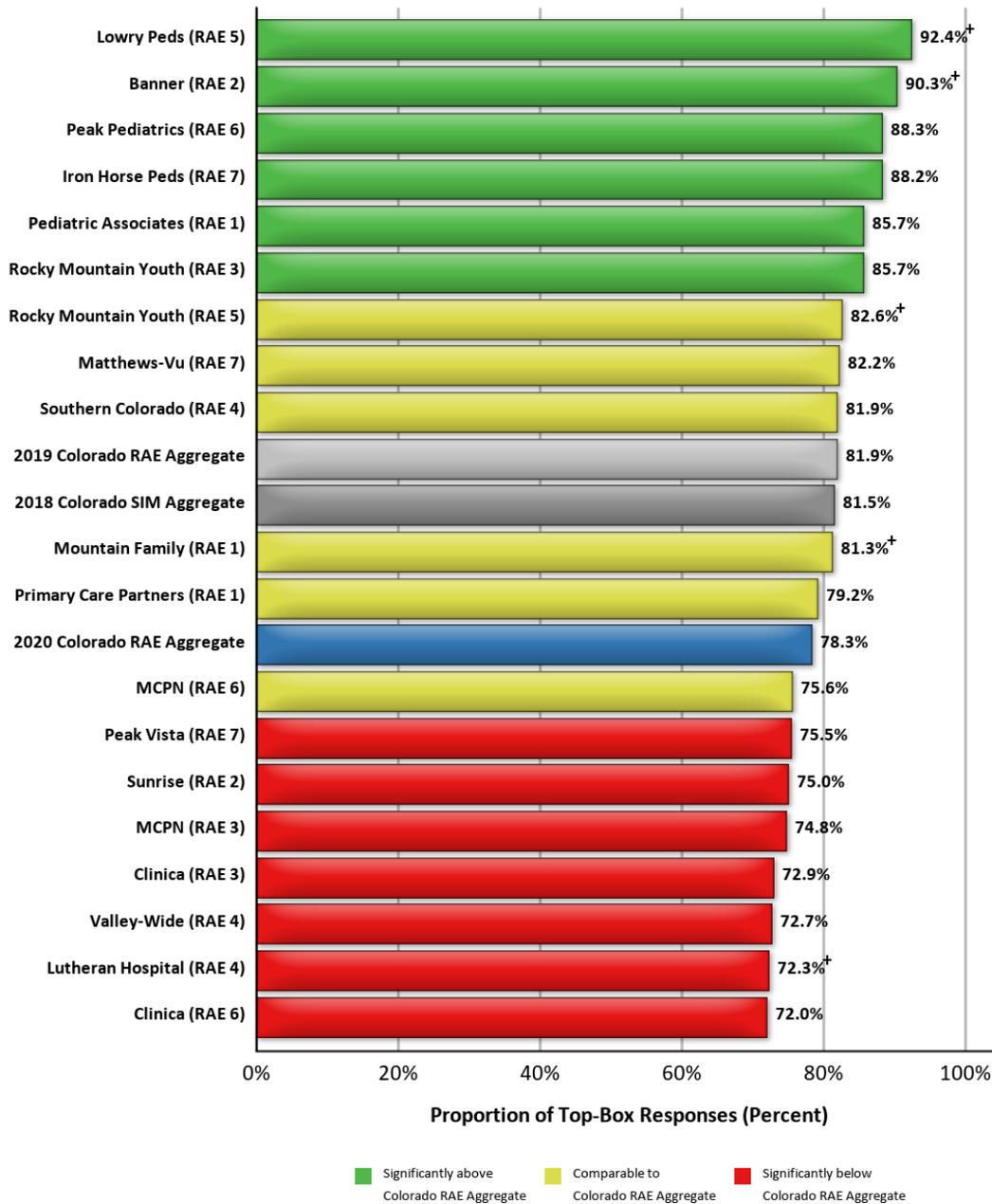


Table 2-17 shows the 2019 and 2020 *How Well Providers Communicate with Parents or Caretakers* top-box scores and the trend results for the applicable RAE-contracted practices.

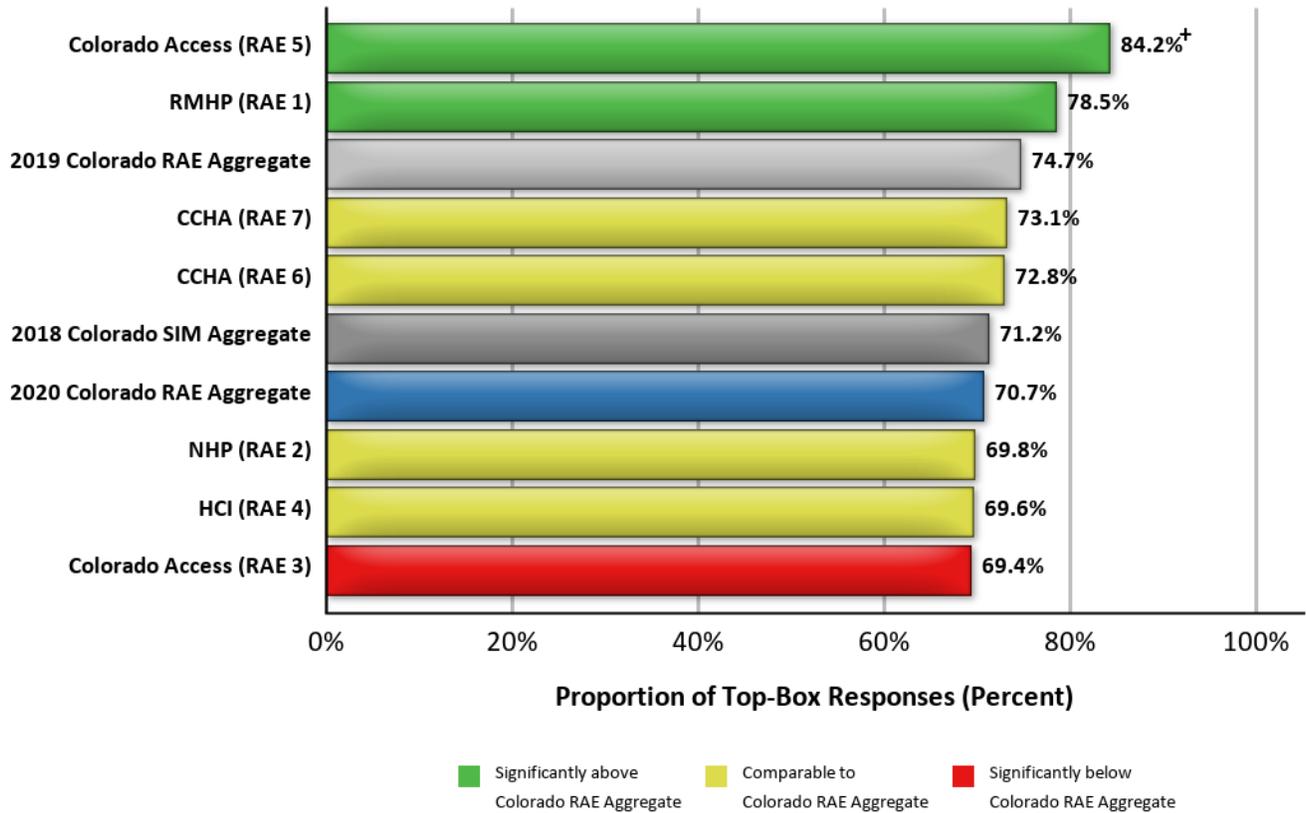
Table 2-17—How Well Providers Communicate with Parents or Caretakers Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	88.1% ⁺	90.3% ⁺	—
Iron Horse Peds (RAE 7)	86.8%	88.3%	—
Lowry Peds (RAE 5)	90.0% ⁺	93.4% ⁺	—
Matthews-Vu (RAE 7)	80.7%	82.7%	—
Mountain Family (RAE 1)	78.6% ⁺	81.4% ⁺	—
Southern Colorado (RAE 4)	86.8%	82.4%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

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

Figure 2-13 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the seven RAEs.

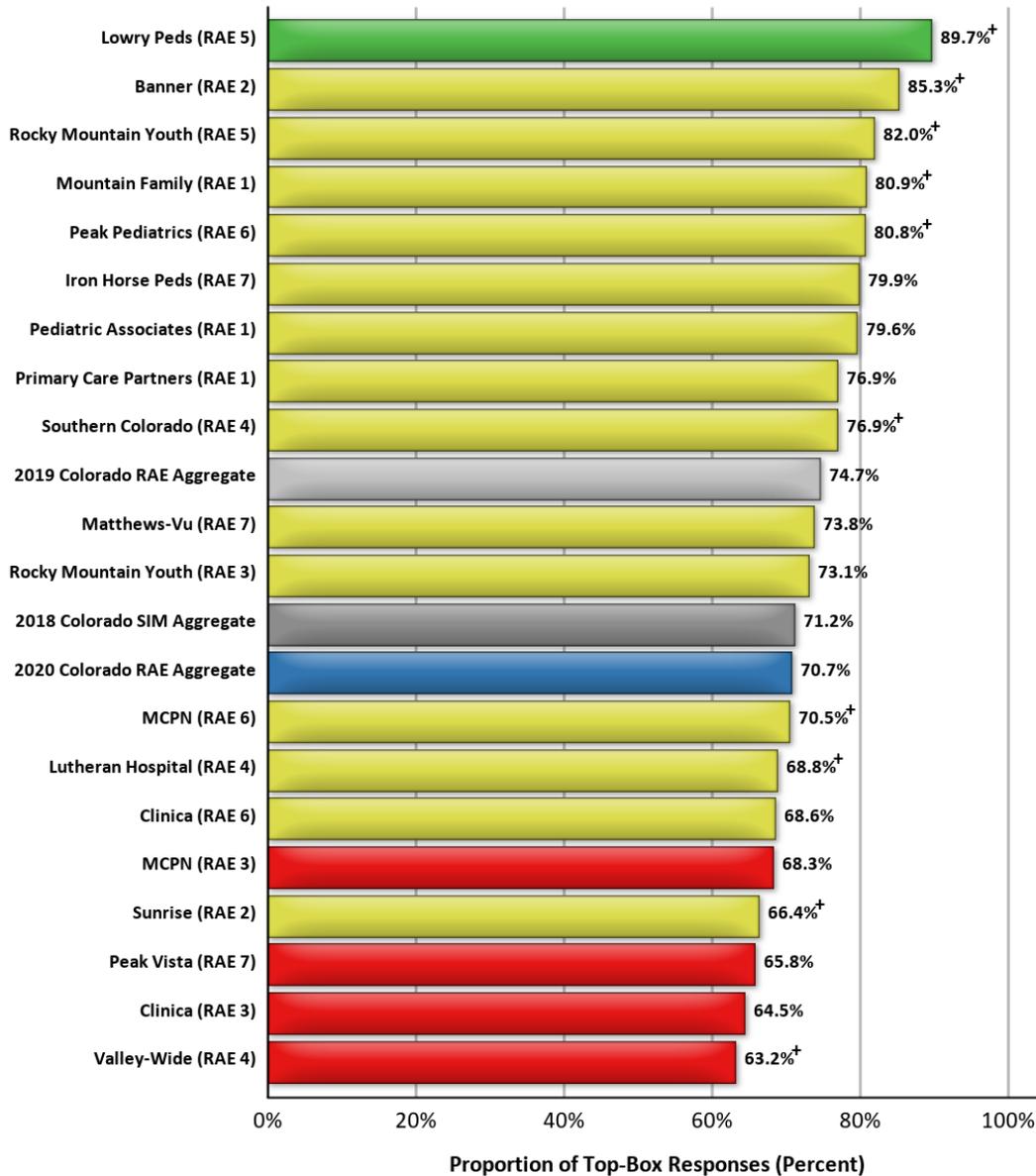
**Figure 2-13—Providers' Use of Information to Coordinate Patient Care
RAE-Level Top-Box Scores**



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

Figure 2-14 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the RAE-contracted practices.

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



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

Table 2-18 shows the 2019 and 2020 *Providers' Use of Information to Coordinate Patient Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-18—Providers' Use of Information to Coordinate Patient Care Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	89.6% ⁺	85.2% ⁺	—
Iron Horse Peds (RAE 7)	77.4%	79.3%	—
Lowry Peds (RAE 5)	75.6% ⁺	90.6% ⁺	—
Matthews-Vu (RAE 7)	64.6% ⁺	73.7%	—
Mountain Family (RAE 1)	68.7% ⁺	81.6% ⁺	—
Southern Colorado (RAE 4)	78.8% ⁺	77.2% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Medical Home: Comprehensiveness—Child Development

Figure 2-15 shows the *Comprehensiveness—Child Development* top-box scores for the seven RAEs.

