

# ***What Delawareans Say About the Quality of Their Health Plans and Medical Care***

***2001 Delaware CAHPS Notes***

*prepared for the  
Delaware Health Care Commission*

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# ***What Consumers Say About the Quality of Their Health Plans and Medical Care***

## ***2001 Delaware CAHPS Notes***

*Prepared for the Delaware Health Care Commission by Eric Jacobson, Amanda Litzau, and Charles Whitmore, Institute for Public Administration, and Edward C. Ratledge, Center for Applied Demography and Survey Research, College of Human Resources, Education & Public Policy, April 2003.*

### **Overview**

Since 1997, the Delaware Health Care Commission has contracted with the College of Human Services, Education and Public Policy (CHEP) at the University of Delaware to conduct the Consumer Assessment of Health Plans Study (CAHPS). CAHPS is an independent survey on consumer satisfaction with the Delaware health care system, providing information for assessing the health care experiences of Delaware's consumers. Specifically, CAHPS is a useful tool for forming policy recommendations on issues such as regulating health plans. CAHPS provides policymakers a practical and flexible, yet standardized, set of instruments for collecting information on issues related to Delaware's health care services and delivery systems.

Unlike most studies of patient satisfaction, which base findings on consumer *opinions* that are influenced highly by external forces and the media, CAHPS is based on patients' actual *first-hand experiences*. CAHPS measures access to and patient satisfaction with health care services in Delaware. The observations include overall results and differences noted among plan types and counties. CAHPS compares patient satisfaction between fee-for-service and managed care health insurance plans, as well as differences due to the degree of managed care ("strict" versus "loose") in which people are enrolled. In 2000, the study added measurements of patient satisfaction among the uninsured. The results are based on responses from Delawareans who had encounters with the health care system within the previous six months.

The *Delaware CAHPS Notes* presents summary results from the 2001 Delaware CAHPS study. This report begins with a discussion of key findings, including overall ratings, health plan enrollment characteristics, differences across plan types and regions, and comparisons to national data. Next, the report describes the methodology and context of the Delaware Survey, noting the classification of managed care into "loose" and "strict" distinctions based on respondent answers to critical questions. Then, CAHPS' evolution and its variety of applications are explored. Within this section, the report introduces the National CAHPS Benchmarking Database (NCBD) and discusses its purpose. Finally, charts and tables not presented in the text appear in the Appendix. Following the release of this report, two separate, shorter reports will explore differences in ratings and experiences for different racial and ethnic groups and the uninsured population.

### **Key Findings**

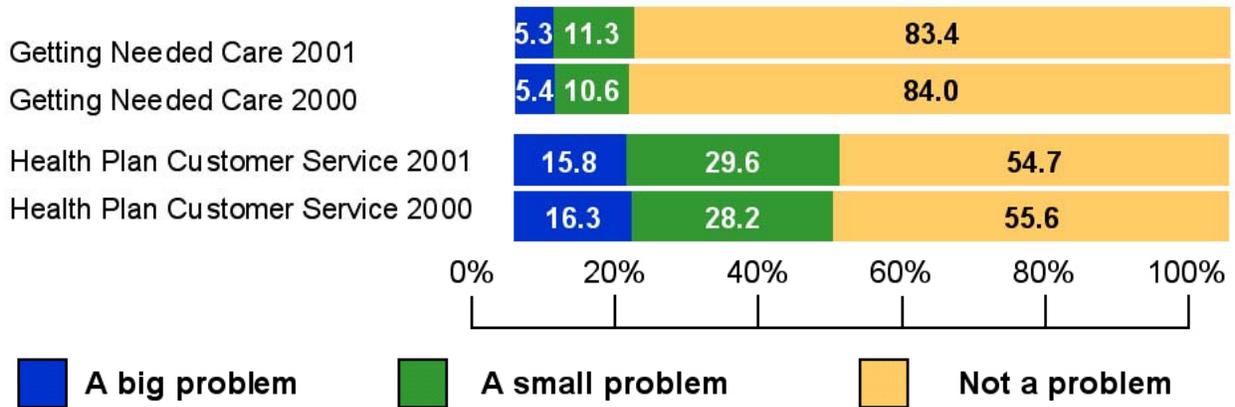
The following results are for adults between 18 and 64 years old. Key findings include:

