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2013 Practitioner and Provider Satisfaction Survey

August 8, 2013

LaCare
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Background

Objective

- AmeriHealth Caritas annually conducts practitioner and provider surveys to assess the strength of their relationship with contracting practitioners and providers, to identify opportunities for improvement, and to compare their performance with other Medicaid plans.

- Practitioners and providers in the network are surveyed for satisfaction in the following areas:
    - Overall Satisfaction and Loyalty
    - Provider Relations/Network Management
    - Provider Services Staff
    - Claims Reimbursement Process
    - Utilization and Quality Management
    - Case Management
    - Pharmacy Services
    - Additional Topics (Network, Provider Self-Service, Cultural Competency, Provider Training Formats)

Methodology

- A two-wave mail methodology with phone follow-up was used for 2013. Questionnaires were mailed to the selected practitioners and providers, followed by a second questionnaire to non-responders.

- Both mailings included a four-page survey accompanied by a one-page cover letter and a business reply envelope. The cover letter included an Internet website for those who preferred to complete the survey online. Unique user names and passwords were provided for each selected practitioner or provider.

- Non-responders to both mail and Internet were dialed by phone.

- Data collection was conducted May 8, 2013 through June 28, 2013.

Sample and Response Rate

o The following method was used to calculate the response rate:

$$\text{Response Rate} = \frac{\text{Completed Surveys}}{\text{Total Mailed} - \text{Undeliverable}}$$

2013 LaCare Sample and Response Rate Summary		
	Practitioner	**Provider**
Total Mailed	438	128
Undeliverable	13	2
Total Completes	**165**	**40**
Mail Completes	79	10
Internet Completes	19	7
Phone Completes	67	23
Response Rate	**39%**	**32%**

Executive Summary

Practitioner Conclusions

- For overall satisfaction, slightly more practitioners give Top 3 Box ratings (i.e., "Excellent," "Very Good," or "Good") ratings to all other Medicaid plans than to LaCare (58% versus 52%, respectively).

- Roughly six in ten practitioners would recommend LaCare to other practices/providers, as well as other patients.

- Seven in ten practitioners agree LaCare takes physician/provider input and recommendations seriously.

- LaCare is rated lower than "All Others" across all six composite scores. While three of these composite scores are noticeably lower, the other three composite scores are within one percentage point of "All Others."
  - Provider Relations/Network Management (69%), Claims Reimbursement Process (68%), and Case Management (68%) earn the highest composite scores.
    - "Timeliness of claims processing" is the highest rated individual measure for LaCare (78%).
  - Pharmacy Services garners the lowest composite score (27%), and is significantly lower than "All Others."
    - "Variety of drugs available on formulary" (21%) and "Ease of obtaining authorization for non-formulary drugs" (25%) are the lowest rated individual measures for LaCare.

- Four in ten practitioners are satisfied with the number of specialists in the network for LaCare.

- The vast majority of practitioners are aware of the services available through NaviNet. The NaviNet service most utilized is "Member benefits/eligibility verification," followed by "Claims status."

- The primary use of interpreter services for practitioners is in-person.

- About seven in ten practitioners find on-site educational training opportunities useful and would find educational training webinars useful as well.

Executive Summary

Provider Conclusions

- For overall satisfaction, slightly more providers give Top 3 Box ratings (i.e., "Excellent," "Very Good," or "Good") ratings to LaCare than to all other Medicaid plan (76% versus 67%, respectively).

- Roughly eight in ten providers would recommend LaCare to other practices/providers and other patients; a similar proportion agree LaCare takes their input and recommendations seriously.

- LaCare is rated higher than "All Others" in two composite scores.

  - Case Management (91%) and Utilization and Quality Management (79%) earn the highest composite scores.

    - All five measures in Case Management earn scores of 83% or more. "Helpfulness of Case/Care Managers in coordinating care has a Top 3 Box rating of 100%.

- LaCare is rated slightly lower than "All Others" in four composite scores: Pharmacy Services, Claims Reimbursement Process, Provider Relations/Network Management, and Provider Services Staff.

  - Provider Services Staff garners the lowest composite score (59%).

    - "Timeliness of resolving claims payment issues" is the lowest rated individual measure for LaCare (51%). Four in ten practitioners are satisfied with the number of specialists in the network for LaCare.

- Over eight in ten providers are aware of the services available through NaviNet. The NaviNet service most utilized is "Member benefits/eligibility verification," followed by "Claims status."

- The primary use of interpreter services for providers is telephonic.

- About eight in ten providers think they would find educational training webinars useful.

IMPORTANT NOTE: Sample sizes for providers are small; therefore, conclusions are directional.

Executive Summary

Recommendations

- Assess timeliness of Provider Account Representative and Provider Services Staff when answering question/resolving problems. Is there actually long wait times, or are practitioners' expectations unrealistic? LaCare can develop different processes depending on what is creating the perception. Both of these individual measures (i.e., "Timeliness answering questions/resolving problems" and "Timeliness of resolving claims payment issues") are key drivers of overall satisfaction with LaCare, and improvement could increase overall satisfaction for as many as four in ten practitioners.

- Investigate resolution of claims payment problems/disputes. Again, by understanding the cause of these relatively negative perceptions, LaCare can take appropriate action.

- Determine whether there are inconsistent Utilization Management review decisions and, if so, the reason for these inconsistencies. If there are inconsistencies, implement policies and procedures to address this issue. If there are not actual inconsistencies, share this information with practitioners.

- Maintain the strengths identified in Case Management. For providers, this composite has the highest scores. For practitioners, the majority is satisfied with the performance, and the items are clearly related to overall satisfaction.

Composite Summary

Composite Summary (% Excellent/Very Good/Good)	Practitioner		Provider	
	LaCare		**LaCare**	
	Plan	All Others	Plan	All Others
Provider Relations/Network Management	69%	70%	64%	65%
Provider Services Staff	61%	62%	59%	61%
Claims Reimbursement Process	68%	69%	67%	72%
Utilization and Quality Management	59%	66%	79%	69%
Case Management	68%	71%	91%	88%
Pharmacy Services	27%	43%	74%	79%

◯ / ▢ = "Plan" results significantly higher/lower than "All Others" results

Key Driver Analysis Approach

A Key Driver Analysis was conducted to understand the impact that administrative services have on overall satisfaction with the service provided by the Plan. Two specific scores are assessed both individually, and in relation to each other.

1.) The relative importance of the individual issues (Correlation to overall measure).

Pearson correlation scores are calculated for 27 (potential drivers) in relation to rating of overall satisfaction with the service provided by the Plan. The correlation coefficients are then used to establish the relative importance of each driver. The larger the correlation, the more important the driver. For this analysis, correlations of .65 or higher are noted as a high correlation.

2.) The current levels of performance on each issue (Percent satisfied or not satisfied).

Those who are currently less than fully satisfied represent the "Room for Improvement," or those that could be moved toward satisfaction if the performance on the issue was improved. Room for Improvement includes those providers answering "Fair" or "Poor." Fair/Poor (%) Room for Improvement scores are calculated by taking the frequency of those that rated each question fair or poor, divided by the total percentage base answering the survey. This calculation corrects for inflated Room for Improvement scores due to small sample sizes for particular questions. For this analysis, Room for Improvement scores are divided among three categories:

>   High Room for Improvement: $\geq$ 35%
>   Moderate Room for Improvement : 24% to 32%
>   Low Room for Improvement: $\leq$ 22%

IMPORTANT NOTE: Key Driver Analysis is <u>not</u> included for LaCare providers due to low sample sizes.

Key Driver Analysis Prioritization

The information from the Key Driver Analysis can be used by the organization to prioritize and focus its efforts on those issues that are of higher importance and have lower performance levels.

High correlation/ **High** Room for Improvement	**CALL TO ACTION.** The item is a driver of the overall measure and a <u>substantial portion</u> of the population is less than satisfied. If performance can be improved on this measure, more will be satisfied, and overall satisfaction should reflect this.
High correlation/ **Moderate** Room for Improvement	The item is a driver of the overall measure and a <u>considerable portion</u> of the population is dissatisfied. Consideration should be taken to **IMPROVE PERFORMANCE** in these areas.
High correlation/ **Low** Room for Improvement	It is critical to **MAINTAIN PERFORMANCE** in this area. The majority is satisfied with the performance, and the item is clearly related to the overall measure.
Lower correlation/ **High** Room for Improvement	**CONSIDER INVESTING** effort to improve performance here. While the issue may have little bearing on the overall satisfaction, a substantial portion may be displeased with the performance.

Key Driver Analysis – Call to Action

The following measures are classified under "Call to Action." Improvements in these areas could lead to a rise in satisfaction among a substantial portion of the population.

Provider Relations/Network Management

- o Timeliness answering questions/resolving problems

Provider Services Staff

- o Timeliness of resolving claims payment issues

Claims Reimbursement Process

- o Resolution of claims payment problems/disputes

Quality and Utilization Management (UM)

- o Consistency of review decisions

Key Driver Analysis – Improve Performance

The following measures are classified under "Improve Performance." Improvements in these areas could lead to a rise in satisfaction.

Provider Relations/Network Management

- Relevance of written communications, policy bulletins, and manuals

Provider Services Staff

- Knowledge, accuracy, helpfulness of telephone inquiry response

Claims Reimbursement Process

- Accuracy of claims processing

Quality and Utilization Management (UM)

- UM staff sharing review criteria/reasons for adverse determinations

Key Driver Analysis – Maintain Performance

The following measures are classified under "Maintain Performance." LaCare should maintain its performance in these areas.

