

# **Ryan White Program 2022 Client Satisfaction Survey Summary of Findings and QI Opportunities**

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Prepared by  
Behavioral Science Research Corporation

# 2022 Ryan White Program Client Satisfaction Survey

- FY 2022 was the 14<sup>th</sup> consecutive Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR). This survey has been conducted annually since 2008.
- Provides BSR and the Miami-Dade County RWP with an annual opportunity to take the pulse of program clients.
- 589 client interviews were completed, focusing on Medical Case Management (MCM), Outpatient Ambulatory Health Services (OAHS) and Oral Health Care (OHC) service categories.
- Survey data collection was conducted between September and October 2022.

# Survey Methodology

- Clients were interviewed by telephone to avoid COVID-19 contact issues.
  - The clients were quota-sampled by MCM Subrecipient site, based on the number of clients currently being seen at each site. A total of 589 MCM clients were interviewed, of whom 311 also qualified for OHC surveys. A representative sample of clients with ACA insurance was sampled from each service site.
    - 23 RWP MCM sites were sampled.
    - 220 clients had ACA insurance and received GAP cards.
  - Clients must have been in MCM care at the site for at least 6 months.
  - Clients were recruited by MCMs from a list of clients receiving MCM services. These clients gave consent for BSR to conduct the interview before BSR could contact them.
- As an incentive to participate, clients were given a \$30 Walmart “e-gift” card, by text, email, or sent by US mail.

# Service Utilization among Client Satisfaction Survey Respondents, FY 2020-2022

SERVICE CATEGORY	2020		2021		2022	
	# Served	% of Total	# Served	% of Total	# Served	% of Total
Medical Case Management	325	100%	N/A	N/A	589	100%
Outpatient Ambulatory Health Services	315	97%	517	100%	553	94%
Oral Health Care	133	42%	201	39%	311	53%

# Summary of Client Satisfaction Survey

## Respondent Characteristics (1)

<b>Ethnicity (2% other)</b>	
Hispanic	59%
Black non-Hispanic	23%
Haitian	11%
White non-Hispanic	5%

<b>Age</b>	
Under 35 years	18%
35-49 years	29%
50-64 years	48%
65 years and above	5%

<b>Preferred Language</b>	
English	42%
Spanish	48%
Haitian Creole	10%

<b>Gender</b>	
Males	78%
Females	21%
Transgender	1%

# Summary of Client Satisfaction Survey

## Respondent Characteristics (2)

<b>Year of HIV/AIDS Diagnosis (5% don't remember)</b>	
Before 1995	11%
1995 – 2004	23%
2005-2014	30%
2015 – present	31%

<b>First Treated in Miami-Dade County (5% don't know)</b>	
Before 1995	4%
1995-2004	18%
2005-2014	27%
2015 – present	46%

<b>Employment Status</b>	
Working full time	41%
Working part time	20%
Sporadic, episodic	11%
Not working	28%

<b>Education</b>	
Less than High School	3%
High School, Trade School	45%
AA or Post-HS certificate	19%
College or post-grad	33%

# Summary of Client Satisfaction Survey

## Respondent Characteristics (3)

<b>Sexual Orientation</b> (1% refused to answer)	
Heterosexual	35%
Gay/Lesbian	53%
Bisexual/Pansexual	10%
Other	1%

<b>Tele-Health Use for MCM</b>	
All visits in person	59%
Most in person, some tele-health	14%
Half in person, half tele-health	13%
Most or all visits tele-health	14%

<b>Mode of Acquisition</b> (10% don't know)	
Male-Male Sexual Contact (MMSC)	56%
Male heterosexual contact	11%
Female heterosexual contact	15%
Male IDU	3%
Female IDU	<1%
Some other way	4%

<b>Reported Problems</b>	
Signing up for Ryan White Program services?	3%
Language barriers in services?	2%