#### **Overall Results**

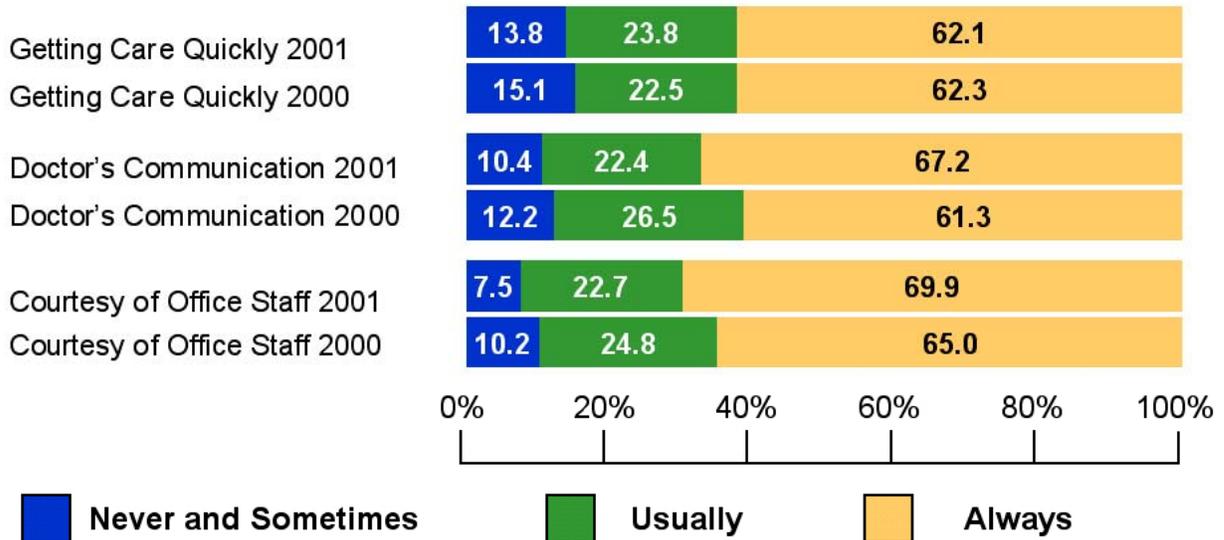
- Overall, survey respondents rate their health highly and report positive experiences with their doctors and other health care providers.

- Generally, consumer reports of experiences with different aspects of health care improved or remained consistent between 2000 and 2001 (see **Figure 1A** and **1B**). Consumer health care ratings of personal doctors, specialists, health care, and health plans improved between 2000 and 2001 (see **Figure 2**).