Provider Relations/Network Management

- Relevance of practitioner education meetings/in-services

Quality and Utilization Management (UM)

- Knowledge/accuracy of Credentialing staff's responses to inquiries

Case Management

- Facilitation/support of appropriate clinical care
- Phone access to Case/Care Managers
- Helpfulness of Case/Care Managers in coordinating care
- Alternative care and community resource options offered

Key Driver Analysis – Consider Investing

The following measures are classified under "Consider Investing." While the correlation with overall satisfaction is not as strong as other measures, a substantial portion of practitioners are not satisfied.

Quality and Utilization Management (UM)

    o   Timeliness of UM's pre-certification process

    o   Obtaining pre-certification/referral/authorization information

Pharmacy Services

    o   Variety of drugs available on formulary

    o   Ease of obtaining prior authorization for non-formulary drugs

    o   Clarity of pharmaceutical management procedures

Key Driver Analysis – LaCare Practitioner

LaCare Practitioner	Correlation to Overall Satisfaction	Room for Improvement
Knowledge, accuracy, helpfulness of telephone inquiry responses	0.722	32%
Facilitation/support of appropriate clinical care	0.718	21%
Helpfulness of Case/Care Managers in coordinating care	0.718	22%
Timeliness of resolving claims payment issues	0.715	38%
Consistency of review decisions	0.714	36%
Timeliness answering questions/resolving problems	0.710	36%
Resolution of claims payment problems/disputes	0.694	35%
UM staff sharing review criteria/reasons for adverse determinations	0.678	30%
Accuracy of claims processing	0.665	25%
Knowledge/accuracy of Credentialing staff's responses to inquiries	0.662	21%
Phone access to Case/Care Managers	0.659	22%
Relevance of practitioner eduation meetings/in-services	0.658	19%
Alternative care and community resource options offered	0.653	21%
Relevance of written communiations, policy bulletins, and manuals	0.651	25%

Note: Room for Improvement is calculated by taking the frequency of respondents who answered "Fair" or "Poor," divided by the *total practitioners answering* the survey (n=165). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

Red Circle = High Room for Improvement
No Notation = Moderate Room for Improvement
Green Square = Low Room for Improvement

Key Driver Analysis – LaCare Practitioner (cont.)

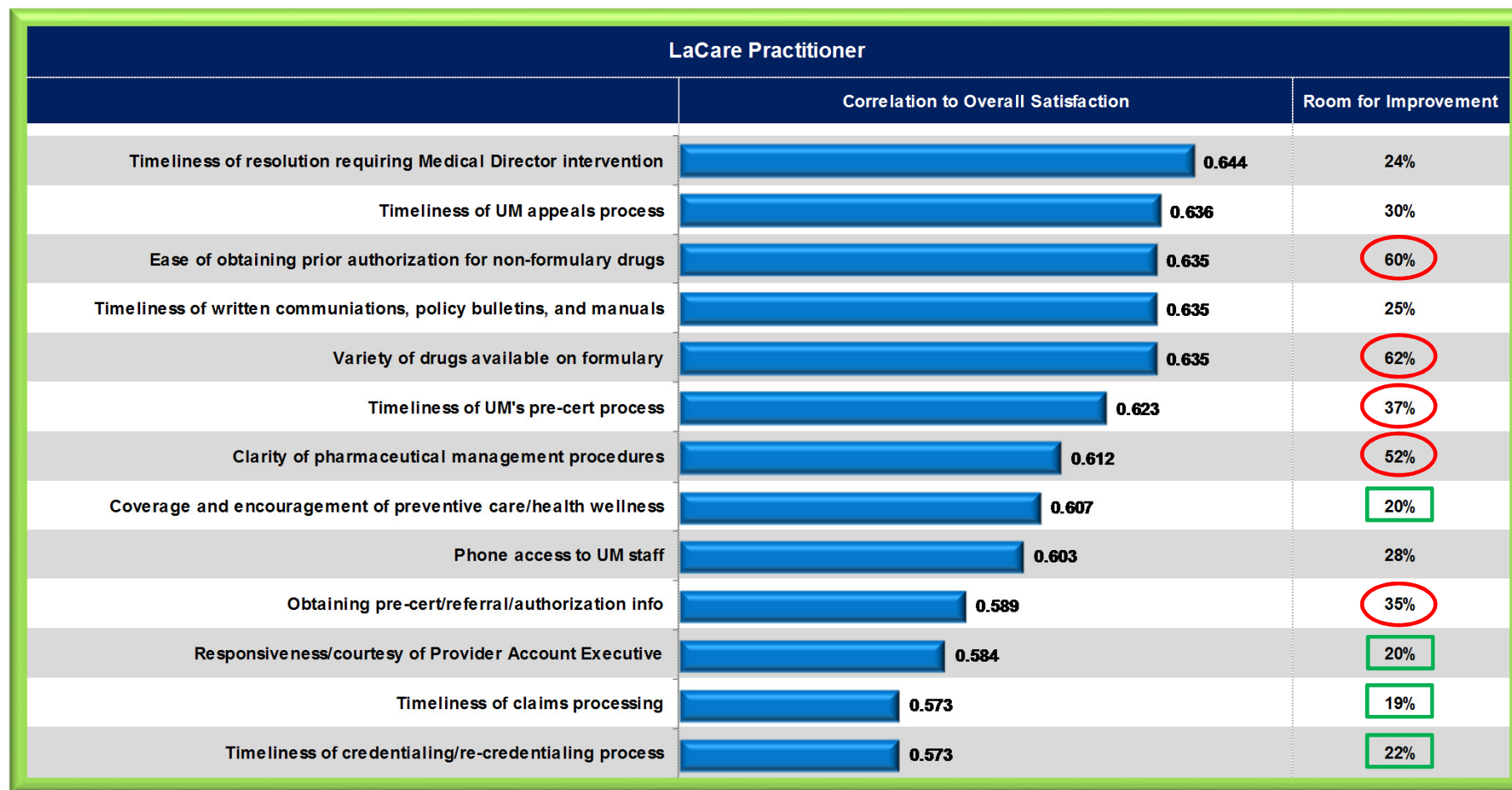| LaCare Practitioner		
	Correlation to Overall Satisfaction	Room for Improvement
Timeliness of resolution requiring Medical Director intervention	0.644	24%
Timeliness of UM appeals process	0.636	30%
Ease of obtaining prior authorization for non-formulary drugs	0.635	60%
Timeliness of written communiations, policy bulletins, and manuals	0.635	25%
Variety of drugs available on formulary	0.635	62%
Timeliness of UM's pre-cert process	0.623	37%
Clarity of pharmaceutical management procedures	0.612	52%
Coverage and encouragement of preventive care/health wellness	0.607	20%
Phone access to UM staff	0.603	28%
Obtaining pre-cert/referral/authorization info	0.589	35%
Responsiveness/courtesy of Provider Account Executive	0.584	20%
Timeliness of claims processing	0.573	19%
Timeliness of credentialing/re-credentialing process	0.573	22%

Note: Room for Improvement is calculated by taking the frequency of respondents who answered "Fair" or "Poor," divided by the *total practitioners answering* the survey (n=165). This approach yields the percentage of the total sample that is affected by an attribute, allowing comparison across attributes that previously had varying percentage bases.

Red Circle = High Room for Improvement
No Notation = Moderate Room for Improvement
Green Square = Low Room for Improvement

Detailed Findings

IMPORTANT NOTE: Throughout the report, "Plan" results (that is, LaCare) were tested against "All Others" (that is, all other Medicaid plans) to determine whether differences are statistically significant.
"Provider" results were NOT tested against "practitioner" results because the sample size for providers is small.

Overall Satisfaction and Loyalty

Overall Satisfaction

- About half the practitioners are satisfied with LaCare, which is comparable to other Medicaid plans.
- About three-quarters of providers are satisfied with the Plan; again this is comparable to "All Others."
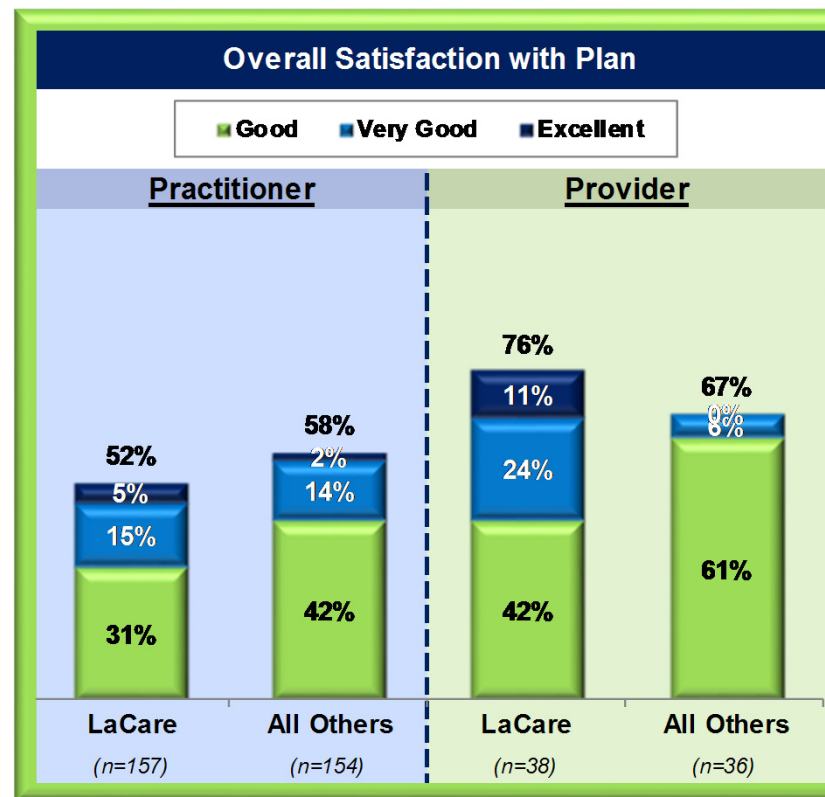
○ / ▭ = "Plan" results significantly higher/lower than "All Others" results

Loyalty

o About eight in ten providers would recommend LaCare and state the plan takes their input and recommendations seriously.

o Practitioners are less loyal across all three measures. Roughly six in ten would recommend the plan to other practices and/or patients.