**Figure 2-15—Comprehensiveness—Child Development
RAE-Level Top-Box Scores**

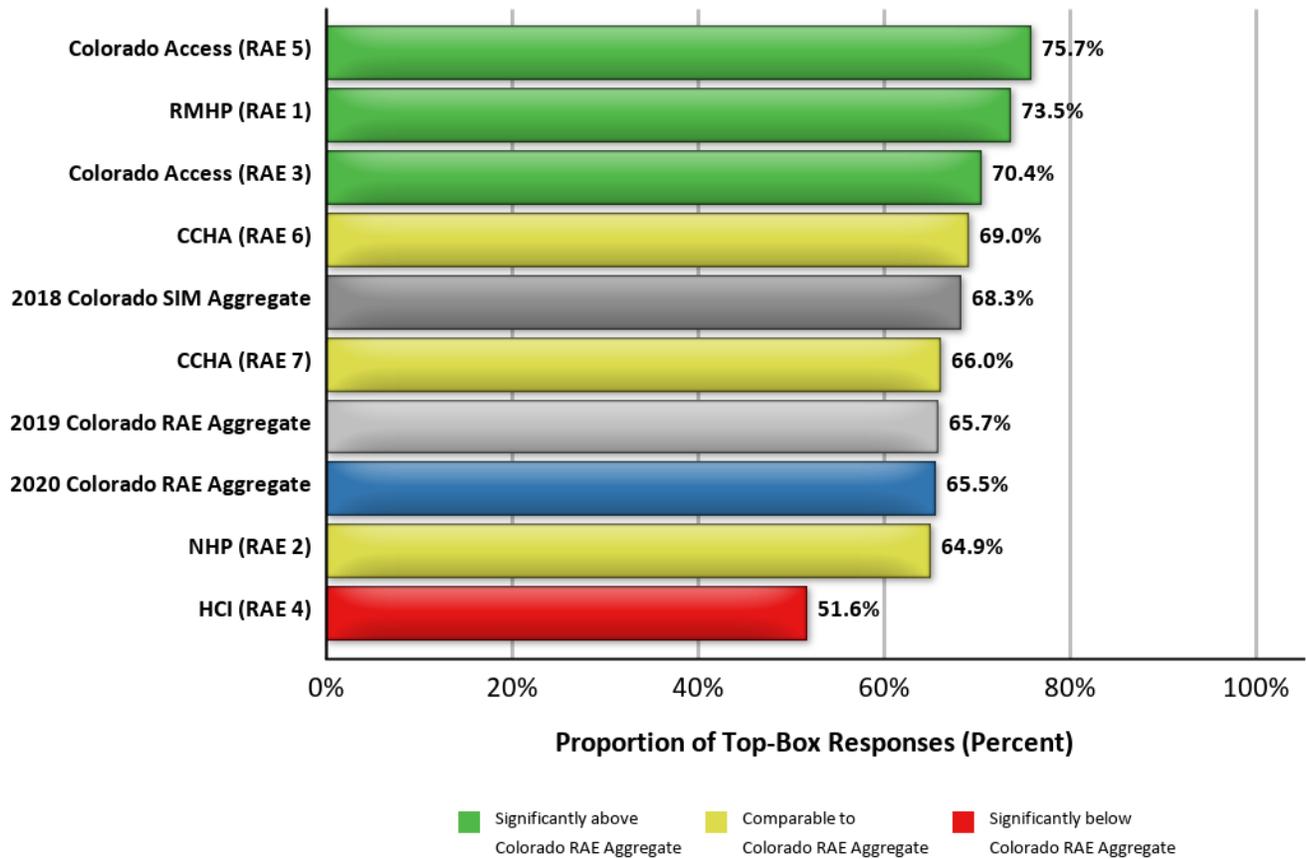
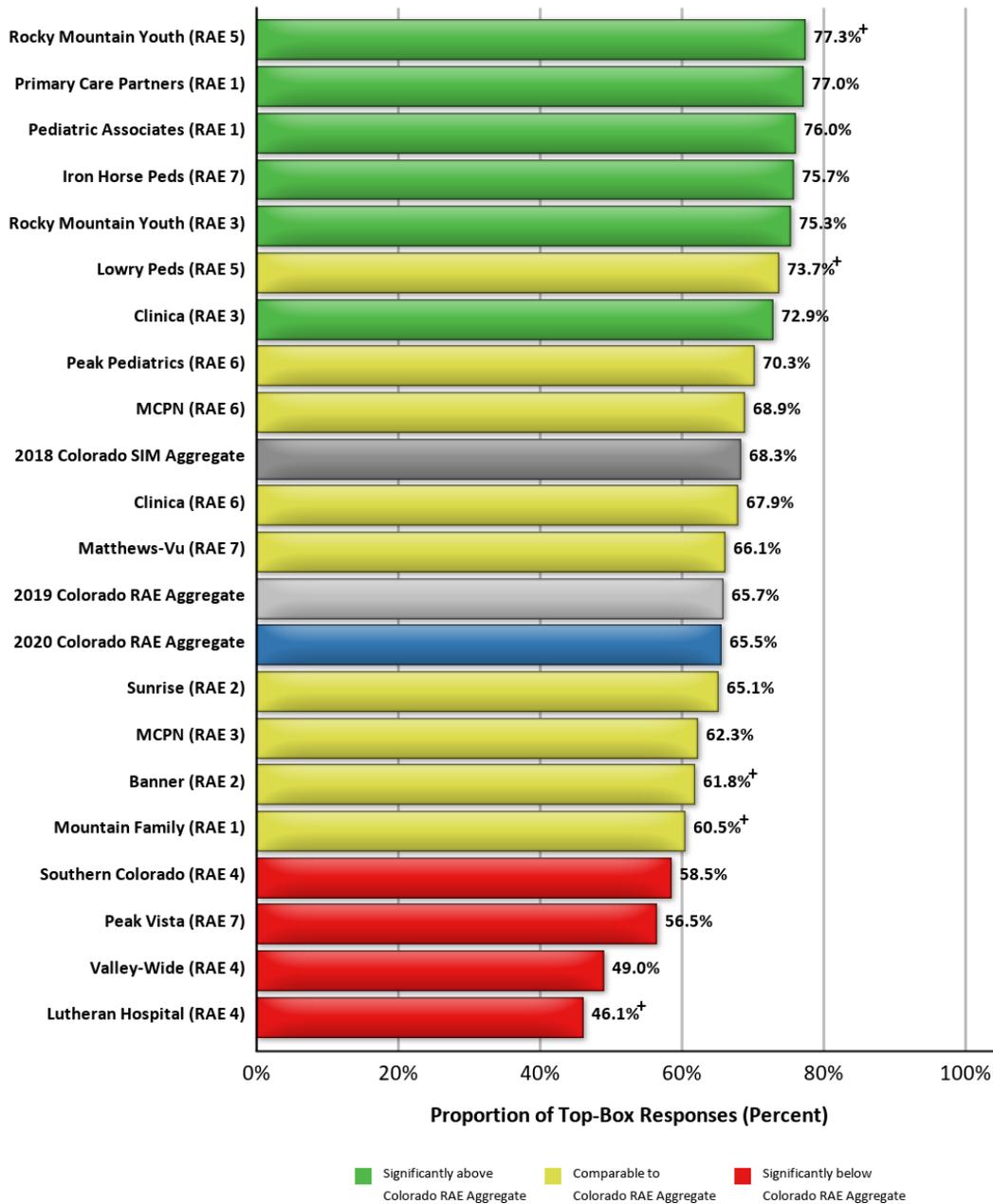


Figure 2-16 shows the *Comprehensiveness—Child Development* top-box scores for the RAE-contracted practices.

**Figure 2-16—Comprehensiveness—Child Development
Practice-Level Top-Box Scores**



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

Table 2-19 shows the 2019 and 2020 *Comprehensiveness—Child Development* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-19—Comprehensiveness—Child Development Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	69.4% ⁺	59.6% ⁺	—
Iron Horse Peds (RAE 7)	67.3%	75.8%	▲
Lowry Peds (RAE 5)	77.4% ⁺	74.8% ⁺	—
Matthews-Vu (RAE 7)	64.3%	66.0%	—
Mountain Family (RAE 1)	55.4% ⁺	60.8% ⁺	—
Southern Colorado (RAE 4)	60.7%	58.2%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Medical Home: Comprehensiveness—Child Safety and Healthy Lifestyles

Figure 2-17 shows the *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores for the seven RAEs.

**Figure 2-17—Comprehensiveness—Child Safety and Healthy Lifestyles
RAE-Level Top-Box Scores**

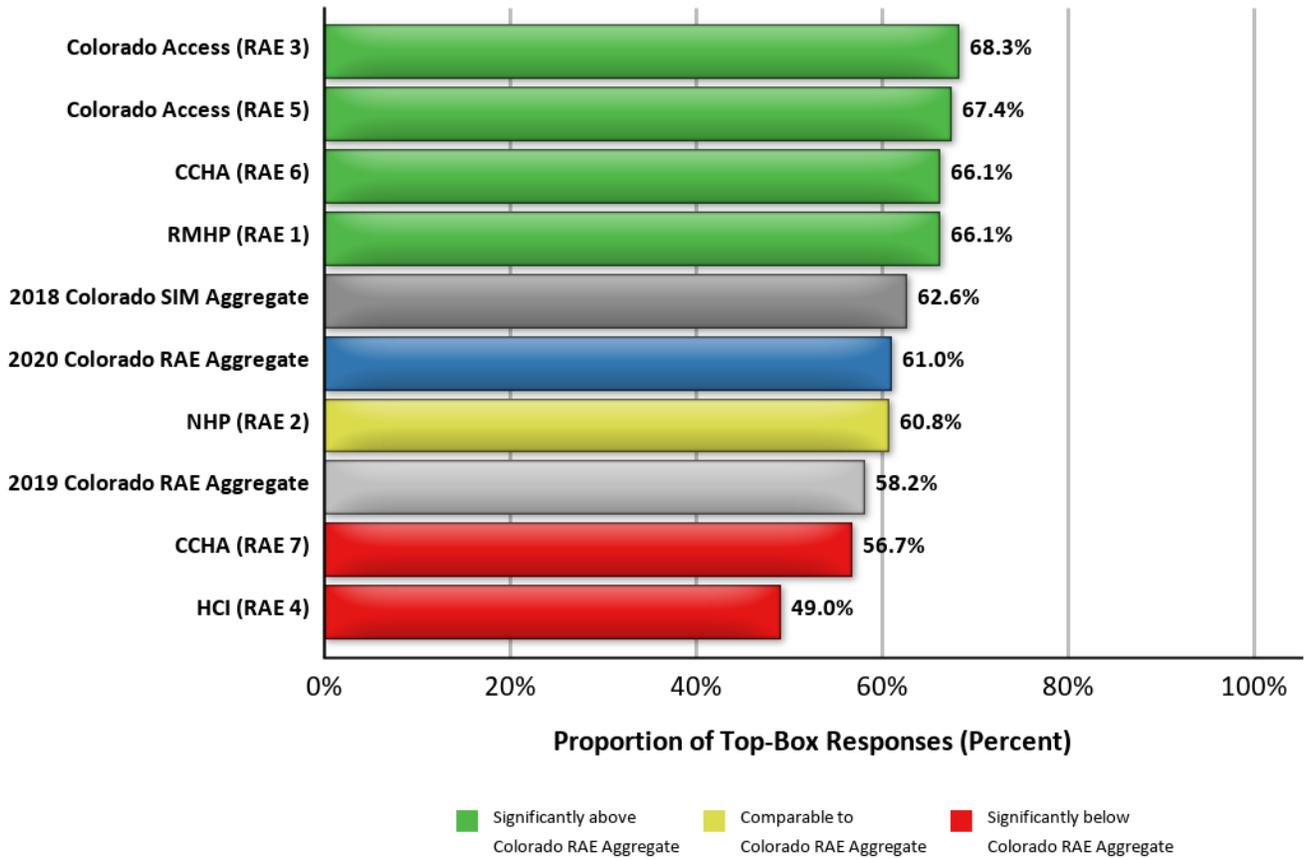
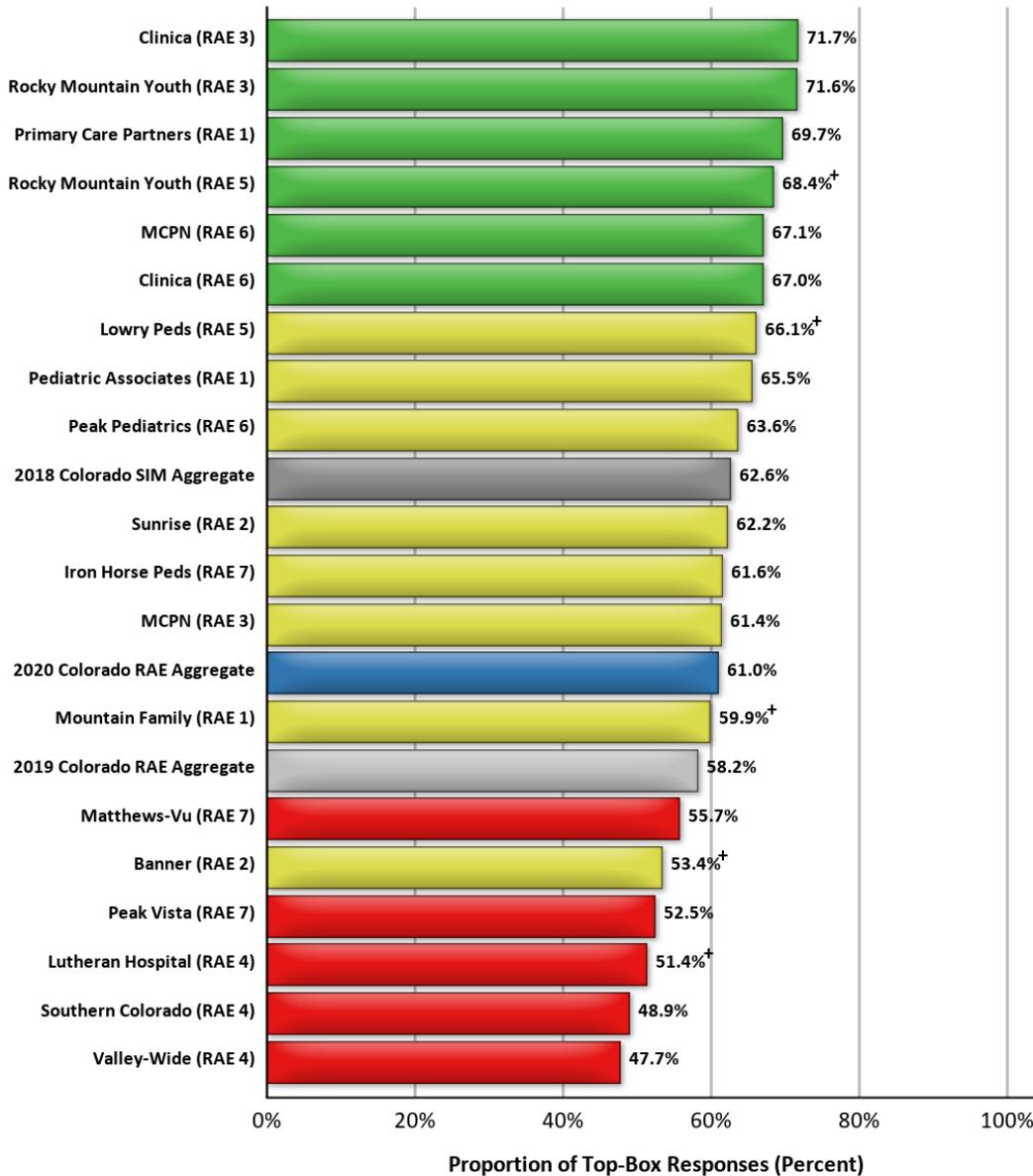