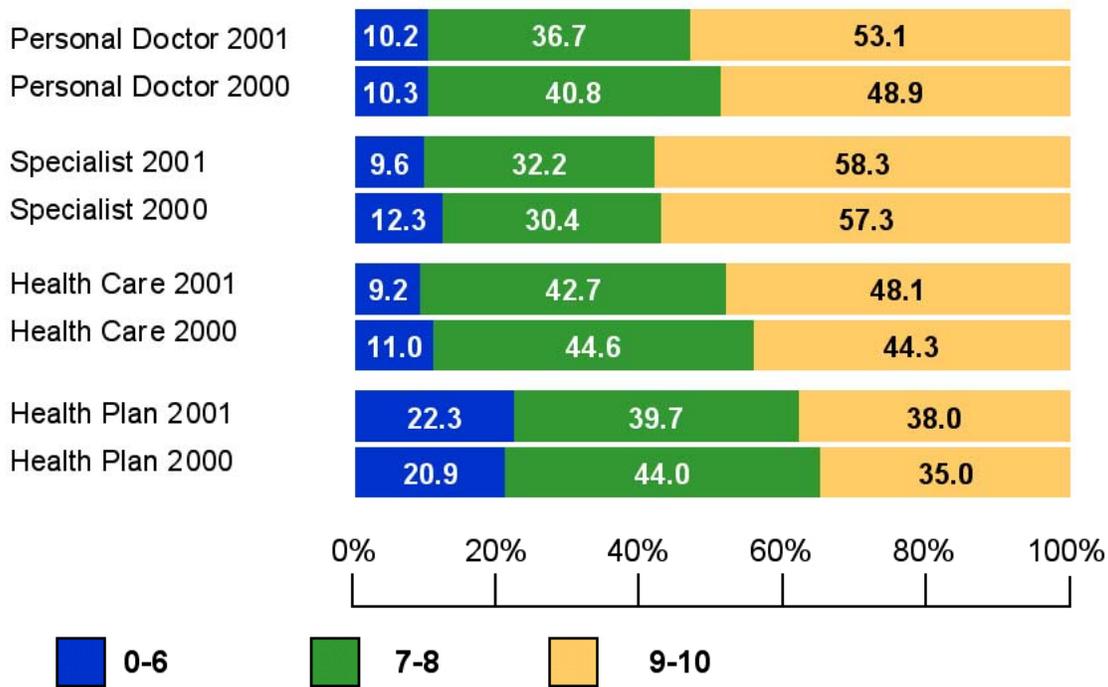
**Figure 1A:**  
**Summary of Consumer Reports on Experiences-Part 1, 2000 and 2001**



**Figure 1B:**  
**Summary of Consumer Reports on Experiences-Part 2, 2000 and 2001**



**Figure 2:  
Summary of Delaware Ratings, 2000 and 2001**



- In general, differences have blurred between ratings of participants in loose versus strict managed care plans (though this trend does not hold for most of the reports on specific experiences of care). This finding is suggestive of a larger national trend documented by policy groups such as the Center for Studying Health System Change. Consumer backlash against managed care has forced managed care to “manage less” and relax its control over care. Thus, a less restrictive model of managed care has emerged, characterized by broader provider choice, fewer requirements for authorizations, and reduced use of risk contracting.
- The most positive experiences are reported for statements relating to “getting needed care,” for which 83% percent of respondents report the most positive responses. In contrast, the least positive experiences are reported for statements related to “health plan customer service.” Only 55% of respondents give the most positive responses of statements assessing health plan customer service. **Figure 1A** shows the differences between these composites. For a more detailed breakdown of each composite by region and plan type, refer to Appendix A. See Appendix A **Figures A-1** through **A-6**. Also refer to **Figures 6, 7, 9, and 10** in the text.
- Respondents rate their health plans lower than they rate their personal doctors, specialists, and overall health care. Fifty-three percent of respondents give the most positive ratings to their doctors and 58% give similar, high ratings to their specialists. Only 48% percent of respondents give the most positive ratings to their health care. However, just 38% of respondents give their health plans the most positive ratings. **Figure 2** shows the differences between these ratings. For a more detailed breakdown of each rating by region and plan type, refer to Appendix A. See Appendix A **Figures A-7** through **A-11**. Also see **Figures 4, 5, and 8** in the text.

- **Table 1** summarizes the findings for overall ratings of personal doctor, specialists, quality of health care, and quality of health plan. For example, there is a statistically significant difference (at the .05 significance level) for quality of health care by plan type. “T>L>S” means that more respondents in traditional fee-for-service plans gave the most positive ratings for their health care, followed by those in loose managed care and then by those in strict managed care.