	Recommend to Other Practices/Providers (% Yes)		Recommend to Other Patients (% Yes)		Plan Takes Physician/Provider Input and Recommendations Seriously (% Yes)	
Practitioner		(n=)		(n=)		(n=)
LaCare	61%	(149)	55%	(136)	69%	(137)
Provider						
LaCare	81%	(37)	79%	(34)	83%	(35)
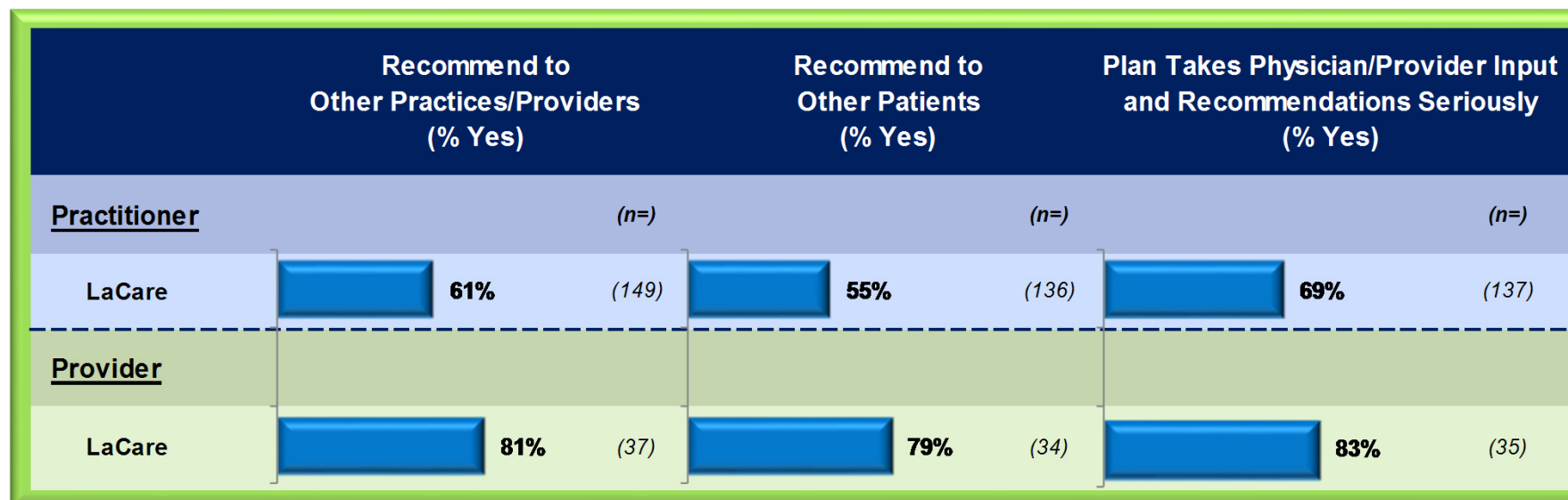
Loyalty and Satisfaction

o Significantly more providers (65%) than practitioners (46%) are "Loyal." Significantly fewer providers (15%) than practitioners (32%) are in the "Defection" category.

Loyalty to Plan

	Practitioner	Provider
Loyal	46%	65%
Indifferent	22%	20%
Defection	32%	15%
	LaCare (n=165)	LaCare (n=40)
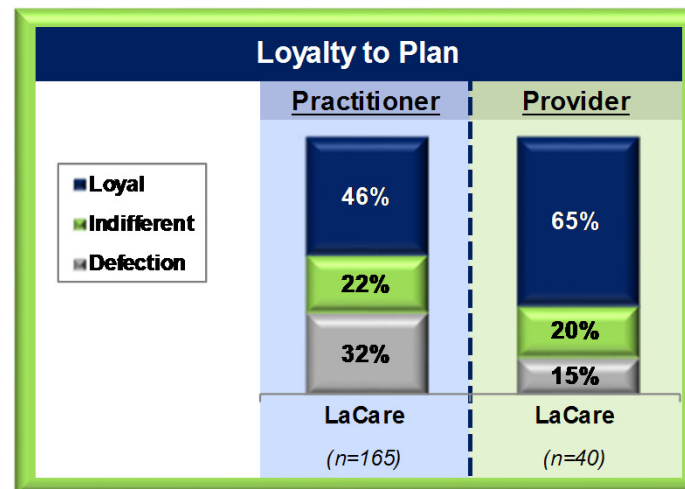
Loyalty = Practitioners/Providers are satisfied and likely to recommend plan to other practices/providers
Indifferent = Practitioners/Providers are mixed as to whether they are satisfied or whether they would be willing to recommend the plan to other practices/providers
Defection = Practitioners/Providers are dissatisfied and not likely to recommend the plan to other practices/providers

Provider Relations/Network Management

Provider Relations/Network Management
Composite

o For both practitioners and providers, LaCare is comparable to "All Others".
o This is the highest composite score for LaCare among practitioners.
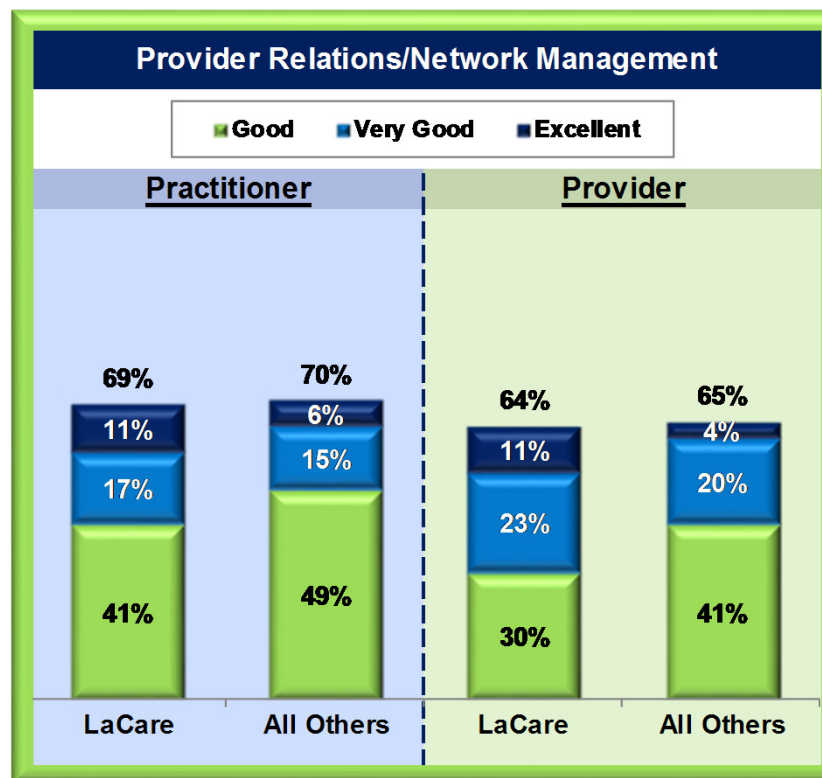
◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

Provider Relations/Network Management
Individual Measures – Plan vs. "All Others"

o Responsiveness/courtesy of Provider Account Executive garners the highest score across both practitioners and providers.
o LaCare is comparable to "All Others" across the five measures.

% Excellent/Very Good/Good						
	■LaCare ■All Others					
	Practitioner			**Provider**		
			(n=)			(n=)
Responsiveness/courtesy of Provider Account Executive	LaCare	74%	(129)		77%	(31)
	All Others	76%	(129)		81%	(31)
Timeliness answering questions/resolving problems		59%	(144)		62%	(34)
		60%	(137)		55%	(31)
Relevance of practitioner/provider education meetings/in-services		69%	(102)		56%	(25)
		67%	(105)		59%	(22)
Relevance of written communications, policy bulletins, and manuals		70%	(141)		56%	(34)
		75%	(136)		66%	(29)
Timeliness of written communications, policy bulletins, and manuals		70%	(142)		68%	(34)
		73%	(135)		66%	(29)

◯ / ▢ = "Plan" results significantly higher/lower than "All Others" results

Provider Services Staff

Provider Services Staff
Composite

o About six in ten respondents are satisfied with Provider Services Staff. This is true for both practitioners and providers, and for LaCare as well as "All Others."