Figure 2-18 shows the *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores for the RAE-contracted practices.

**Figure 2-18—Comprehensiveness—Child Safety and Healthy Lifestyles
Practice-Level Top-Box Scores**



■ Significantly above Colorado RAE Aggregate
 ■ Comparable to Colorado RAE Aggregate
 ■ Significantly below Colorado RAE Aggregate

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

Table 2-20 shows the 2019 and 2020 *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-20—Comprehensiveness—Child Safety and Healthy Lifestyles Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	59.4% ⁺	51.5% ⁺	—
Iron Horse Peds (RAE 7)	57.6%	61.4%	—
Lowry Peds (RAE 5)	63.5% ⁺	66.6% ⁺	—
Matthews-Vu (RAE 7)	55.2%	55.4%	—
Mountain Family (RAE 1)	52.5% ⁺	60.4% ⁺	—
Southern Colorado (RAE 4)	50.1%	48.5%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

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

Figure 2-19 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the seven RAEs.

**Figure 2-19—Helpful, Courteous, and Respectful Office Staff
RAE-Level Top-Box Scores**

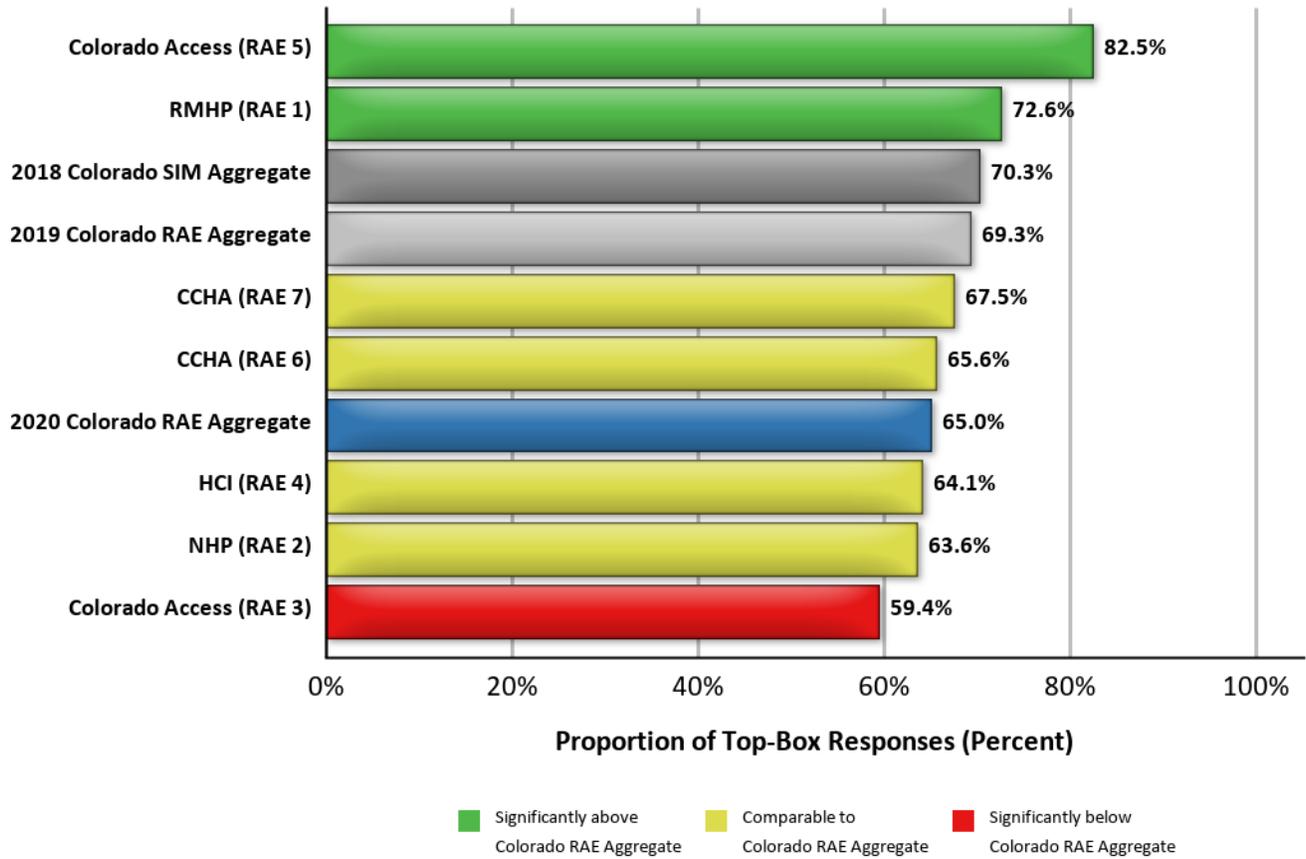
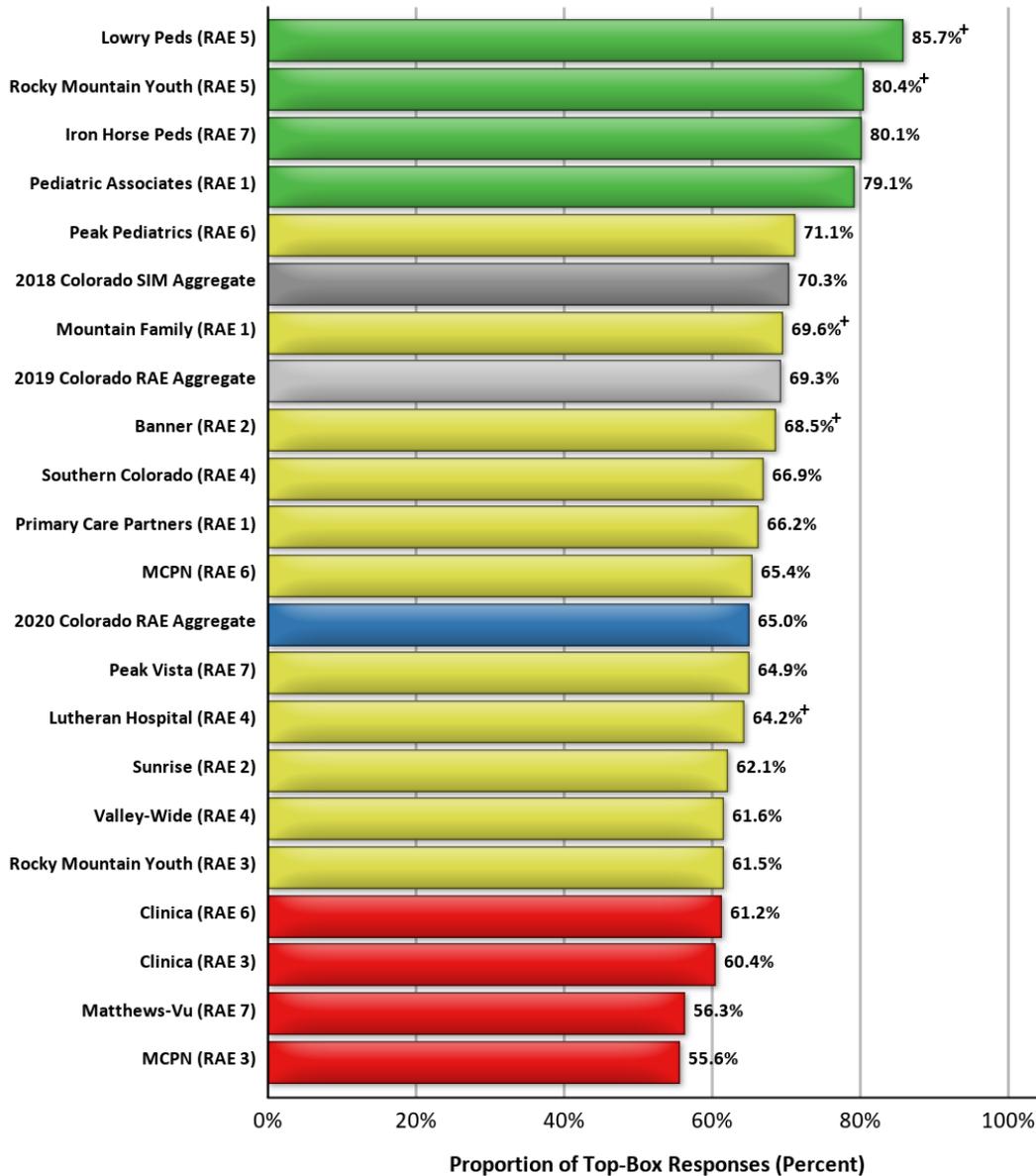


Figure 2-20 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the RAE-contracted practices.

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.

Table 2-21 shows the 2019 and 2020 *Helpful, Courteous, and Respectful Office Staff* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-21—Helpful, Courteous, and Respectful Office Staff Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	75.1% ⁺	68.3% ⁺	—
Iron Horse Peds (RAE 7)	72.5%	78.2%	—
Lowry Peds (RAE 5)	83.7% ⁺	85.1% ⁺	—
Matthews-Vu (RAE 7)	63.0%	55.5%	—
Mountain Family (RAE 1)	59.9% ⁺	70.8% ⁺	—
Southern Colorado (RAE 4)	62.3%	66.8%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Individual Item Measures

Received Information on Evening, Weekend, or Holiday Care

Figure 2-21 shows the *Received Information on Evening, Weekend, or Holiday Care* top-box scores for the seven RAEs.

