



OASAS
Improving Lives.

NEW YORK STATE
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery

Perception of Care Surveys and Quality Improvement: An Overview

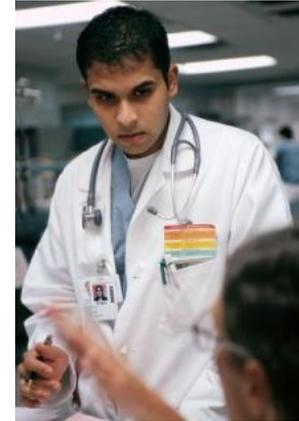


Institute of Medicine Recommendations (2006)

- ❖ Coordinate Care (SUD, MH, Health)**
- ❖ Create Health Information Infrastructure / EHR**
- ❖ Increase capacity of workforce to enable Quality Improvement (QI)**
- ❖ Find (Market) Incentives to Leverage Change / Business Case**
- ❖ Close Knowledge Gaps**



Institute of Medicine Recommendations (2006)



- **Patient-Centered Care**

- *Involve patients and their families in the design, administration, and delivery of treatment and recovery services*

- **Create Infrastructure for EBPs and QI**

- *Measure the processes and outcomes of care to continuously improve the quality*

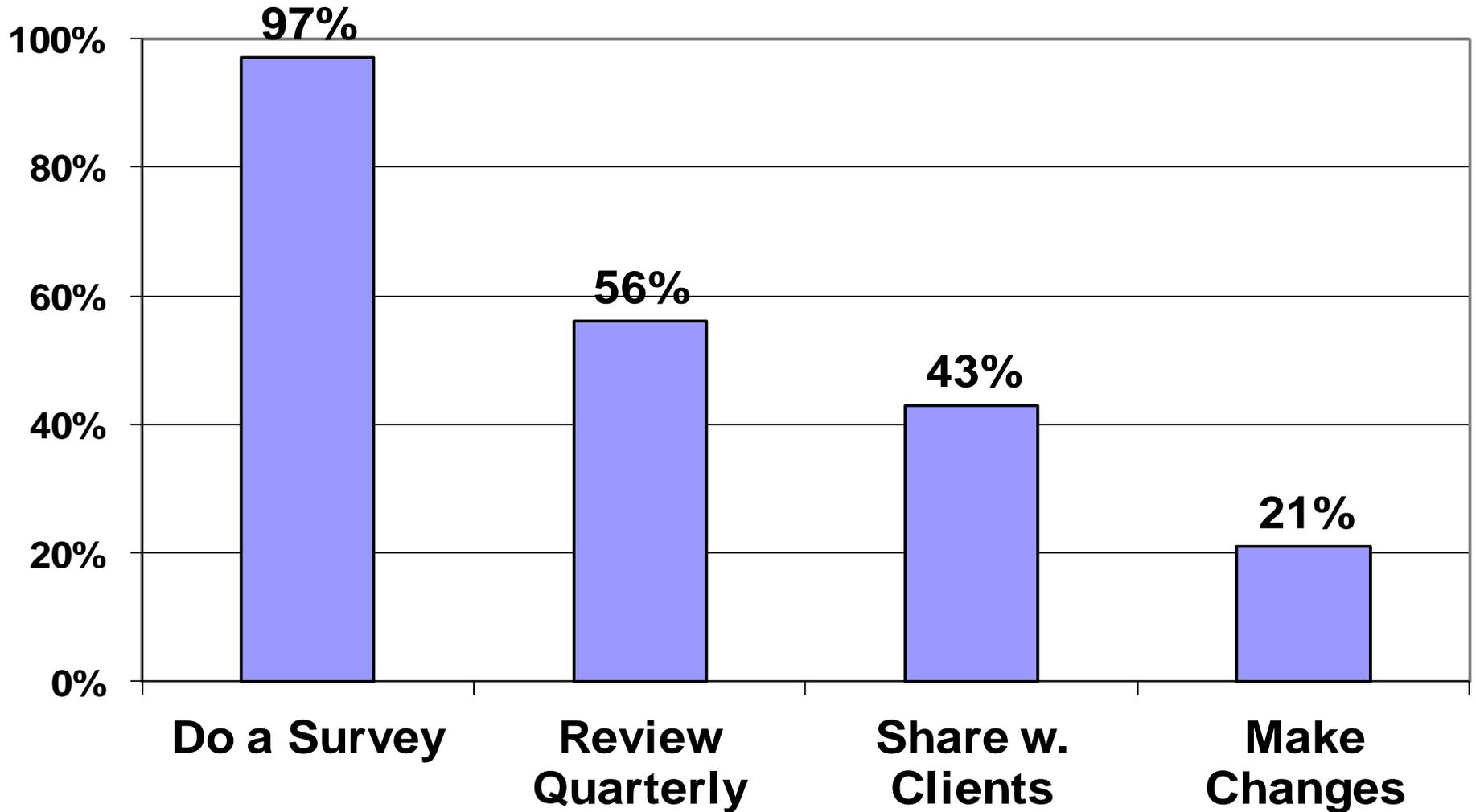


How does OASAS providers involve patients in the delivery of treatment and recovery services ?