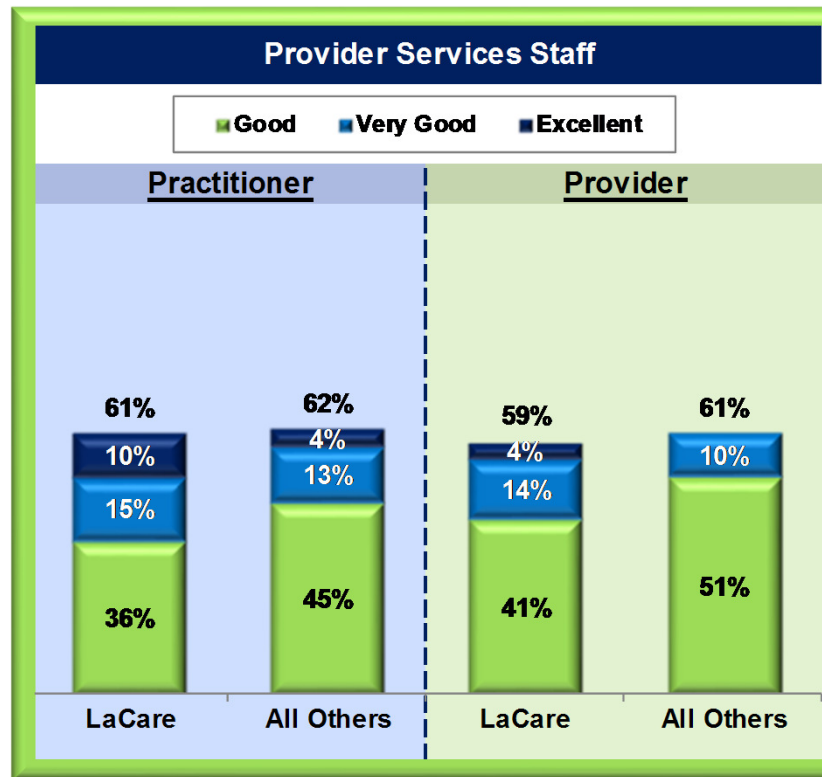○ / ▢ = "Plan" results significantly higher/lower than "All Others" results

Provider Services Staff
Individual Measures – Plan vs. "All Others"

o Slightly more respondents give high ratings to LaCare for knowledge/accuracy/helpfulness of telephone inquiry responses than to timeliness of resolving claims payment issues.
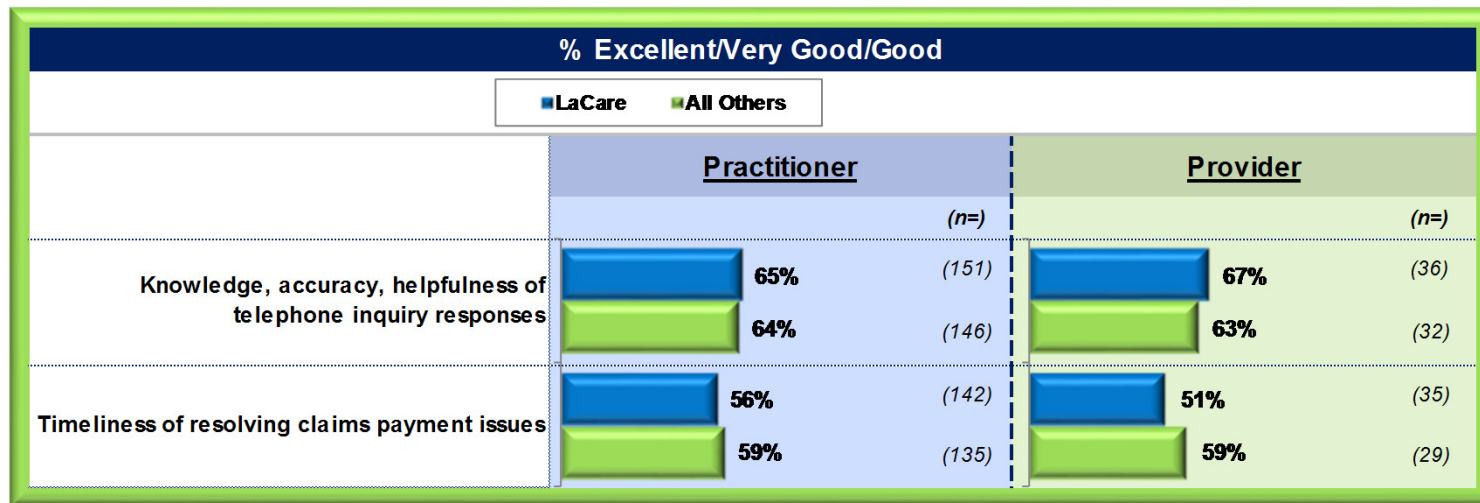
% Excellent/Very Good/Good					
	Practitioner			**Provider**	
		(n=)			(n=)
Knowledge, accuracy, helpfulness of telephone inquiry responses	**LaCare** 65%	(151)		**LaCare** 67%	(36)
	All Others 64%	(146)		**All Others** 63%	(32)
Timeliness of resolving claims payment issues	**LaCare** 56%	(142)		**LaCare** 51%	(35)
	All Others 59%	(135)		**All Others** 59%	(29)

◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

Claims Reimbursement Process

Claims Reimbursement Process
Composite

o About seven in ten respondents give high ratings to the Claims Reimbursement Process.

  – This is one of the highest rated composites for practitioners.

o There are no substantial differences between LaCare and "All Others," nor between practitioners and providers.

Claims Reimbursement Process

Good   Very Good   Excellent

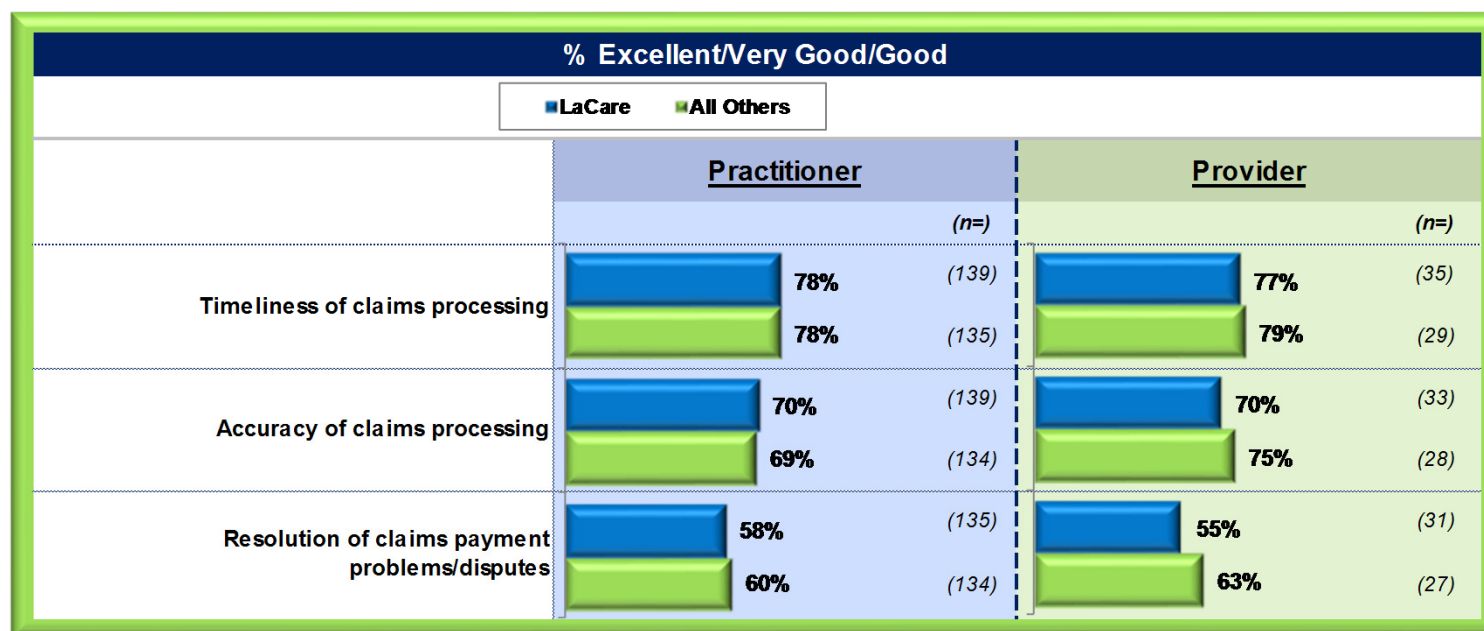| Practitioner		Provider	
LaCare	All Others	LaCare	All Others
68%	69%	67%	72%
8%	3%	1%	16%
23%	21%	20%	
37%	44%	46%	56%
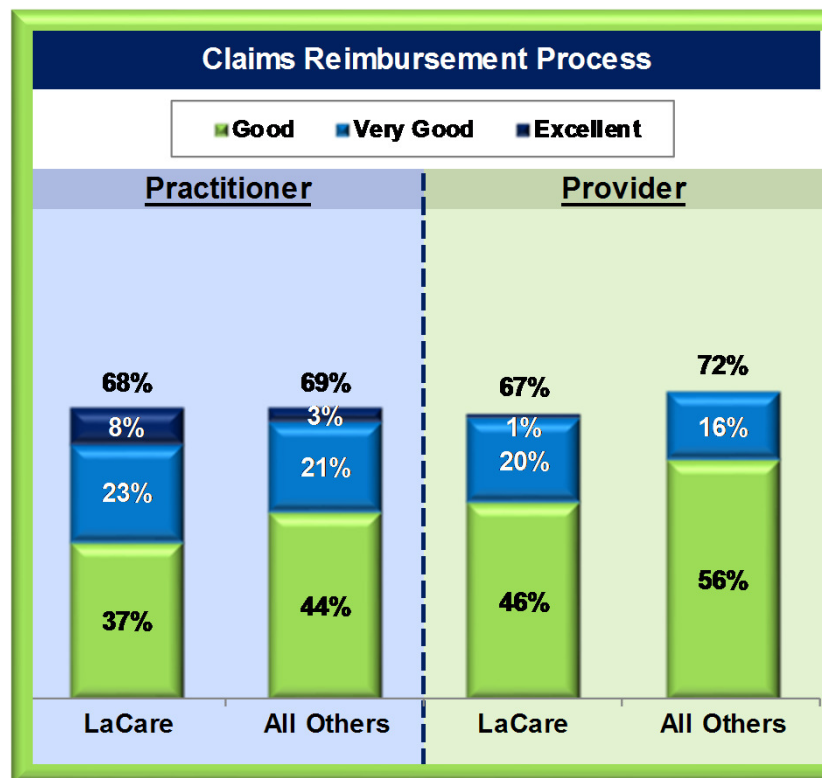
◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