**Figure 2-21—Received Information on Evening, Weekend, or Holiday Care
RAE-Level Top-Box Scores**

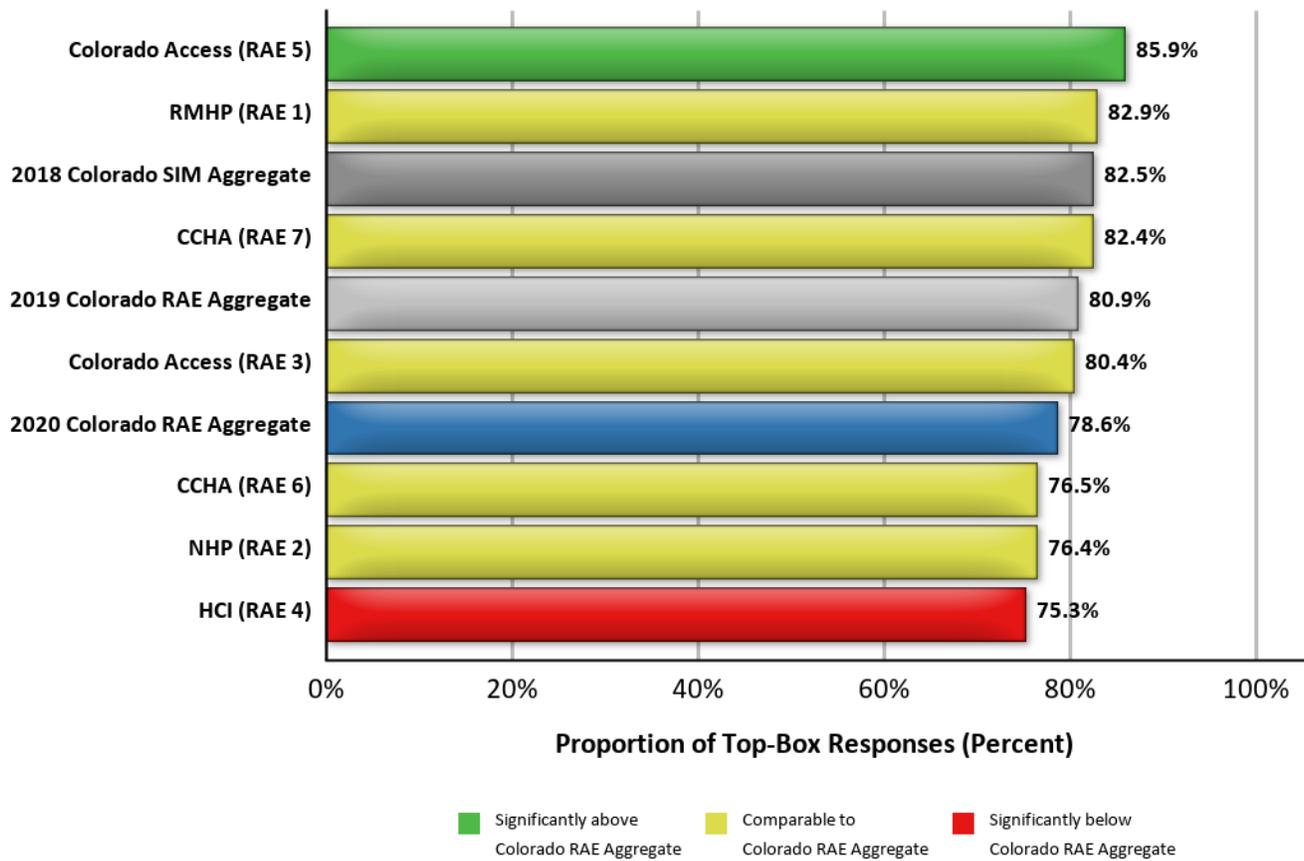
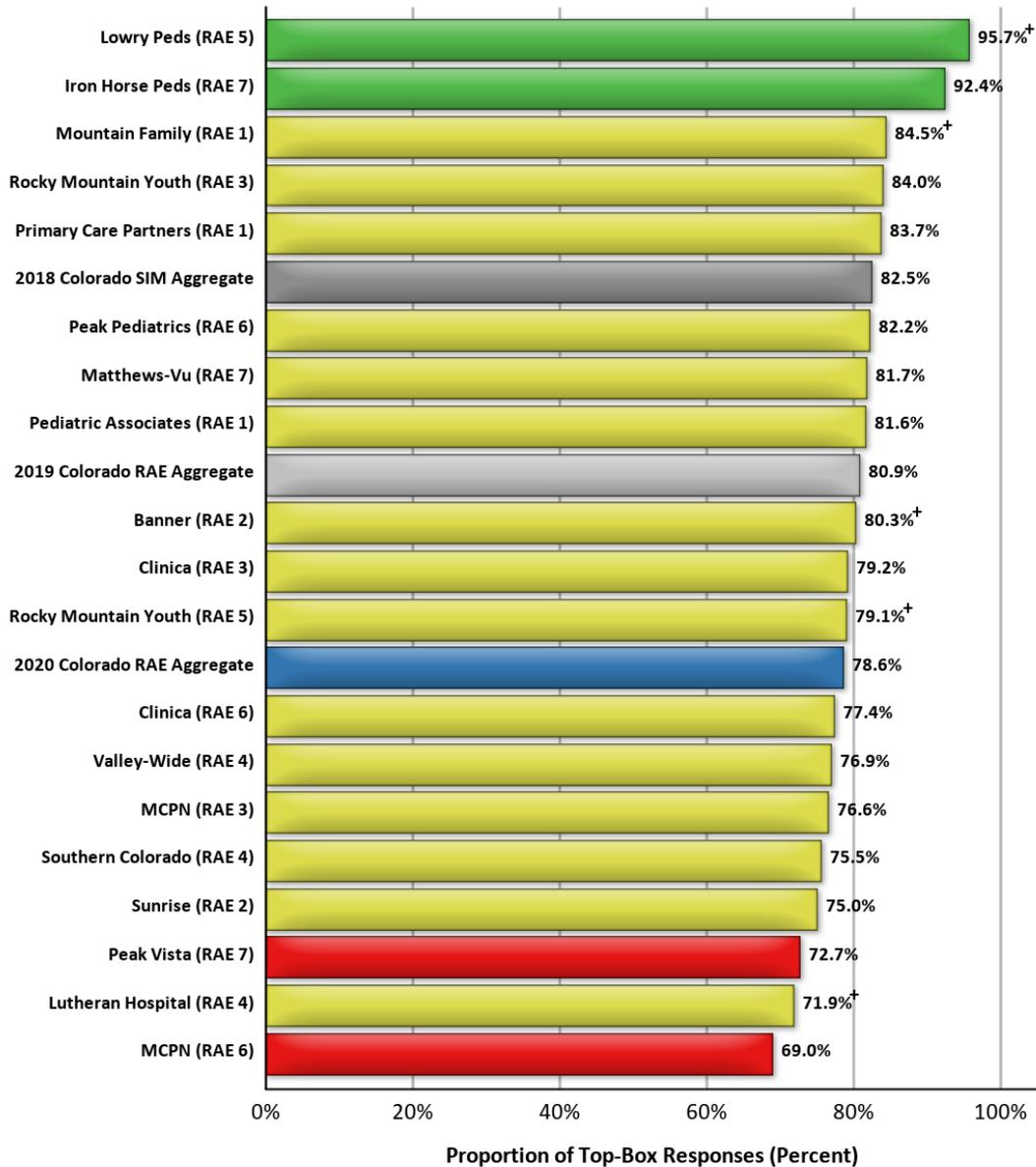


Figure 2-22 shows the *Received Information on Evening, Weekend, or Holiday Care* top-box scores for the RAE-contracted practices.

Figure 2-22—Received Information on Evening, Weekend, or Holiday Care Practice-Level Top-Box Scores



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

Table 2-22 shows the 2019 and 2020 *Received Information on Evening, Weekend, or Holiday Care* top-box scores and the trend results for the applicable RAE-contracted practices.

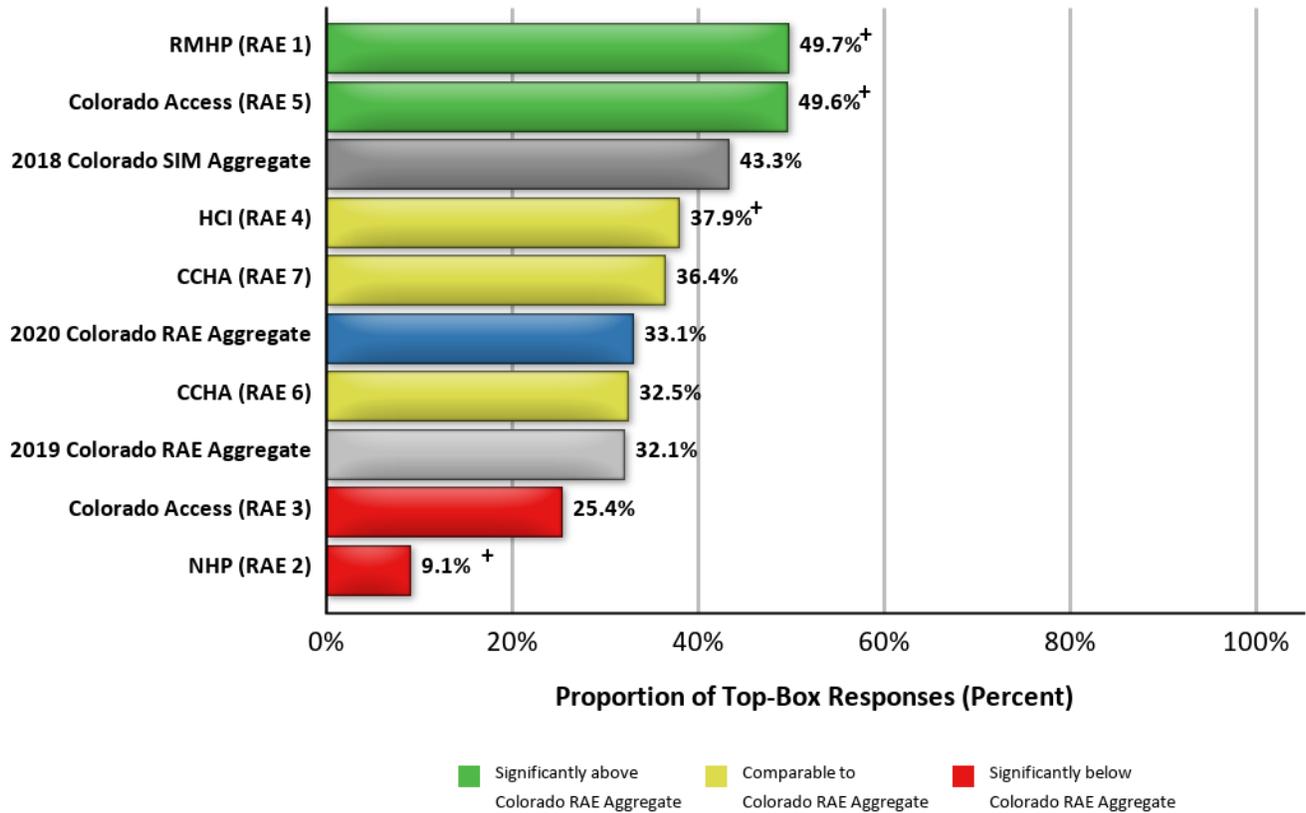
Table 2-22—Received Information on Evening, Weekend, or Holiday Care Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	67.2% ⁺	79.3% ⁺	—
Iron Horse Peds (RAE 7)	86.0%	89.9%	—
Lowry Peds (RAE 5)	87.5% ⁺	93.8% ⁺	—
Matthews-Vu (RAE 7)	75.9%	79.7%	—
Mountain Family (RAE 1)	75.5% ⁺	86.3% ⁺	—
Southern Colorado (RAE 4)	79.8%	74.4%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

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

Figure 2-23 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the seven RAEs.