**Table 1:  
Summary of Ratings by Plan Type and Region  
2001 Data For Respondents Age 18-64**

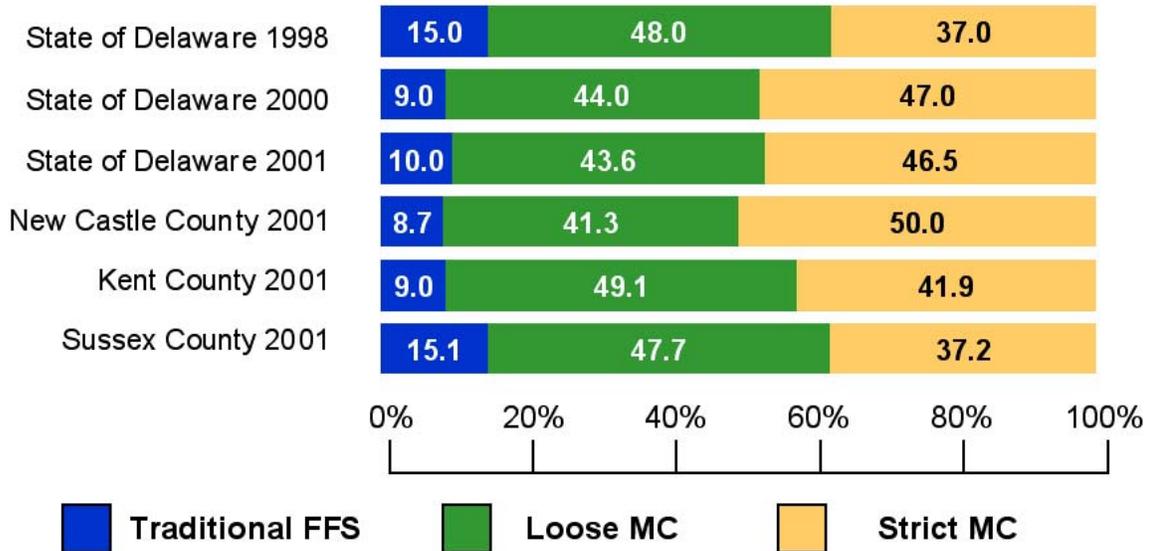
Overall Rating of:	Statistically Significant By:	
	Plan Type (Strict, Loose, Traditional Fee For Service)	Region (New Castle, Kent, Sussex)
Personal Doctor	No	No
Specialists Seen	No	No
Quality of Health Care	Yes (T>L>S)	<b>Yes (S&gt;K&gt;NC)</b>
Quality of Health Plan	Yes (T>L>S)	No

*\*Bold text reflects changes in statistical significance from 2000 data*

### Health Plan Enrollment

- Ten percent of adults with health insurance report participation in traditional fee-for-service plans (see **Figure 3**).
- Managed care dominates the health insurance market, as 90% of adults with health insurance are enrolled in managed care. Roughly half (52%) of managed care participants are enrolled in “strict” managed care plans, while half (48%) are enrolled in “loose” managed care plans.
- Enrollment in health plans continues to change. Enrollment in traditional fee-for-service has shrunk from 12% in 1999 to 10% in 2001, corresponding to a 3% increase in managed care enrollment since 1999. Since 1997, participation in managed care insurance plans has increased 17%.