Claims Reimbursement Process
Individual Measures – Plan vs. "All Others"

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- o Both practitioners and providers give highest ratings to timeliness of claims processing, and lowest ratings to resolution of claims payment problems/disputes.
  - – For practitioners, "Timeliness of claims processing" is the highest rated individual measure.
- o Again, there are no substantial differences between LaCare and "All Others", nor between practitioners and providers.

% Excellent/Very Good/Good					
	■LaCare ■All Others				
	Practitioner			**Provider**	
		(n=)			*(n=)*
Timeliness of claims processing	78%	(139)		77%	(35)
	78%	(135)		79%	(29)
Accuracy of claims processing	70%	(139)		70%	(33)
	69%	(134)		75%	(28)
Resolution of claims payment problems/disputes	58%	(135)		55%	(31)
	60%	(134)		63%	(27)

◯ / ▢ = "Plan" results significantly higher/lower than "All Others" results

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Utilization and Quality Management

Utilization and Quality Management (UM)
Composite

o Among providers, LaCare earns a slightly higher composite score than "All Others." In contrast, among practitioners, LaCare has a slightly lower composite score than "All Others."

o However, there are no statistically significant differences between LaCare and "All Others."
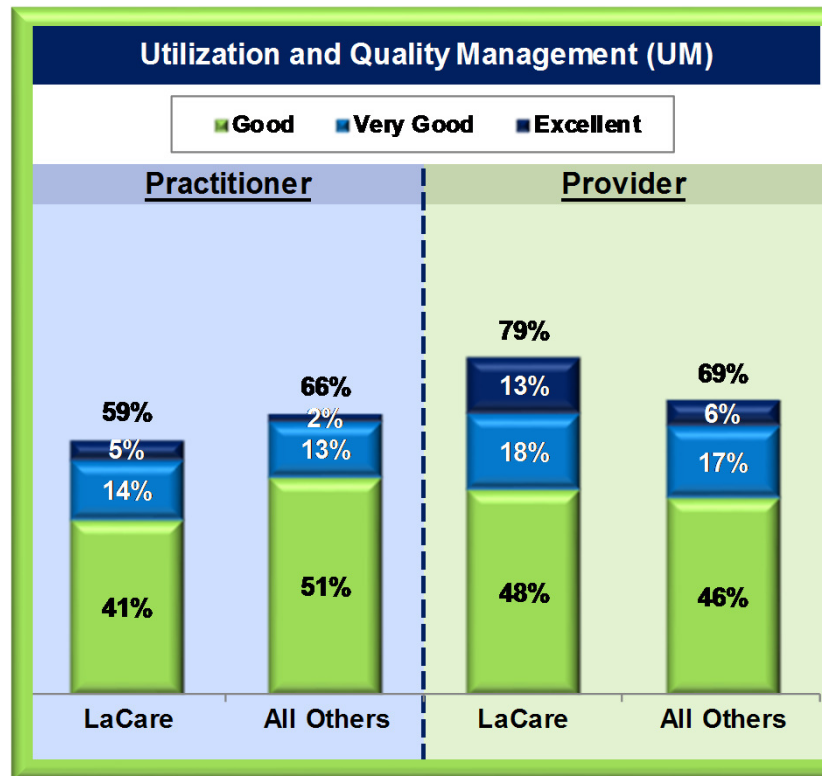
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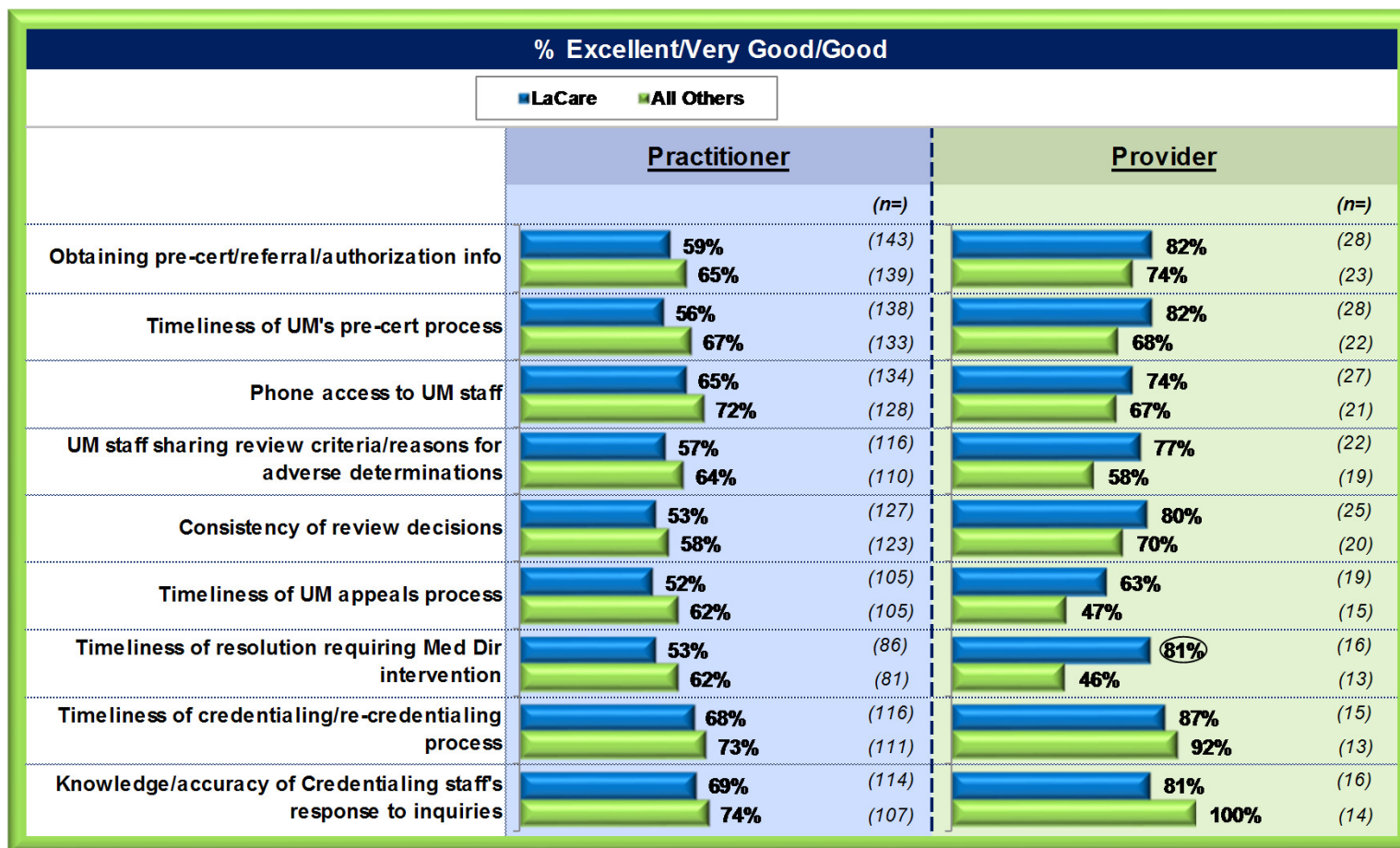
Utilization and Quality Management (UM)
Individual Measures – Plan vs. "All Others"

o For "Timeliness of resolution requiring Medical Director intervention," providers give significantly higher ratings for LaCare than for "All Others."