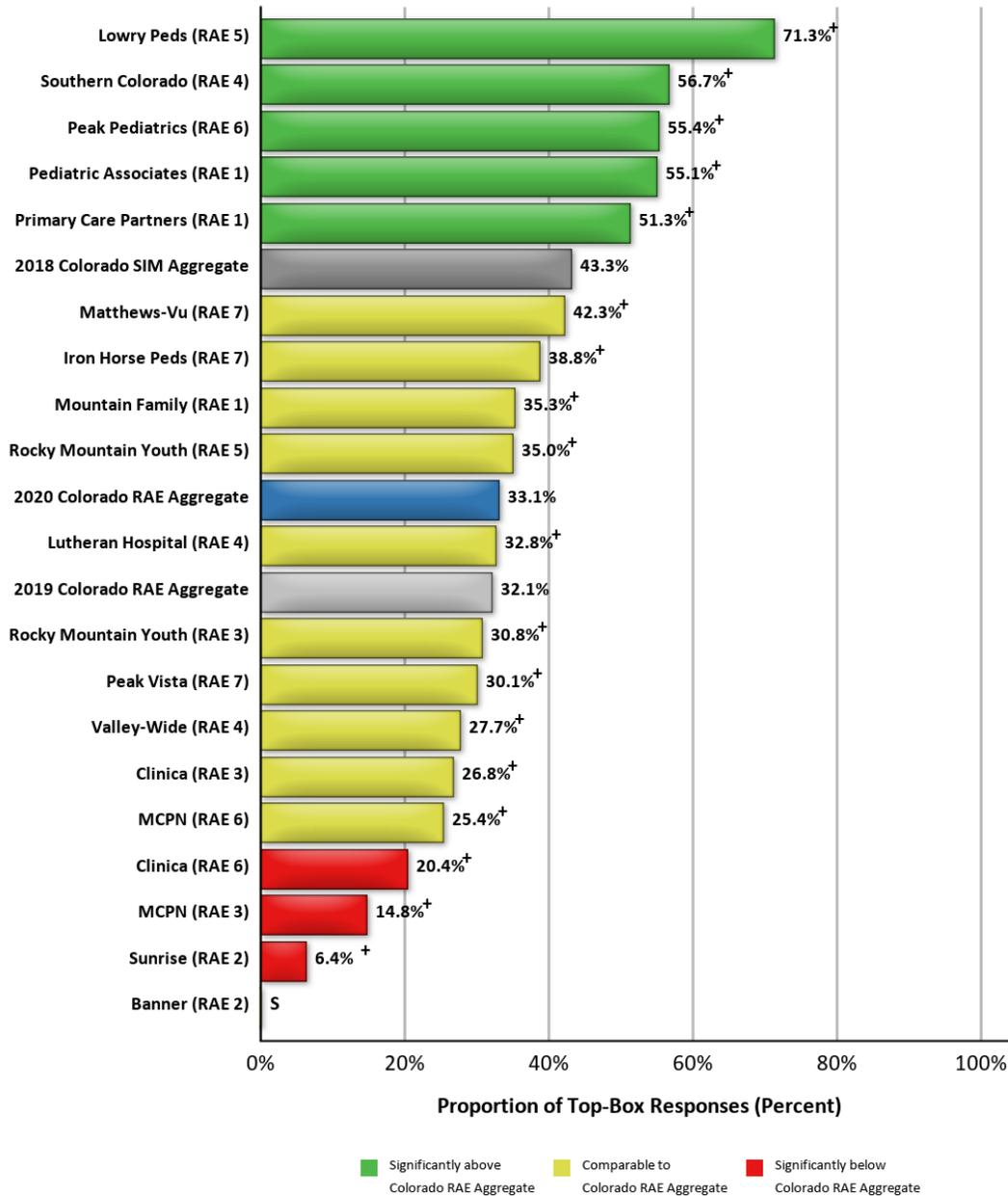
**Figure 2-23—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



+ 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 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.

Table 2-23 shows the 2019 and 2020 *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-23—Received Care from Provider Office During Evenings, Weekends, or Holidays Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	S	S	S
Iron Horse Peds (RAE 7)	44.4% ⁺	37.5% ⁺	—
Lowry Peds (RAE 5)	30.8% ⁺	71.4% ⁺	▲
Matthews-Vu (RAE 7)	44.8% ⁺	41.3% ⁺	—
Mountain Family (RAE 1)	22.7% ⁺	37.5% ⁺	—
Southern Colorado (RAE 4)	17.4% ⁺	56.0% ⁺	▲
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.</p>			

Reminders About Child’s Care from Provider Office

Figure 2-25 shows the *Reminders About Child’s Care from Provider Office* top-box scores for the seven RAEs.

**Figure 2-25—Reminders About Child’s Care from Provider Office
RAE-Level Top-Box Scores**

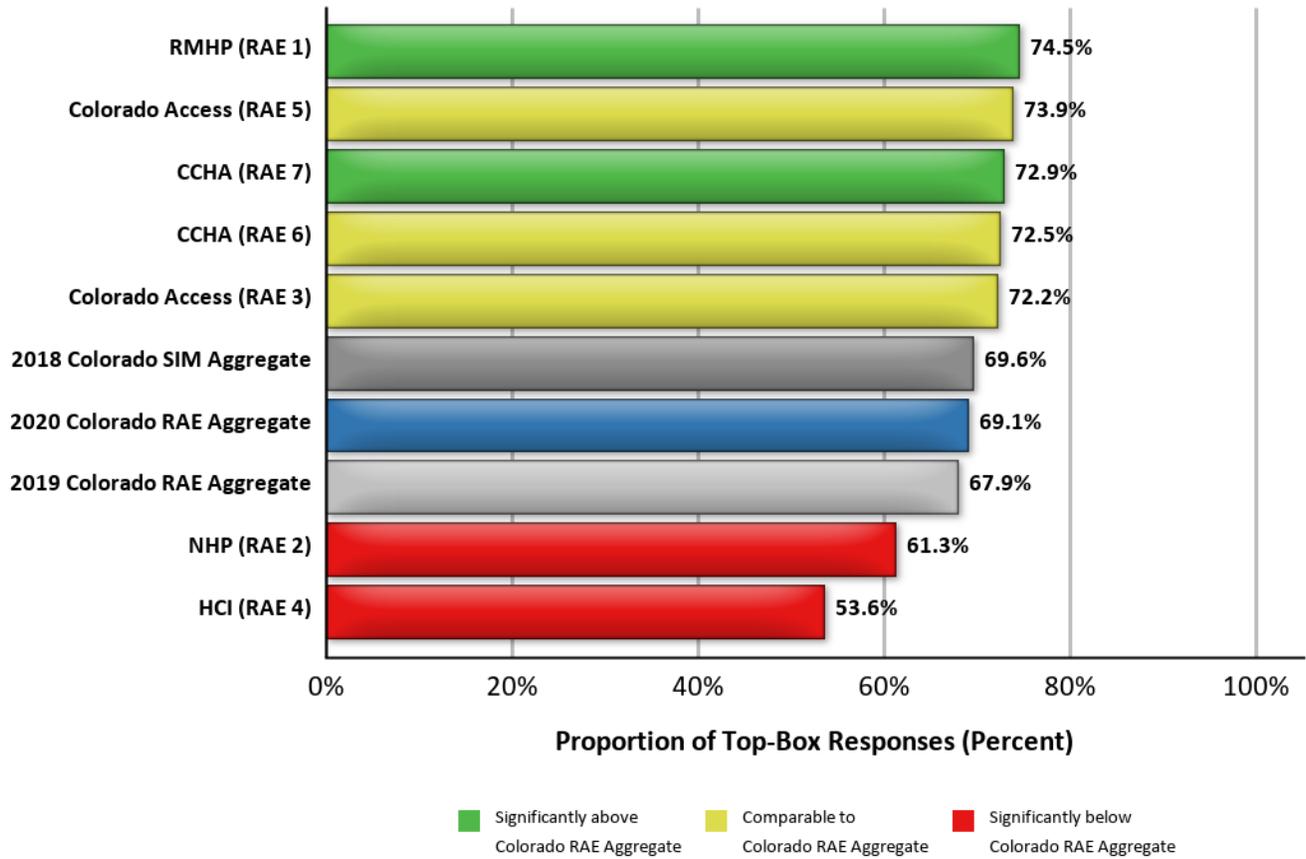
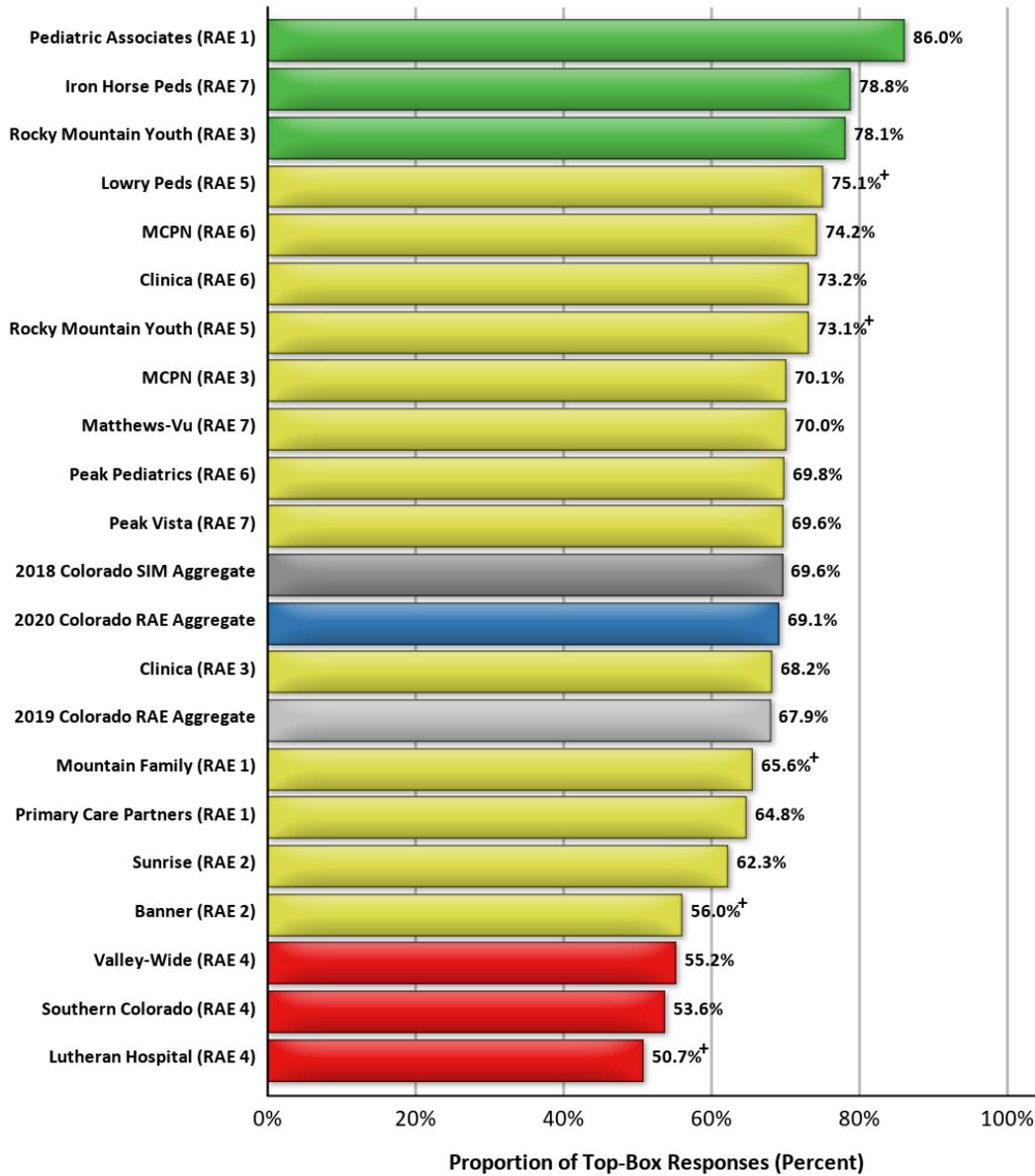


Figure 2-26 shows the *Reminders About Child’s Care from Provider Office* top-box scores for the RAE-contracted practices.

**Figure 2-26—Reminders About Child’s Care from Provider Office
Practice-Level Top-Box Scores**



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

Table 2-24 shows the 2019 and 2020 *Reminders About Child’s Care from Provider Office* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-24—Reminders About Child’s Care from Provider Office Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	55.2% ⁺	54.8% ⁺	—
Iron Horse Peds (RAE 7)	79.9%	78.8%	—
Lowry Peds (RAE 5)	86.5% ⁺	75.4% ⁺	—
Matthews-Vu (RAE 7)	61.5%	69.7%	—
Mountain Family (RAE 1)	66.0% ⁺	65.8% ⁺	—
Southern Colorado (RAE 4)	60.0%	53.3%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Saw Provider Within 15 Minutes of Appointment

Figure 2-27 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the seven RAEs.