# Percent “Satisfied” or “Very Satisfied” with Specific Personnel

SERVICE CATEGORY	2021	2022
	% Very Satisfied	% Very Satisfied
Medical Case Manager	N/A	97%
Physician (MD, DO), APRN, PA	96%	97%
Dentist	87%	88%
Oral hygienist	92%	94%



# Adherence Counseling at Medical Case Management (MCM)/Primary Medical Provider (PMP) Visits

<b>When the client visits their MCM/PMP, how frequently does the provider...</b>	<b>For MCMs</b>	<b>For PMPs</b>
Discuss the importance of client making all appointments? (% at every visit)	76%	85%
<i>Information is clear and easy to understand</i>	81%	82%
Discuss the importance of the client taking all required medications? (% at every visit)	74%	89%
<i>Information is clear and easy to understand</i>	81%	81%
Discuss the importance of getting/keeping VLs undetectable? (% at every visit)	71%	88%
<i>Information is clear and easy to understand</i>	79%	81%

# Percent “Satisfied” or “Very Satisfied” with Lagtime to New/Next Appointment

SERVICE CATEGORY	2021	2022
	% Satisfied	% Satisfied
Medical Case Management	N/A	95%
Outpatient Ambulatory Health Services	88%	89%
Oral Health Care	66%	67%

# Percent “Satisfied” or “Very Satisfied” with the Amount of Time it Takes to Get a Phone Call Returned

SERVICE CATEGORY	2021	2022
	% Satisfied	% Satisfied
Medical Case Management	N/A	93%
Outpatient Ambulatory Health Services	53%	79%

# Percent “Easy” or “Very Easy” to Make New/Next Appointments for Care

SERVICE CATEGORY	2021	2022
	% Easy	% Easy
Medical Case Management	N/A	94%
Outpatient Ambulatory Health Services	86%	89%
Oral Health Care	24%	71%

Note: 9% reported problems keeping appointments with their OAHS providers. Of those who had problems, the most frequently mentioned reason (27%) was that they had conflicts with their work schedules.

# More Client Satisfaction Survey (CSS) findings ...

- “Ease of making an appointment” is easiest for MCM (94% “Easy” or “Very Easy”), over OAHS (89%) and OHC (71%).
  - “Very Easy” and “Easy” ratings for OAHS and OHC clients are higher than 2021; however there is opportunity for growth within these service categories.
- “Appointment satisfaction” and “contact satisfaction” levels in 2022 are higher for MCM than OAHS and OHC.
  - 96% of MCM clients are “Very Satisfied” or “Satisfied” with lagtime to getting a “new or next” appointment (vs. 89% for OAHS, 67% for OHC).
  - Satisfaction with the time it takes to get a phone call returned is higher for MCM clients (93% “Very Satisfied” or “Satisfied”) than for OAHS (79%).

# Summary of Client Satisfaction Survey

## ACA Usage

<b>Do you remember receiving a GAP card from your MCM? (4% don't remember) n = 284</b>	
Received GAP Card	77%
Did not receive a GAP Card	19%

<b>MCM gave full instructions on how to use GAP card? (2% don't remember)</b>	
Yes	92%
No	6%

<b>Of 184 clients who used the GAP Card (84%), were there problems using it?</b>	
Yes (n = 41)	22%
No	78%

<b>Of 41 clients with problems, was problem resolved so client did not pay out of pocket? (2% don't remember)</b>	
Yes	37%
No	61%

# Health Insurance Premium and Cost Sharing Assistance Service Category Reporting

- This service is available to assist low income, program-eligible clients with cost sharing out-of-pocket health insurance expenses (i.e., copayments and deductibles), where program-allowable (RWP Service Delivery Manual, FY 2022).
- Utilization for this service category within the MDC-RWP has increased beyond 15% utilization as of Cycle 4 of FY 2022.
  - Quarterly reporting on a single performance measure for this service category will be required moving forward.
- CQM Committee is tasked with selecting a performance measure for this service category.