	% Excellent/Very Good/Good				
	■ LaCare ■ All Others				
	Practitioner		**Provider**		
		(n=)			*(n=)*
Obtaining pre-cert/referral/authorization info	59%	(143)	82%		(28)
	65%	(139)	74%		(23)
Timeliness of UM's pre-cert process	56%	(138)	82%		(28)
	67%	(133)	68%		(22)
Phone access to UM staff	65%	(134)	74%		(27)
	72%	(128)	67%		(21)
UM staff sharing review criteria/reasons for adverse determinations	57%	(116)	77%		(22)
	64%	(110)	58%		(19)
Consistency of review decisions	53%	(127)	80%		(25)
	58%	(123)	70%		(20)
Timeliness of UM appeals process	52%	(105)	63%		(19)
	62%	(105)	47%		(15)
Timeliness of resolution requiring Med Dir intervention	53%	(86)	(81%)		(16)
	62%	(81)	46%		(13)
Timeliness of credentialing/re-credentialing process	68%	(116)	87%		(15)
	73%	(111)	92%		(13)
Knowledge/accuracy of Credentialing staff's response to inquiries	69%	(114)	81%		(16)
	74%	(107)	100%		(14)

◯ / ▢ = "Plan" results significantly higher/lower than "All Others" results

NA = Response choice not asked

Case Management

Case Management
Composite

o About seven in ten practitioners give high ratings to Case Management, while nine in ten providers do so.
   – This is the highest composite score for LaCare among providers, and one of the highest rated composites for practitioners.
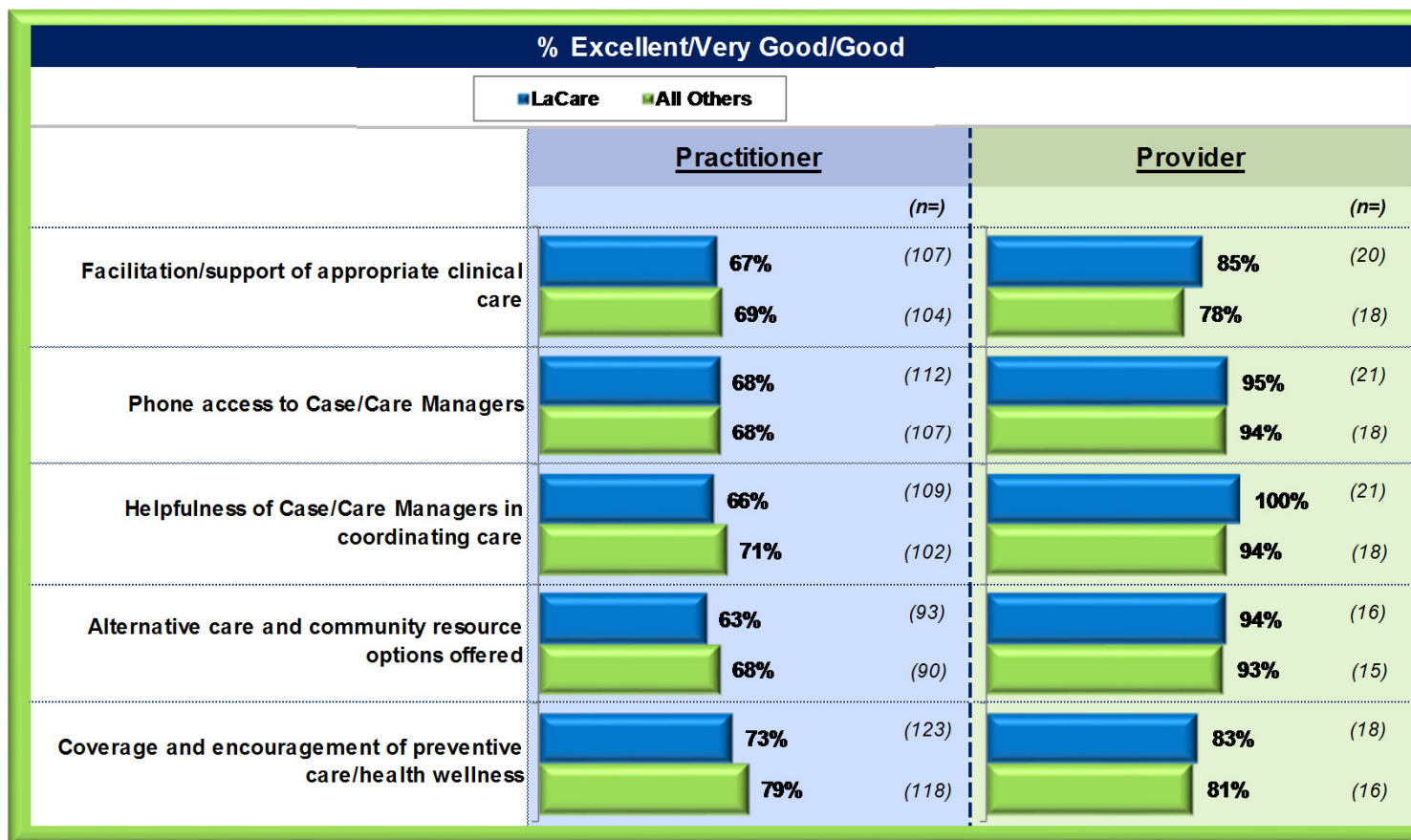o There are no significant differences between LaCare and "All Others."
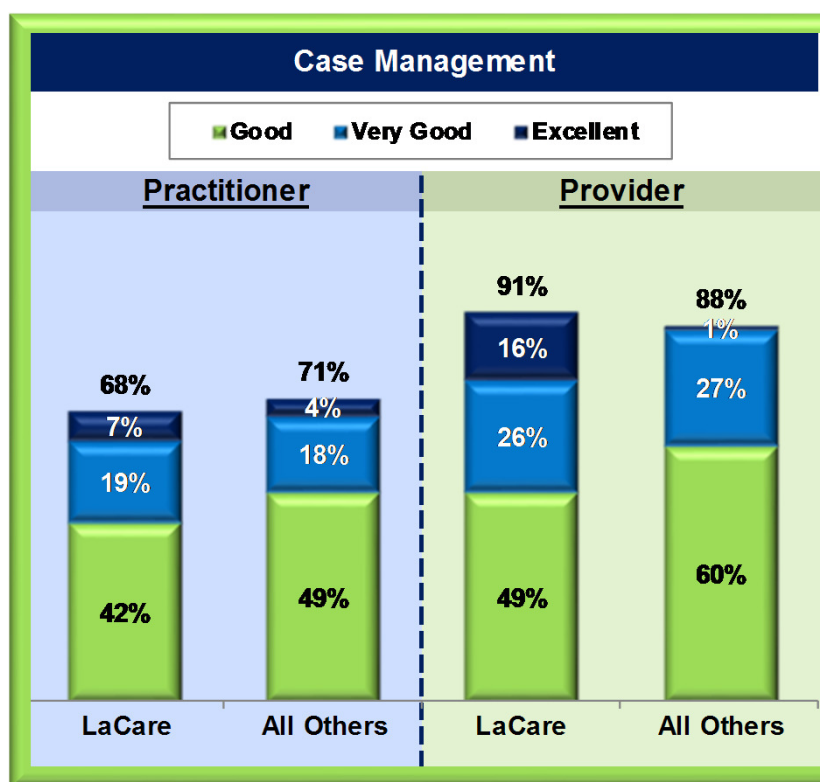
○ / ▢ = "Plan" results significantly higher/lower than "All Others" results

Case Management
Individual Measures – Plan vs. "All Others"

o Roughly seven in ten practitioners give high scores to all Case Management measures, for both LaCare and "All Others."
o On every Case Management measure, providers are more satisfied than practitioners.
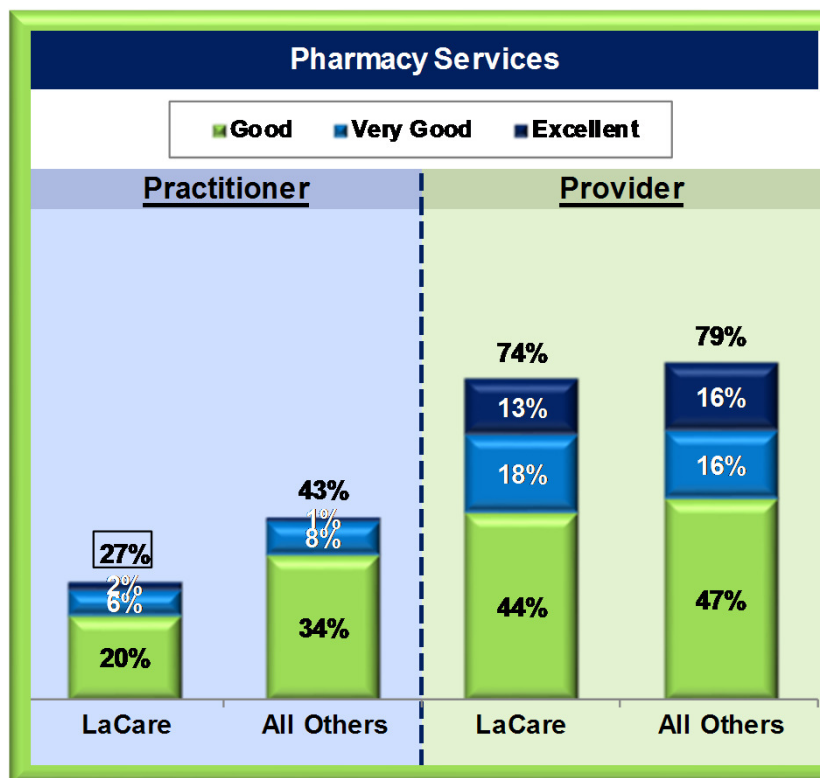
% Excellent/Very Good/Good				
■LaCare ■All Others				
	Practitioner		**Provider**	
		(n=)		(n=)
Facilitation/support of appropriate clinical care	67%	(107)	85%	(20)
	69%	(104)	78%	(18)
Phone access to Case/Care Managers	68%	(112)	95%	(21)
	68%	(107)	94%	(18)
Helpfulness of Case/Care Managers in coordinating care	66%	(109)	100%	(21)
	71%	(102)	94%	(18)
Alternative care and community resource options offered	63%	(93)	94%	(16)
	68%	(90)	93%	(15)
Coverage and encouragement of preventive care/health wellness	73%	(123)	83%	(18)
	79%	(118)	81%	(16)

◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

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Pharmacy Services

Pharmacy Services
Composite

- Significantly fewer practitioners give high ratings to LaCare Pharmacy Services compared to ratings for "All Others."
  - This is the lowest composite score for LaCare among practitioners.
- Providers score higher; over seven in ten are highly satisfied.