**Figure 2-27—Saw Provider Within 15 Minutes of Appointment
RAE-Level Top-Box Scores**

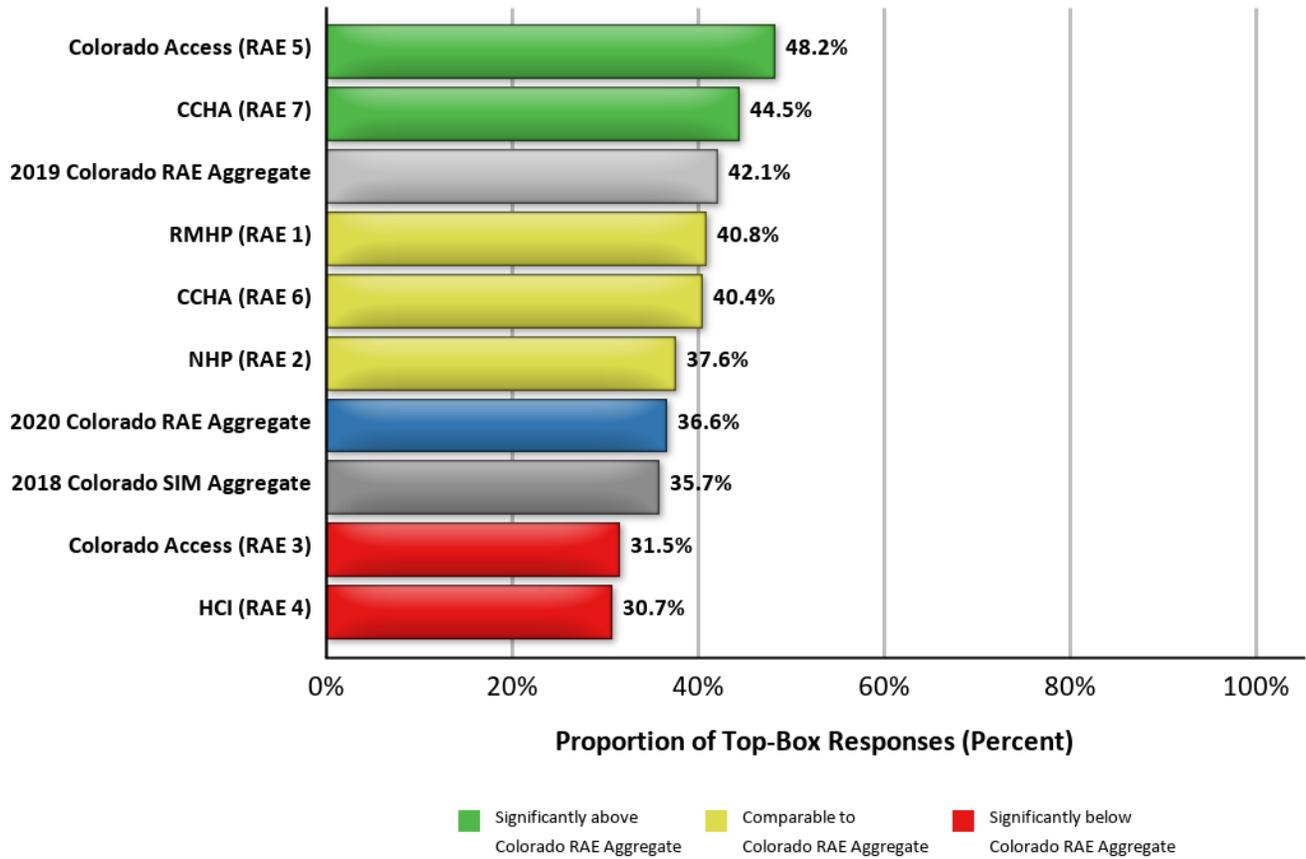
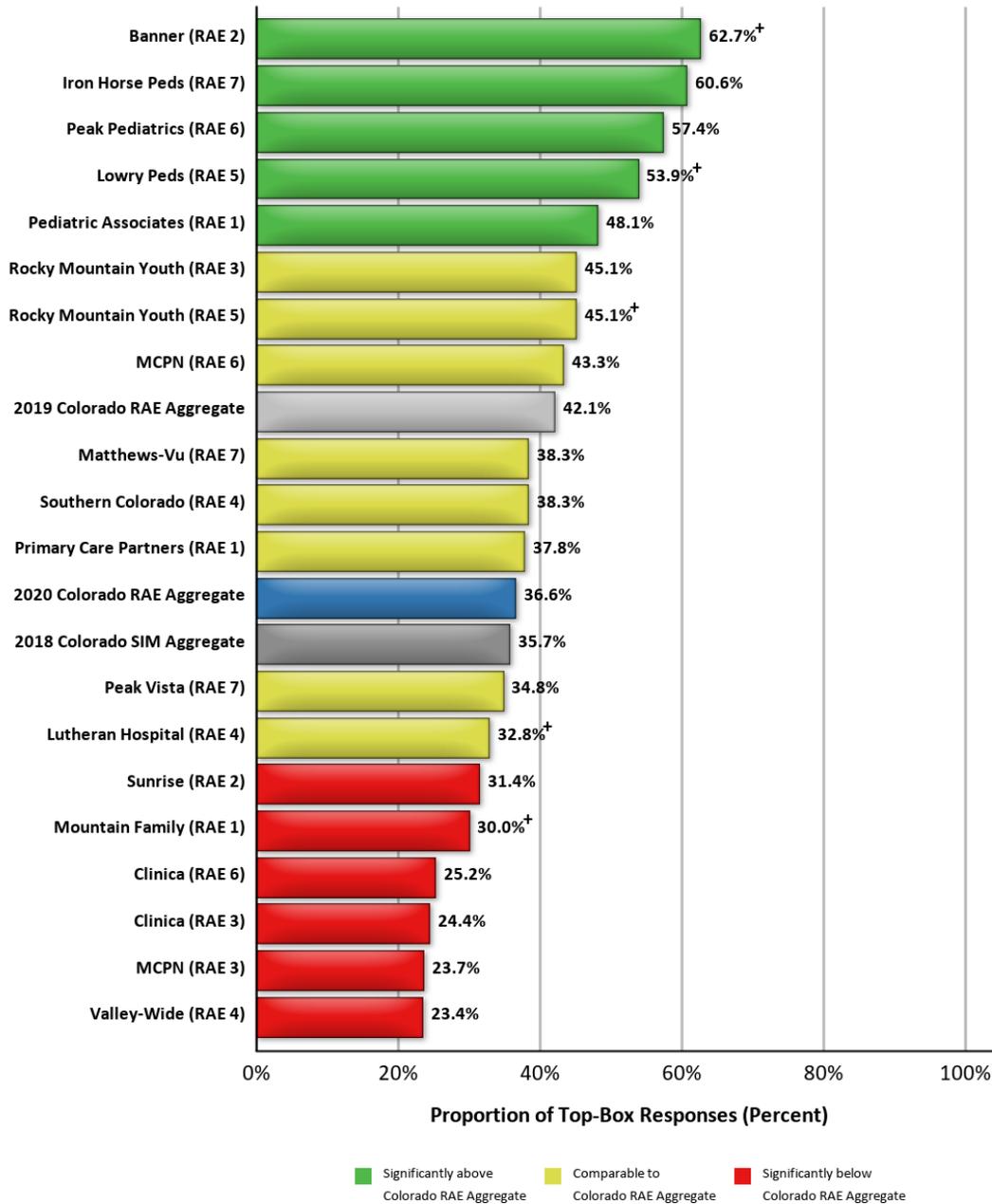


Figure 2-28 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the RAE-contracted practices.

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



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

Table 2-25 shows the 2019 and 2020 *Saw Provider Within 15 Minutes of Appointment* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-25—Saw Provider Within 15 Minutes of Appointment Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	50.0% ⁺	63.3% ⁺	—
Iron Horse Peds (RAE 7)	57.7%	60.8%	—
Lowry Peds (RAE 5)	52.8% ⁺	54.7% ⁺	—
Matthews-Vu (RAE 7)	28.7%	39.0%	—
Mountain Family (RAE 1)	35.4% ⁺	29.9% ⁺	—
Southern Colorado (RAE 4)	34.1%	38.8%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.</p>			

Summary of RAE Comparisons Results

Table 2-26 provides a summary of the RAE comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate.

Table 2-26—RAE Comparisons

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							
<i>Rating of Provider</i>	—	—	↓	↓	↑	↓	—
<i>Rating of All Health Care</i>	↑	—	—	↓	↑	—	—
Composite Measures							
<i>Getting Timely Appointments, Care, and Information</i>	↑	—	↓	↓	↑	—	—
<i>How Well Providers Communicate with Parents or Caretakers</i>	—	—	—	↓	↑	—	—
<i>Providers' Use of Information to Coordinate Patient Care</i>	↑	—	↓	—	↑	—	—
<i>Comprehensiveness—Child Development</i>	↑	—	↑	↓	↑	—	—
<i>Comprehensiveness—Child Safety and Healthy Lifestyles</i>	↑	—	↑	↓	↑	↑	↓
<i>Helpful, Courteous, and Respectful Office Staff</i>	↑	—	↓	—	↑	—	—
Individual Item Measures							
<i>Received Information on Evening, Weekend, or Holiday Care</i>	—	—	—	↓	↑	—	—
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	↑	↓	↓	—	↑	—	—
<i>Saw Provider Within 15 Minutes of Appointment</i>	—	—	↓	↓	↑	—	↑
<i>Reminders about Child's Care from Provider Office</i>	↑	↓	—	↓	—	—	↑
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.							

Summary of Practice Comparisons Results

Table 2-27 provides a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the global ratings.

Table 2-27—Practice Comparisons: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care
Banner (RAE 2)	↑	S	↑
Clinica (RAE 6)	↓	—	↓
Iron Horse Peds (RAE 7)	↑	—	↑
Lowry Peds (RAE 5)	↑	—	↑
Lutheran Hospital (RAE 4)	—	—	↓
MCPN (RAE 3)	↓	—	↓
MCPN (RAE 6)	↓	—	—
Peak Vista (RAE 7)	↓	—	↓
Pediatric Associates (RAE 1)	↑	—	—
Rocky Mountain Youth (RAE 3)	—	—	↑
Rocky Mountain Youth (RAE 5)	↑	—	↑
Valley-Wide (RAE 4)	↓	—	↓
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.			

Table 2-28 and Table 2-29 provide a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the composite measures.

Table 2-28—Practice Comparisons: Composite Measures

RAE-Contracted Practices	<i>Getting Timely Appointments, Care, and Information</i>	<i>How Well Providers Communicate with Child</i>	<i>How Well Providers Communicate with Parents or Caretakers</i>	<i>Providers' Use of Information to Coordinate Patient Care</i>
Banner (RAE 2)	—	—	↑	—
Clinica (RAE 3)	↓	↓	↓	↓
Clinica (RAE 6)	↓	—	↓	—
Iron Horse Peds (RAE 7)	↑	↑	↑	—
Lowry Peds (RAE 5)	↑	↑	↑	↑
Lutheran Hospital (RAE 4)	—	—	↓	—
MCPN (RAE 3)	↓	—	↓	↓
Peak Pediatrics (RAE 6)	↑	—	↑	—
Peak Vista (RAE 7)	↓	—	↓	↓
Pediatric Associates (RAE 1)	↑	—	↑	—
Primary Care Partners (RAE 1)	↑	—	—	—
Rocky Mountain Youth (RAE 3)	—	—	↑	—
Sunrise (RAE 2)	↓	—	↓	—
Valley-Wide (RAE 4)	↓	—	↓	↓
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.				

Table 2-29—Practice Comparisons: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness— Child Development	Comprehensiveness— Child Safety and Healthy Lifestyles	Helpful, Courteous, and Respectful Office Staff
Clinica (RAE 3)	↑	↑	↓
Clinica (RAE 6)	—	↑	↓
Iron Horse Peds (RAE 7)	↑	—	↑
Lowry Peds (RAE 5)	—	—	↑
Lutheran Hospital (RAE 4)	↓	↓	—
MCPN (RAE 3)	—	—	↓
MCPN (RAE 6)	—	↑	—
Matthews-Vu (RAE 7)	—	↓	↓
Peak Vista (RAE 7)	↓	↓	—
Pediatric Associates (RAE 1)	↑	—	↑
Primary Care Partners (RAE 1)	↑	↑	—
Rocky Mountain Youth (RAE 3)	↑	↑	—
Rocky Mountain Youth (RAE 5)	↑	↑	↑
Southern Colorado (RAE 4)	↓	↓	—
Valley-Wide (RAE 4)	↓	↓	—

↑ Statistically significantly above the Colorado RAE Aggregate.
 ↓ Statistically significantly below the Colorado RAE Aggregate.
 — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.

Table 2-30 provides a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the individual item measures.