Fall 2008 Provider Survey

(n = 889: 82% response rate)



OASAS Provider Survey (2008)

- ❖ **87% used a *provider-specific* survey**
- ❖ **29% conducted only an *annual* survey**
- ❖ **98% used a *paper* form**

When is the Survey Administered?

- **72% periodic *cross-section***
- **32% based on *discharge***
- **11% based on *admission***



OASAS Provider Survey Recommendations from Respondents (2008)



- ❖ **Standardize survey forms**
- ❖ **Create benchmarks for interpretation**
- ❖ **Training and Technical Assistance in using surveys for Quality Improvement**



What are the limitations of Client or Participant Satisfaction Surveys?

- ❖ Lack of standardized questions and performance dimensions**
- ❖ Results in high levels of satisfaction – Thus no room for improvement**
- ❖ Lack of Psychometric Testing – Reliability and Validity**



Perception of Care Surveys are responsive to and meets . . .

- ✓ **IOM Recommendations**
- ✓ **Independent Accreditation Requirements (Joint Commission / CARF)**
- ✓ **OASAS Regulations**
- ✓ **Health Care Reform recommendations**
- ✓ **National Outcome Measures (NOMs)**



SAMHSA's Modular Survey Survey Questionnaire Development

- ❖ **Forum on Performance Measures:**
 - ❖ **Behavioral Health and Related Services Systems**
 - ❖ **Reviewed ~ Mental Health ~ Substance Use Disorder / Adult and Adolescent populations**
 - ❖ **Different items / different populations / common elements – (modular survey)**
- ❖ **Selected the best questionnaire items using Item Response Theory (IRT)**



Development of the Survey Questionnaire (continued)

- ❖ **Additional content based on . . .**
 - **MHSIP Consumer Survey**
 - **ECHO Outcome Survey**
 - **Youth Services Survey (YSS / YSSF)**
 - **Consumer Assessment of
Healthcare Providers and
Systems (CAHPS)**



OASAS' Adaptation of the SAHMSA-sponsored Modular Survey

5 Domains : Rating Scales

- A. Access and Quality (7 items)**
- B. Perceived Outcome (6 items)**
- C. Social Connectedness (7 items)**
- D. Readiness for Change (2 items)**
- E. Program Recommendation (2 items)**

3 Open-ended Items (write-ins)

What is the program doing right?

What can be done to improve the program?

**Is there anything else about this program that
you would like to say?**



Survey Content

Best Practices

Participant / Client Rights

Outcomes and Social Domains

Medication Supported Recovery

Nicotine Replacement Therapy

Other Survey Items

Time in Program (calculated by months)

Age, Gender, Ethnicity, and Race

Presenting Problem (SUD, MH, or Both)

History of Prior Treatment

Having a Criminal Justice Mandate

Employment / School Status



Rating Scale

Disagree	Somewhat Agree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Not Applicable” or “Don’t Know” is not an option

However if an item is left blank, it is coded and reported as “No Response”



A: Access and Quality

1. When I needed services right away, I was able to **see someone as soon as I wanted.**
2. This program helped me develop a **plan for** when I feel **stressed, anxious or unsafe.**
3. The people I went to for services **spent enough time with me.**
4. I helped to develop **my service/treatment goals.**
5. The people I went to for services were **sensitive to my cultural background** (race, religion, language, sexual orientation).
6. I was given **information about different services** that were available to me.
7. I was given enough **information to** effectively **handle my problems.**



B: Perceived Outcome

As a result of the services (treatment), I have received...

8. I am **less bothered** by my symptoms.
9. I am better **able to cope** when things go wrong.
10. I am better **able to accomplish the things** I want to do.
11. I am **not likely to use** alcohol and/or other drugs.
12. I am doing **better at work/school**. (If this does not apply to you, please leave it blank.)
13. I get along with **my teachers/boss**. (If this does not apply to you, please leave it blank.)



C: Social Connectedness



14. There is **someone who cares** about whether I am doing better.
15. I have **someone who will help** when I have a problem.
16. I have people in my life who are a **positive influence**.
17. The people I care about are **supportive of my recovery**.
18. **People count on me** to help them when they have a problem.
19. I have **friends** who are **clean and sober**.
20. I have **someone who will listen** to me when I need to talk.



D: Readiness for Change

21. Using alcohol and/or drugs **is a problem** for me.
22. I **need to work on my problems** with alcohol and/or drugs.



E: Program Recommendation

23. I **would return** to this program if I need help in the future.

24. I would **recommend** this program to a friend or family member.



Open-ended Questions (write-ins)

- ❖ What is the program doing right?**
- ❖ What can be done to improve the program?**
- ❖ Is there anything else about this program that you would like to say?**



Contact Information

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