Pharmacy Services

■ Good   ■ Very Good   ■ Excellent

Practitioner		Provider	
LaCare	All Others	LaCare	All Others

Practitioner — LaCare: 27% (2%, 6%, 20%)
Practitioner — All Others: 43% (1%, 8%, 34%)
Provider — LaCare: 74% (13%, 18%, 44%)
Provider — All Others: 79% (16%, 16%, 47%)

◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

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Pharmacy Services
Individual Measures – Plan vs. "All Others"

o Among practitioners, LaCare has significantly lower scores than "All Others" for "Variety of drugs available on formulary" and "Ease of obtaining prior authorization for non-formulary drugs."

– "Variety of drugs available on formulary" is the lowest rated measure on the practitioner survey.

| % Excellent/Very Good/Good		
■LaCare ■All Others		
	Practitioner	Provider
	(n=)	(n=)
Clarity of pharmaceutical management procedures	36% (132) / 48% (126)	80% (10) / 75% (8)#
Variety of drugs available on formulary	21% (131) / 40% (126)	71% (7)# / 80% (5)#
Ease of obtaining prior authorization for non-formulary drugs	25% (132) / 40% (125)	71% (7)# / 83% (6)#
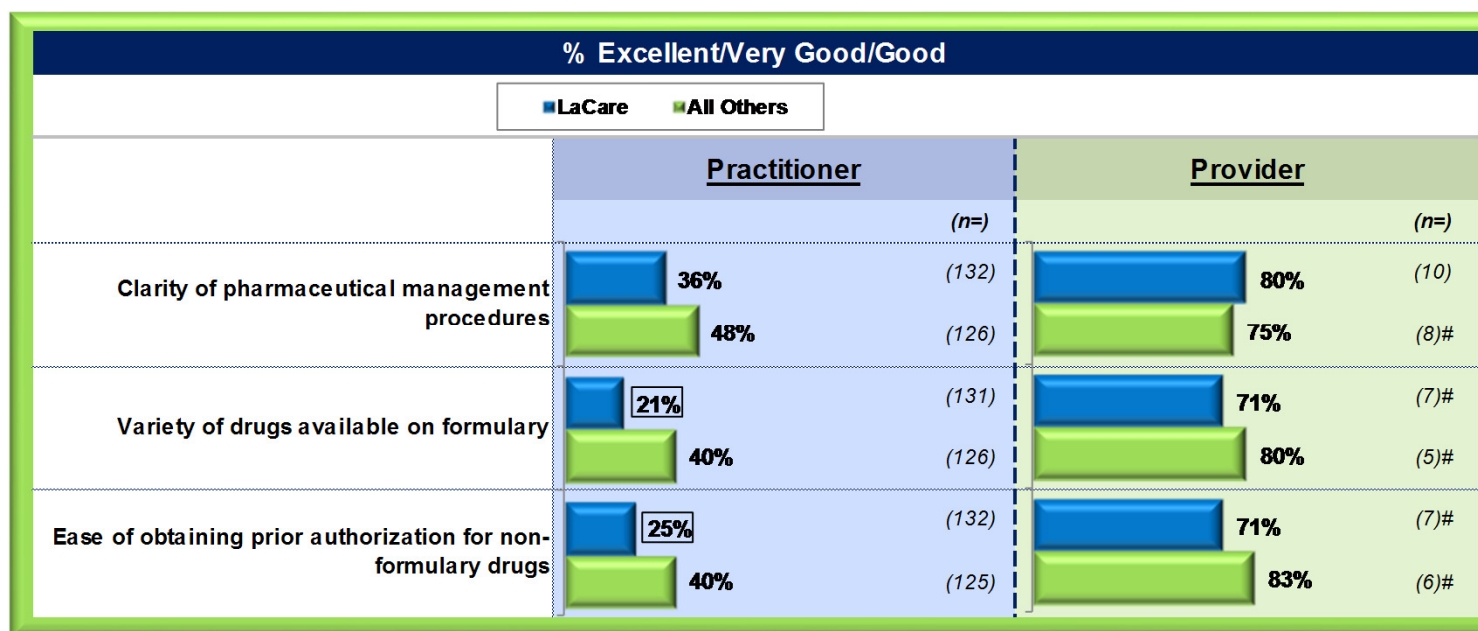
Caution Small Sample Size

◯ / ▭ = "Plan" results significantly higher/lower than "All Others" results

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Additional Topics

Network

o Four in ten practitioners indicate the specialist network has an adequate number of specialists to whom they can refer their patients.

ASKED ONLY OF PRACTITIONERS

Adequate Number of Specialists in Network (% Yes)

Practitioner

LaCare
(n=137)
40%
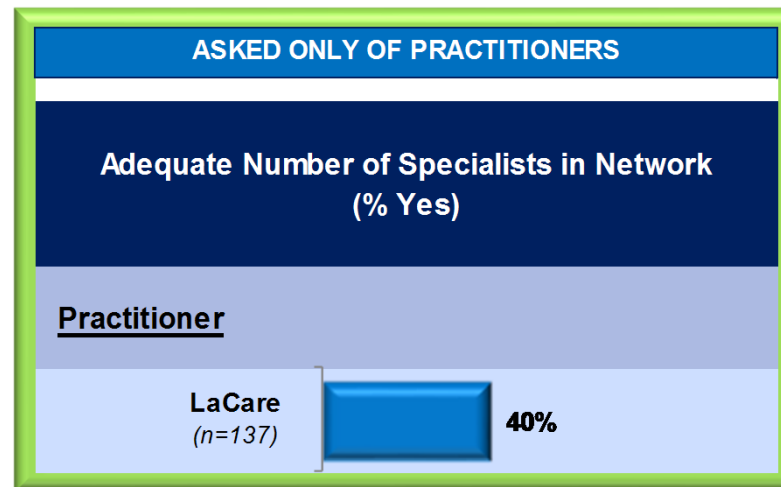
Provider Self-Service – NaviNet Awareness and Utilization

o The vast majority of both practitioners and providers are aware of the services available through NaviNet.
o The NaviNet service most utilized by both practitioners and providers is "Member benefits/eligibility verification," followed by "Claims status."
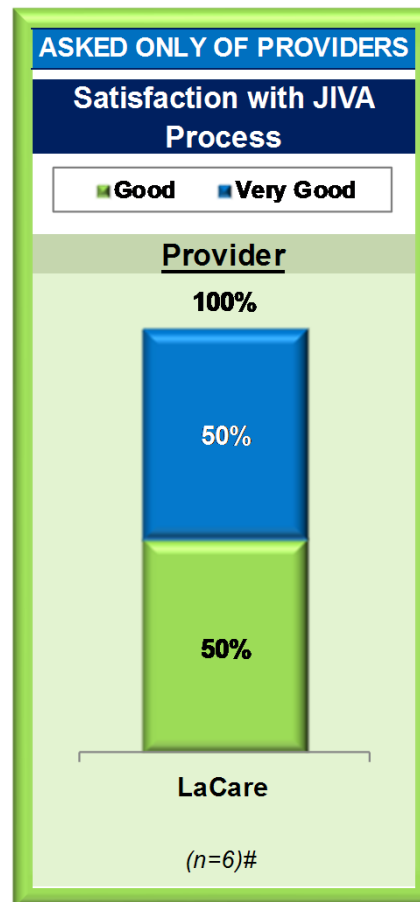
Office Aware of NaviNet Services Available

Practitioner

No, 4%
Yes, 96%

n= (159)

Provider

No, 15%
Yes, 85%

n= (39)
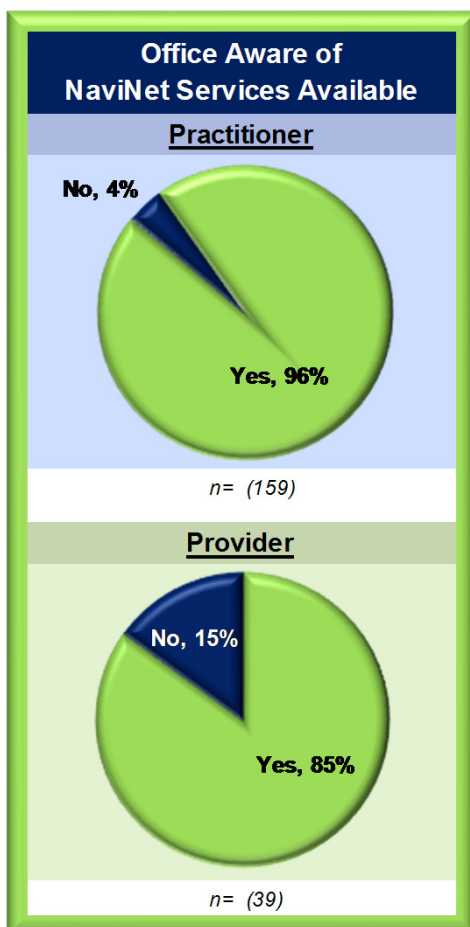
Navinet Services Used (Multiple Mentions)