Table 2-30—Practice Comparisons: Individual Item Measures

RAE-Contracted Practices	Received Information on Evening, Weekend, or Holiday Care	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Child’s Care from Provider Office	Saw Provider Within 15 Minutes of Appointment
Banner (RAE 2)	—	S	—	↑
Clinica (RAE 3)	—	—	—	↓
Clinica (RAE 6)	—	↓	—	↓
Iron Horse Peds (RAE 7)	↑	—	↑	↑
Lowry Peds (RAE 5)	↑	↑	—	↑
Lutheran Hospital (RAE 4)	—	—	↓	—
MCPN (RAE 3)	—	↓	—	↓
MCPN (RAE 6)	↓	—	—	—
Mountain Family (RAE 1)	—	—	—	↓
Peak Pediatrics (RAE 6)	—	↑	—	↑
Peak Vista (RAE 7)	↓	—	—	—
Pediatric Associates (RAE 1)	—	↑	↑	↑
Primary Care Partners (RAE 1)	—	↑	—	—
Rocky Mountain Youth (RAE 3)	—	—	↑	—
Southern Colorado (RAE 4)	—	↑	↓	—
Sunrise (RAE 2)	—	↓	—	↓
Valley-Wide (RAE 4)	—	—	↓	↓

↑ Statistically significantly above the Colorado RAE Aggregate.
 ↓ Statistically significantly below the Colorado RAE Aggregate.
 — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.
 S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Summary of Trend Analysis

Table 2-31 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2020 than in 2019.

Table 2-31—Trend Analysis Results

Measure	Mountain Family (RAE 1)	Banner (RAE 2)	Southern Colorado (RAE 4)	Lowry Peds (RAE 5)	Iron Horse Peds (RAE 7)	Matthews -Vu (RAE 7)
Global Ratings						
<i>Rating of All Health Care</i>	▲	—	—	▲	—	—
Composite Measures						
<i>How Well Providers Communicate with Child</i>	—	—	▼	—	—	—
<i>Comprehensiveness—Child Development</i>	—	—	—	—	▲	—
Individual Item Measures						
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	—	S	▲	▲	—	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.						

Stratification of Results

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

Rating of Provider

Table 2-32 through Table 2-36 display the responses for select survey questions stratified by the *Rating of Provider* global rating response categories for the Colorado RAE Aggregate. Question 3 asked how long the child had been going to the provider.

Table 2-32—Length of Time Going to Child’s Provider

Length of Time Going to Child’s Provider (Q3) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	40	14.0%	66	23.2%	179	62.8%
At Least 6 Months but Less Than 1 Year	22	6.6%	82	24.6%	230	68.9%
At least 1 Year but Less Than 3 Years	40	5.2%	159	20.6%	574	74.3%
At Least 3 Years but Less Than 5 Years	21	4.7%	96	21.4%	331	73.9%
5 Years or More	28	3.2%	167	19.3%	672	77.5%

Please note: Percentages may not total 100.0% due to rounding.

Question 13a asked how many days the parents or caretakers had to wait for an appointment when their child needed care right away.

Table 2-33—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q13a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	23	3.3%	93	13.4%	577	83.3%
1 Day	10	3.7%	63	23.2%	198	73.1%
2 to 3 Days	16	7.1%	58	25.7%	152	67.3%
4 to 7 Days	10	11.6%	25	29.1%	51	59.3%
More Than 7 Days	13	22.4%	14	24.1%	31	53.4%

Please note: Percentages may not total 100.0% due to rounding.

Question 18a asked parents or caretakers if they received reminders about their child’s care from the provider’s office between visits.

Table 2-34—Reminders about Child’s Care from Provider Office

Reminders about Child’s Care from Provider Office (Q18a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	83	4.3%	325	17.0%	1506	78.7%
No	68	8.4%	248	30.5%	496	61.1%

Please note: Percentages may not total 100.0% due to rounding.

Question 18b asked parents or caretakers how often their child saw their provider within 15 minutes of the appointment time.

Table 2-35—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q18b) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	46	16.7%	89	32.2%	141	51.1%
Sometimes	46	7.5%	175	28.6%	391	63.9%
Usually	40	5.1%	187	24.0%	552	70.9%
Always	21	2.0%	121	11.5%	910	86.5%

Please note: Percentages may not total 100.0% due to rounding.

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-36—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q26)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	88	4.6%	365	18.9%	1477	76.5%
	Good	44	7.7%	154	26.9%	374	65.4%
	Fair/Poor	13	8.2%	35	22.2%	110	69.6%
Mental Health Status (Q39)	Excellent/Very Good	84	4.5%	355	18.9%	1438	76.6%
	Good	39	6.8%	141	24.5%	395	68.7%
	Fair/Poor	23	11.2%	58	28.3%	124	60.5%

Please note: Percentages may not total 100.0% due to rounding.

Rating of Specialist Seen Most Often

Table 2-37 displays the responses for select survey questions stratified by the *Rating of Specialist Seen Most Often* global rating response categories for the Colorado RAE Aggregate. Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-37—Physical and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q27a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	13	3.3%	60	15.2%	321	81.5%
	Good	8	4.5%	45	25.1%	126	70.4%
	Fair/Poor	6	7.0%	24	27.9%	56	65.1%
Mental Health Status (Q39)	Excellent/Very Good	13	3.2%	60	14.7%	336	82.2%
	Good	4	2.4%	44	26.0%	121	71.6%
	Fair/Poor	10	11.6%	26	30.2%	50	58.1%

Please note: Percentages may not total 100.0% due to rounding.

Rating of All Health Care

Table 2-38 and Table 2-39 display the responses for select survey questions stratified by the *Rating of All Health Care* global rating response categories for the Colorado RAE Aggregate. Question 38a asked parents or caretakers to determine if their child had a physical or medical condition that interferes with his or her day-to-day activities.

Table 2-38—Condition that Interferes with Child’s Day-to-Day Activities

Condition that Interferes with Child’s Day-to-Day Activities (Q38a) Responses	Rating of All Health Care (Q35c)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	24	8.0%	85	28.3%	191	63.7%
No	123	5.1%	496	20.5%	1796	74.4%

Please note: Percentages may not total 100.0% due to rounding.

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-39—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q35c)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	75	3.8%	361	18.3%	1540	77.9%
	Good	50	8.6%	169	29.1%	362	62.3%
	Fair/Poor	20	12.4%	51	31.7%	90	55.9%
Mental Health Status (Q39)	Excellent/Very Good	66	3.4%	359	18.7%	1491	77.8%
	Good	53	9.0%	155	26.2%	384	64.9%
	Fair/Poor	26	12.6%	68	33.0%	112	54.4%

Please note: Percentages may not total 100.0% due to rounding.

Other Survey Question

Question 26a asked parents or caretakers about the three most important things that they look for in their child’s healthcare provider. Table 2-40 displays the responses for the Most Important Things in Child’s Healthcare Provider survey question for the Colorado RAE Aggregate.

Table 2-40—Most Important Things in Child’s Healthcare Provider

Responses	N	%
Provider listens to and acts quickly to address my concerns	2,299	82.0%
Provider is able to explain things about my child’s health in a way I can understand	2,281	81.3%
Provider spends enough time with my child during appointments	2,024	72.2%
Provider is knowledgeable about my child’s history when I come to appointments	1,995	71.1%
The ability to get timely appointments with my child’s provider	1,667	59.4%
Friendly staff in provider’s office	1,559	55.6%
Provider is close to my home	1,200	42.8%
Provider does not judge my child	1,047	37.3%
Other	348	12.4%

Please note: Respondents may choose more than one response; therefore, percentages will not total 100.0%. Additionally, respondents may have chosen more than three responses.

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 child's provider. Moreover, parents or caretakers who perceived that their child's physical and mental health was healthier (i.e., reported a health status of "Excellent" or "Very Good") rated their child's provider, specialist, and health care higher.

Conclusions and Recommendations Based on Results

Each RAE should evaluate these 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 RAE comparisons:

- Approximately 67 percent of parents or caretakers of child members reported that they were not always able to get the care their child needed from their provider's office during evenings, weekends, or holidays. Additionally, two of the seven RAEs (Colorado Access [RAE 3] and NHP [RAE 2]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Received Care from Provider Office During Evenings, Weekends, or Holidays* individual item 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 that parents/caretakers of child 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.

Timeliness of Care

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

- Parents or caretakers not obtaining an appointment for a check-up or routine care with their child's provider as soon as they thought their child needed was identified as a key driver for the *Rating of All Health Care* global rating.

- Parents or caretakers not receiving an answer to their medical questions within the same day when they contacted their child’s provider’s office during regular office hours was identified as a key driver for the *Rating of All Health Care* global rating.
- Two of the seven RAEs (HCI [RAE 4] and Colorado Access [RAE 3]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Getting Timely Appointments, Care, and Information* composite measure and the *Saw Provider Within 15 Minutes of Appointment* individual item measure.
- Approximately 10 percent of parents or caretakers of child members reported that their child never saw their provider within 15 minutes of the appointment time.³⁻¹

Not being able to gain timely access to a provider may be an indication of overall scheduling system problems or provider caseload concerns. HSAG recommends that RAE practices review scheduling procedures and provider to patient ratios 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 parents’/caretakers’ perceptions of needing an appointment for their child sooner than they received one, and revise internal scheduling mechanisms, caseload, or procedures accordingly.

Communication

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

- Approximately 34 percent of parents or caretakers reported that the provider did not speak with them about their child’s development.
- Approximately 39 percent of parents or caretakers reported that the provider did not speak with them about things they can do to keep their child from getting injured.³⁻² Approximately 61 percent of parents or caretakers reported that their child’s provider did not ask them if there are things that make it hard for them to take care of their child’s health.³⁻³
- HCI (RAE 4) scored statistically significantly lower than the Colorado RAE Aggregate for the following four measures: *How Well Providers Communicate with Parents or Caretakers*, *Comprehensiveness—Child Development*, *Comprehensiveness—Child Safety and Healthy Lifestyles*, and *Reminders About Child’s Care from Provider Office*. In addition, CCHA (RAE 7) scored statistically significantly lower than the Colorado RAE Aggregate for *Comprehensiveness—Child Safety and Healthy Lifestyles* and NHP (RAE 2) scored statistically significantly lower than the Colorado RAE Aggregate for *Reminders About Child’s Care from Provider Office*.

³⁻¹ Please see Question 18b in the 2020 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻² Please see Question 32 in the 2020 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻³ Please see Question 35b in the 2020 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

HSAG acknowledges that there may be many factors that determine the need or appropriateness of discussing a child’s emotional, wellness, or developmental issues with the parent/caretaker, such as the frequency of appointments with the child 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 the parents/caretakers of child 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 parents/caretakers of child members regarding results of tests and medical questions.

Care Coordination

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

- A lack of follow up by the child’s provider’s office after a blood test, x-ray, or other test was ordered for their child was identified as a key driver for the *Rating of All Health Care* global rating.
- The child’s provider not always seeming informed and up-to-date about the care their child received from specialists was identified as a key driver for the *Rating of All Health Care* global rating.
- Colorado Access (RAE 3) 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 child members’ history, previous visits, and prescription medications with the utilization of electronic health records to be as informed as possible about a child member’s medical history. Also, HSAG recommends the RAE practices review current procedures, including the application of telephone follow-up if needed, to provide parents/caretakers of child members with needed test results for their child.

Challenges and Potential Opportunities for Improvement

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 prior to survey administration so the practices are informed and knowledgeable about the survey protocol 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 continues to administer the same survey to the same set of provider practices in future years (i.e., the 2021 RAE Practices), a trend evaluation of the data could be performed.

This section provides a comprehensive overview of the PCMH Survey, including the 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 survey results presented in this report.

Survey Administration

Survey Overview

The CG-CAHPS Surveys began to be 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 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 Child 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 ratings, composite measures, individual item measures, and additional survey questions included in the modified 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, and health care. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *“Getting Timely Appointments, Care, and Information”* and *“How Well Providers Communicate with Child”*). 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 CAHPS 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 Ratings	Composite Measures	Individual Item Measures	Additional Survey Questions
<i>Rating of Provider (Q26)</i>	<i>Getting Timely Appointments, Care, and Information (Q13, Q15, and Q18)</i>	<i>Received Information on Evening, Weekend, or Holiday Care (Q16)</i>	<i>Length of Time Going to Child's Provider (Q3)</i>
<i>Rating of Specialist Seen Most Often (Q27a)</i>	<i>How Well Providers Communicate with Child (Q8 and Q9)</i>	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays (Q16b)</i>	<i>Number of Days Waited for Appointment (Q13a)</i>
<i>Rating of All Health Care (Q35c)</i>	<i>How Well Providers Communicate with Parents or Caretakers (Q19, Q20, Q22, and Q23)</i>	<i>Reminders about Child's Care from Provider Office (Q18a)</i>	<i>Most Important Things in Child's Healthcare Provider (Q26a)</i>
	<i>Providers' Use of Information to Coordinate Patient Care (Q21 and Q25)</i>	<i>Saw Provider Within 15 Minutes of Appointment (Q18b)</i>	<i>Physical Health Status (Q38)</i>
	<i>Comprehensiveness—Child Development (Q29, Q30, Q31, Q35, and Q35a)</i>		<i>Condition that Interferes with Child's Day-to-Day Activities (Q38a)</i>
	<i>Comprehensiveness—Child Safety and Healthy Lifestyles (Q32, Q33, Q34, and Q35b)</i>		<i>Mental Health Status (Q39)</i>
	<i>Helpful, Courteous, and Respectful Office Staff (Q36 and Q37)</i>		

Table 4-2 presents the survey language and response options for the global ratings, composite measures, and individual item measures.