**Thank you for your attention.  
Any questions?**



# CQM Committee Challenges:

- + Concrete steps to increase RWP client involvement on the CQM Committee
- + Recalibrating target goals for key indicators
- + Choosing a client outcome / performance indicator for HIPCSEA

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# The 2023 CQM Plan needs to include concrete actions (goals, strategies, actions) by the CQM Committee to increase participation by members of the affected community.

- What concrete actions can the CQM Committee take in FY 2023 to recruit and retain RWP clients on the CQM Committee?
  - What strategies would be employed?
  - How many persons will be recruited by members of the CQM Committee?
  - What persons or subrecipient agencies will take the lead in recruitment?
  - By when would these persons be actively on the committee?
  - What CQM training needs will we need to provide?
  - What action items do we want to include to increase engagement?

**Evaluation of performance levels vs. targets  
for key outcome indicators:  
Should we raise the bar for Viral Load Suppression?**

## PERFORMANCE LEVELS, FY 2022, with VL and RiMC Targets

Rank	Agency	MCM VL	Agency	MCM RiMC	Agency	OAHS VL	Agency	OAHS RiMC
1	Jessie Trice	97%	Citrus	95%	CR LH	98%	AHF LC	93%
2	CR LH	96%	PHT PET	94%	CR MB	96%	PHT PET	93%
3	CR MB	94%	Empower U	89%	PHT PET	95%	Citrus	93%
4	CR MT	93%	PHT ND	89%	MBCHC	92%	PHT SFAN	92%
5	PHT PET	93%	AHF CG	89%	AHF LC	91%	MBCHC	91%
6	Citrus	92%	PHT SFAN	88%	AHF BP	91%	CR LH	88%
7	AHF BP	92%	Jessie Trice	88%	Jessie Trice	89%	Jessie Trice	87%
8	AHF LC	91%	AHF LC	88%	AHF MB	88%	UM	87%
9	BHCC	90%	CR LH	85%	Citrus	88%	AHF CG	87%
10	PHT SFAN	90%	BHCC	84%	BHCC	88%	BHCC	85%
11	AHF MB	88%	CR MT	82%	CR MT	87%	Empower U	85%
12	AHF JN	87%	AHF MB	81%	PHT SFAN	87%	CR MB	84%
13	CAN	87%	AHF BP	81%	UM	86%	AHF MB	84%
14	PHT ND	86%	Care 4 U	79%	CAN	85%	AHF BP	84%
15	Empower U	86%	AHF HS	77%	AHF JN	85%	CR MT	84%
16	AHF HS	86%	CR MB	75%	AHF HS	84%	AHF HS	81%
17	AHF CG	85%	AHF JN	74%	Empower U	80%	PHT ND	79%
18	MBCHC	80%	CAN	73%	PHT ND	79%	CAN	76%
19	UM	79%	UM	73%	CHI (Part B)	75%	AHF JN	73%
20	CHI (Part B)	71%	MBCHC	73%	AHF CG	65%	Care 4 U	65%
21	Latinos Salud	64%	CHI (Part B)	71%	Care 4 U	62%	CHI	62%
22	Care 4 U	61%	Latino Salud	45%				

# A new service category for performance measurement: Health Insurance Premium and Cost Sharing Assistance

- This service is available to assist low income, program-eligible clients with cost sharing out-of-pocket health insurance expenses (i.e., copayments and deductibles), where program-allowable (RWP Service Delivery Manual, FY 2022).
- 1,440 RWP clients had Gap Card expenses paid for in FY 2022. This is 16.2% of the 8,599 clients in care, over the 15% threshold.
  - This means we need to report on at least one performance measure for this service category moving forward.
- What can we use for a performance measurement?
  - Comparison across subrecipients will not be possible because HIPCSA Gap Card co-pay processing is only performed at Miami Beach CHC.
  - VL suppression comparisons can be made between “Gap Card users” and “Gap card non-users” among the MBCHC HIPCSA clients.
  - “% ACA clients using GAP cards” may be a process measure comparing distribution or Gap Card training, but this is an MCM measure and not HAB/HRSA