	Practitioner	Provider
Member benefits/eligibility verification	95%	88%
Member Care Gap reports	31%	12%
Member Clinical Summary reports	23%	4%
Claims status	64%	84%
Panel Rosters reports	37%	NA
Requests for prior authorization through JIVA	NA	28%
Requests for in-patient, outpatient, home care or DME services through JIVA	NA	4%
	(n=131)	(n=25)

NA = Response choice not asked
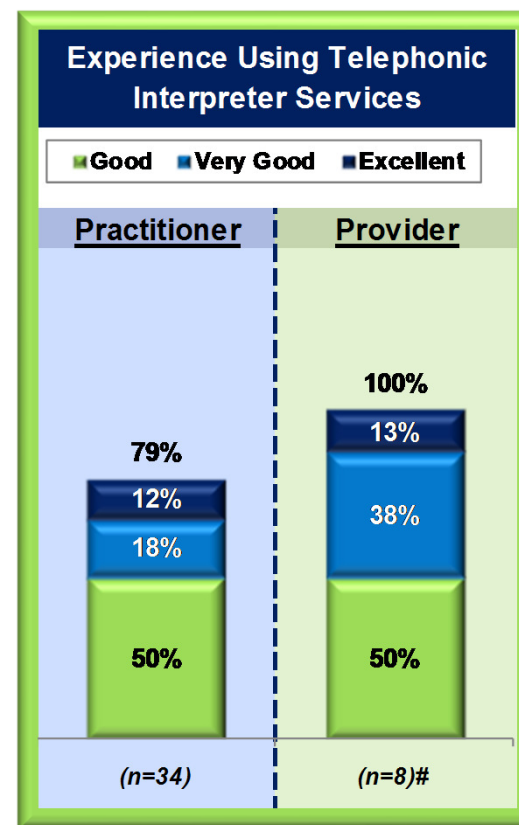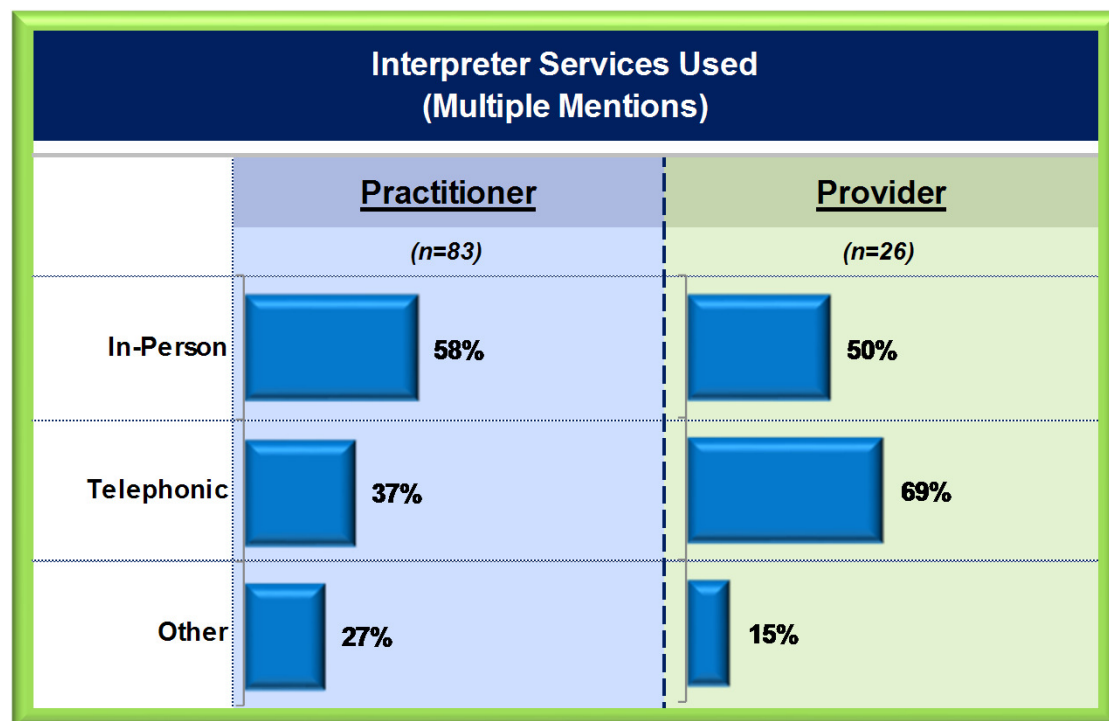
morpace

Provider Self-Service – NaviNet Training and JIVA Satisfaction

ASKED ONLY OF PROVIDERS

Satisfaction with JIVA Process

■ Good   ■ Very Good

Provider

100%

50%

50%

LaCare

(n=6)#

\# Caution Small Sample Size

Cultural Competency

o The primary use of interpreter services for practitioners is in-person, while the primary use for providers is telephonic.

o The majority of both practitioners and providers have had a positive experience using the telephonic interpreter services.

Interpreter Services Used (Multiple Mentions)

	Practitioner (n=83)	Provider (n=26)
In-Person	58%	50%
Telephonic	37%	69%
Other	27%	15%

Experience Using Telephonic Interpreter Services

Good   Very Good   Excellent

	Practitioner (n=34)	Provider (n=8)#
Excellent	12%	13%
Very Good	18%	38%
Good	50%	50%
Total	79%	100%

Caution Small Sample Size

Provider Training Formats

o About seven in ten practitioners find on-site educational training opportunities useful and would find educational training webinars useful as well.

	Find On-site Educational Training Useful (% Yes)		Would Find Educational Training Webinars Useful (% Yes)	
Practitioner		(n=)		(n=)
	71%	(136)	75%	(141)
Provider				
	NA	(NA)	82%	(39)
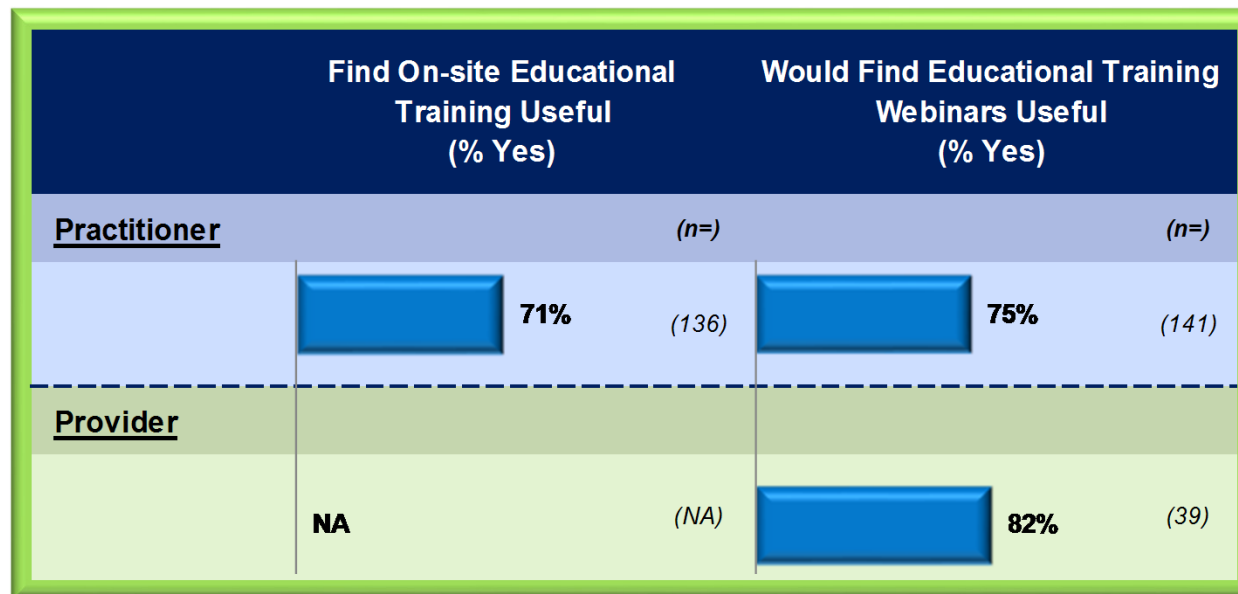
NA = Response choice not asked

Respondent Profile

Respondent Profile (1 of 2)

Practitioner	
Practice Type	*(n=164)*
Specialist	27%
Primary Care	73%
Size of Practice	*(n=163)*
Solo	46%
2 - 5 Physicians	44%
More than 5 Physicians	10%

Provider	
Provider Type	*(n=40)*
Hospital/Skilled Nursing	93%
Ancillary	8%

Respondent Profile (2 of 2)

Managed Care Volume Represented by Plan		
	Practitioner	**Provider**
	(n=149)	*(n=35)*
None	0%	0%
1 - 10%	21%	46%
11 - 20%	33%	11%
21 - 30%	23%	31%
31 - 50%	13%	6%
More than 50%	9%	6%

Completed Survey			
Practitioner		**Provider**	
(n=161)		*(n=39)*	
Practitioner	12%	**Owner/CEO**	0%
Office Manager	66%	**Business Manager**	28%
Receptionist	11%	**Clinical Manager**	10%
Nurse	11%	**Other**	62%
Other	NA		