Table 4-2—Question Language and Response Categories

Question Language	Response Categories
Global Ratings	
<i>Rating of Provider</i>	
26. 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?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
27a. We want to know your rating of the specialist your child 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?	0–10 Scale
<i>Rating of All Health Care</i>	
35c. 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 child's health care in the last 6 months?	0–10 Scale
Composite Measures	
<i>Getting Timely Appointments, Care, and Information</i>	
13. In the last 6 months, when you contacted 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?	Never, Sometimes, Usually, Always
15. In the last 6 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?	
18. 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?	
<i>How Well Providers Communicate with Child</i>	
8. In the last 6 months, how often did this provider explain things in a way that was easy for your child to understand?	Never, Sometimes, Usually, Always
9. In the last 6 months, how often did this provider listen carefully to your child?	
<i>How Well Providers Communicate with Parents or Caretakers</i>	
19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did this provider listen carefully to you?	
22. In the last 6 months, how often did this provider show respect for what you had to say?	
23. In the last 6 months, how often did this provider spend enough time with your child?	

Question Language	Response Categories
<i>Providers' Use of Information to Coordinate Patient Care</i>	
21. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?	Never, Sometimes, Usually, Always
25. In the last 6 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?	
<i>Comprehensiveness—Child Development</i>	
29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?	Yes, No
30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?	
31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?	
35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?	
35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?	
<i>Comprehensiveness—Child Safety and Healthy Lifestyles</i>	
32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?	Yes, No
33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?	
34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?	
35b. In the last 6 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?	
<i>Helpful, Courteous, and Respectful Office Staff</i>	
36. 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
37. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	
Individual Item Measures	
<i>Received Information on Evening, Weekend, or Holiday Care</i>	
16. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes, No
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	
16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?	Never, Sometimes, Usually, Always

Question Language	Response Categories
Reminders about Child's Care from Provider Office	
18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?	Yes, No
Saw Provider Within 15 Minutes of Appointment	
18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?	Never, Sometimes, Usually, Always

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 of the measurement year (May 1, 2019 to October 31, 2019). The Department identified the practices and eligible practice clinicians to be included in the 2020 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.⁴⁻¹ Child members eligible for sampling included those who were 17 years of age or younger as of October 31, 2019. HSAG selected a sample of 233 to 1,200 members from each child RAE practice.

Survey Protocol

Table 4-3 shows the mixed mode (i.e., mail and website followed by telephone follow-up) timeline used in the administration of the Colorado PCMH Survey.

Table 4-3—Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to parents/caretakers of child members.	0 days
Website made available for parents/caretakers of child 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 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 25 days after mailing the second questionnaire.	53 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.	53 – 90 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 37 days after initiation.	90 days

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

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 the parents/caretakers of 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 Volume 3 of Healthcare Effectiveness Data and Information Set (HEDIS[®]) Specifications for Survey Measures as a guideline for conducting the Colorado PCMH Survey data analysis.^{4-2,4-3} 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 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. 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.^{4-4,4-5} Eligible members include the entire random sample minus ineligible members. Ineligible

⁴⁻² National Committee for Quality Assurance. *HEDIS[®] 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

⁴⁻³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴⁻⁴ Question 1 asked if the child member got care from the provider/practice listed in the last 6 months.

⁴⁻⁵ The completeness criteria deviates from the NCQA HEDIS Specifications for Survey Measures.

members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 4-5), 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 low experience ratings, HSAG performed an analysis of key drivers of low member experience for the following measures: *Rating of Provider* and *Rating of All Health Care*. 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 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.

Table 4-4 depicts the problem score assignments for the different response categories.

Table 4-4—Problem Score Assignment

Response Category	Classification	Code
Never/Sometimes/Usually/Always Format		
Usually	Not a Problem	0
Always	Not a Problem	0
Never	Problem	1
Sometimes	Problem	1
No Answer	Not classified	Missing
No/Yes Format		
Yes	Not a Problem	0
No	Problem	1
No Answer	Not classified	Missing
Days Format		
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 two 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 and child members. Given that the demographics of a response group can influence overall member experience scores, it is important to evaluate all 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 survey results to the entire population.

Top-Box Results

HSAG calculated top-box scores for each measure. HSAG followed the NCQA HEDIS Specifications for Survey Measures to calculate the top-box scores.⁴⁻⁶ 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 Child; How Well Providers Communicate with Parents or Caretakers; Providers' Use of Information to Coordinate Patient Care; and Helpful, Courteous, and Respectful Office Staff* composites, and the *Child Received Care from Provider Office During Evenings, Weekends, or Holidays* and *Saw Provider Within 15 Minutes of Appointment* individual item measures.
- "Yes" for the *Comprehensiveness—Child Development* and *Comprehensiveness—Child Safety and Healthy Lifestyles* composites; and the *Received Information on Evening, Weekend, or Holiday Care* and *Reminders about Child's Care from Provider Office* individual item measures.

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 item measures, 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

⁴⁻⁶ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

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 Specifications for Survey Measures.

Statewide Comparisons

RAE and Practice Comparisons

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 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'/practices' scores were significantly different than the aggregate.

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, where *P* is the number of entities being compared (i.e., RAEs/practices):

$$F = 1/(P - 1) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

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 average result of all RAEs/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, \sum^* 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 was less likely.

Due to differences in selected practices, the 2019 Colorado RAE Aggregate and 2018 Colorado SIM Aggregate 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, respondent education level, and respondent age. Case-mix adjusted scores were calculated using the following formula:

$$\text{Adjusted Top-Box Score} = \text{Raw Score} - \text{Net Adjustment}$$

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.

Trend Analysis

A trend analysis was performed for each measure that compared the 2020 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine whether there were statistically significant differences. Only practices that were selected in both the 2020 and 2019 survey administrations are presented. A t test was performed to determine whether results in 2020 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

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.

CAHPS Database Benchmarks

Due to a low number of data submissions in 2018, AHRQ did not compile survey results for the child population within the CG-CAHPS Database; therefore, CAHPS Database benchmarks produced from the Child CG-CAHPS Survey 3.0 with PCMH items were not available for inclusion with the 2020 Colorado PCMH Survey results.

Case-Mix Adjustment

While data for the RAEs and practices have been adjusted for differences in survey-reported member general health status, respondent age, and respondent education, it was not possible to adjust for differences in characteristics that were not measured. These characteristics could include respondent income, employment, or any other characteristics that may not be under the practices' control.

Causal Inferences

The questions in the PCMH survey ask parents/caretakers about the care their child received by a listed provider at a specific practice. Although the analyses in this report examine whether parents/caretakers of child members report different experiences with various aspects of their child's care and services, 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.

COVID-19 Impact

Due to the coronavirus (COVID-19) pandemic in the United States beginning in March 2020, the number of completed surveys may have been impacted as well as members' perceptions of and experiences with the health care system; therefore, caution should be exercised when evaluating the results.

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.

PCMH Survey Instrument

For purposes of the 2020 Colorado PCMH Survey administration, the standardized Child 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 2020 Colorado PCMH Survey results presented in this report.

Prior Years' Results

Due to differences in the practices selected for the 2020 Colorado PCMH Survey, the 2019 Colorado RAE Aggregate and 2018 Colorado SIM Aggregate are presented in the figures for reference purposes only and are not comparable to the 2020 Colorado RAE Aggregate results.

RAE/Practice Attribution

A random sample of members was selected from a targeted list of RAE-contracted practices to be included in the 2020 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 was a modified version of the Child 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 Child's Provider

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

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

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 38*



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 your child needs a check-up, has a health problem, or gets sick or hurt?

- Yes
- No

3. How long has your child 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 Child's Care From This Provider in the Last 6 Months

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 6 months, how many times did your child visit this provider for care?

- None → **Go to Question 38**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

- Yes → **Go to Question 7**
- No

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

- Yes → **Go to Question 10**
- No → **Go to Question 10**

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

- Yes
- No → **Go to Question 10**

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

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, how often did this provider listen carefully to your child?

- Never
- Sometimes
- Usually
- 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?

- Yes
- No → **Go to Question 12**



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

- Yes
- No

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

- Yes
- No → *Go to Question 14*

13. In the last 6 months, when you contacted 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?

- Never
- Sometimes
- Usually
- Always

13a. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

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

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

- Yes
- No → *Go to Question 16*

15. In the last 6 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?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

16a. In the last 6 months, did your child need care during evenings, weekends, or holidays?

- Yes
- No → *Go to Question 17*

16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 18a*

18. 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

18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?

- Yes
- No

18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 26*

25. In the last 6 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?

- Never
- Sometimes
- Usually
- Always



26. 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?

0 1 2 3 4 5 6 7 8 9 10
Worst Provider Possible Best Provider Possible

26a. What are the three most important things that you look for in your child's healthcare provider? Select up to three (3) responses.

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

27. 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 your child see a specialist for a particular health problem?

- Yes
- No → **Go to Question 28a**

27a. We want to know your rating of the specialist your child 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?

0 1 2 3 4 5 6 7 8 9 10
Worst Specialist Possible Best Specialist Possible

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

- Never
- Sometimes
- Usually
- Always

28a. In the last 6 months, was your child 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.

29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?

- Yes
- No

30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?

- Yes
- No

31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?

- Yes
- No

32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?

- Yes
- No

33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- Yes
- No

34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- Yes
- No

35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?

- Yes
- No

35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?

- Yes
- No

35b. In the last 6 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?

- Yes
- No

35c. 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 child's health care in the last 6 months?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
- Worst Health Care Possible Best Health Care Possible

**Clerks and Receptionists
at This Provider's Office**

36. 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

37. 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



About Your Child and You

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

- Excellent
- Very Good
- Good
- Fair
- Poor

38a. Does your child have a physical or medical condition that seriously interferes with their ability to attend school or manage day-to-day activities?

- Yes
- No

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

- Excellent
- Very Good
- Good
- Fair
- Poor

39a. Has your child had either a flu shot or flu spray in the nose since July 1, 2019?

- Yes
- No
- Don't know

40. What is your child's age?

- Less than 1 year old

YEARS OLD (Write in.)

41. Is your child male or female?

- Male
- Female

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

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

43. What is your child's race? Please mark one or more.

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

44. What is your age?

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

45. Are you male or female?

- Male
- Female

46. 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



◆

47. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

48. Did someone help you complete this survey?

- Yes → ***Go to Question 49***
- No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

**49. 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. Child Medicaid MCO CAHPS Results

The results presented in this section are from the CAHPS survey administered by one of Colorado’s Medicaid managed care organizations (MCOs) rather than from the Child PCMH survey administered by HSAG. The State of Colorado requires Denver Health Medical Plan (DHMP) to annually administer surveys to child Medicaid members enrolled in the MCO. The survey instrument selected for administration was the CAHPS 5.0 Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.^{A-1}

DHMP used an NCQA-certified HEDIS CAHPS survey vendor to administer the CAHPS survey and submitted the data to HSAG for inclusion in this report. Table A-1 shows the 2019 and 2020 child Medicaid CAHPS top-box scores for DHMP. HSAG calculated the top-box results in this section following NCQA’s HEDIS Volume 3 Specifications for Survey Measures.^{A-2}

Table A-1—Top-Box Scores for DHMP

Measure	2019	2020
Global Ratings		
<i>Rating of Health Plan</i>	73.2%	67.4%
<i>Rating of All Health Care</i>	73.5%	66.0% ⁺
<i>Rating of Personal Doctor</i>	85.9%	78.8%
<i>Rating of Specialist Seen Most Often</i>	75.7% ⁺	60.9% ⁺
Composite Measures		
<i>Getting Needed Care</i>	78.2%	75.1% ⁺
<i>Getting Care Quickly</i>	87.2%	80.5% ⁺
<i>How Well Doctors Communicate</i>	95.5%	94.9% ⁺
<i>Customer Service</i>	86.1% ⁺	89.0% ⁺
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

^{A-1} HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

^{A-2} National Committee for Quality Assurance. *HEDIS[®] 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.