**Figure 3:  
Summary of Health Plan Enrollment By Region**

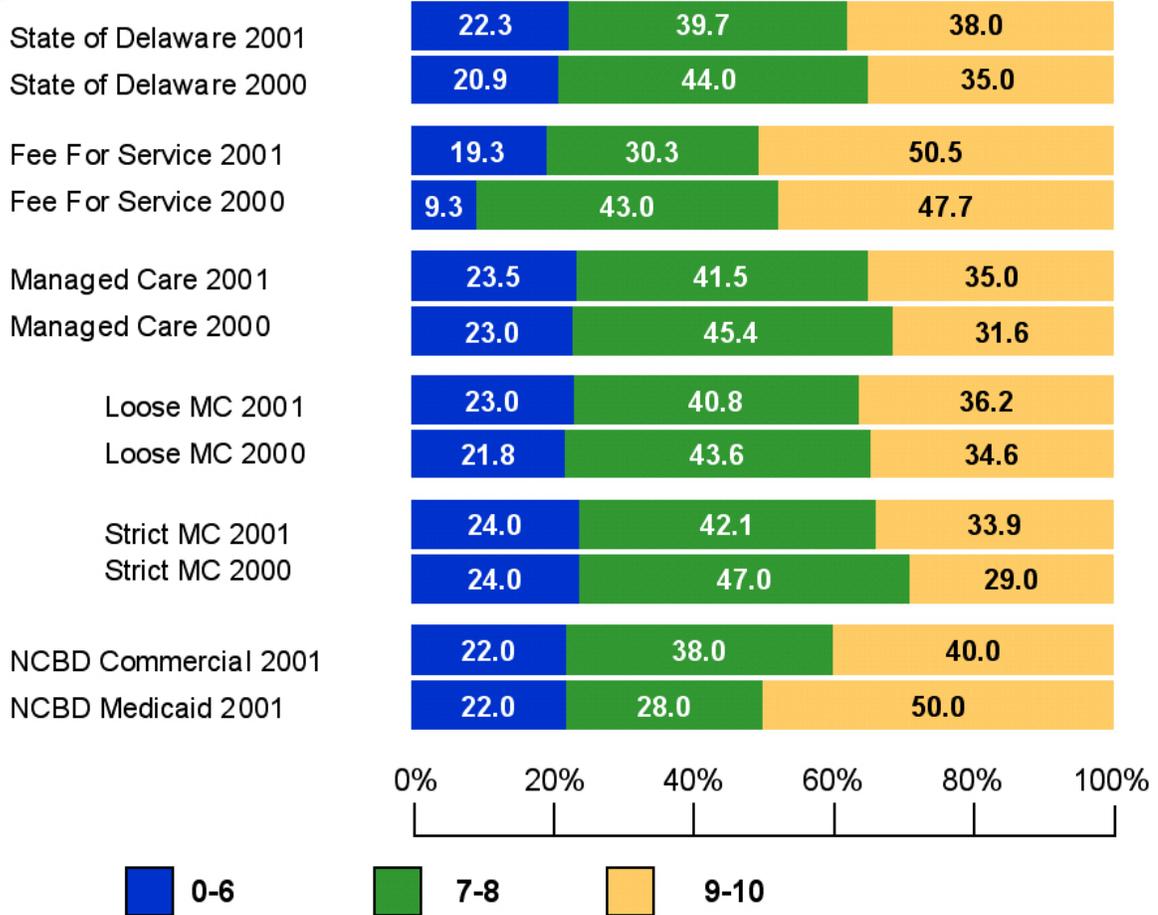


**Differences Across Plan Types**

- Ratings of health care experiences vary by plan type. Respondents in traditional fee-for-service (FFS) plans give higher ratings of their health care than persons in managed care health plans. Sixty-three percent of fee-for-service respondents give their health care the most positive ratings, while 46% of managed care respondents record most positive ratings (see Appendix A **Figure A-10**). These differences between plan types are statistically significant (see **Table 1**).
- From 2000 to 2001, ratings of health plans increased slightly among members of all plan types. Thirty-five percent of respondents that participate in managed care give the most positive ratings to their health plan in 2001, as compared to 32% in 2000. Similarly, 51% of fee-for-service respondents give their health plans the most positive ratings in 2001, an increase from 48% in 2000. The difference in ratings between fee-for-service and managed care are statistically significant (see **Table 1**).
- Compared to 2000 data, differences in health plan ratings between “loose” and “strict” managed care participants have shrunk. In 2000, 35% of respondents in “loose” managed care plans give their health plan the most positive rating, while 29% of respondents in “strict” managed care give their health plan the most positive rating. But in 2001, the percentages of respondents who give the most positive ratings are 36% for “loose” and 34% for “strict.” **Figure 4** shows the differences in health plan ratings by respondents’ plan type.

**Figure 4:  
Summary of Health Plan Ratings by Plan Type,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your health plan?*



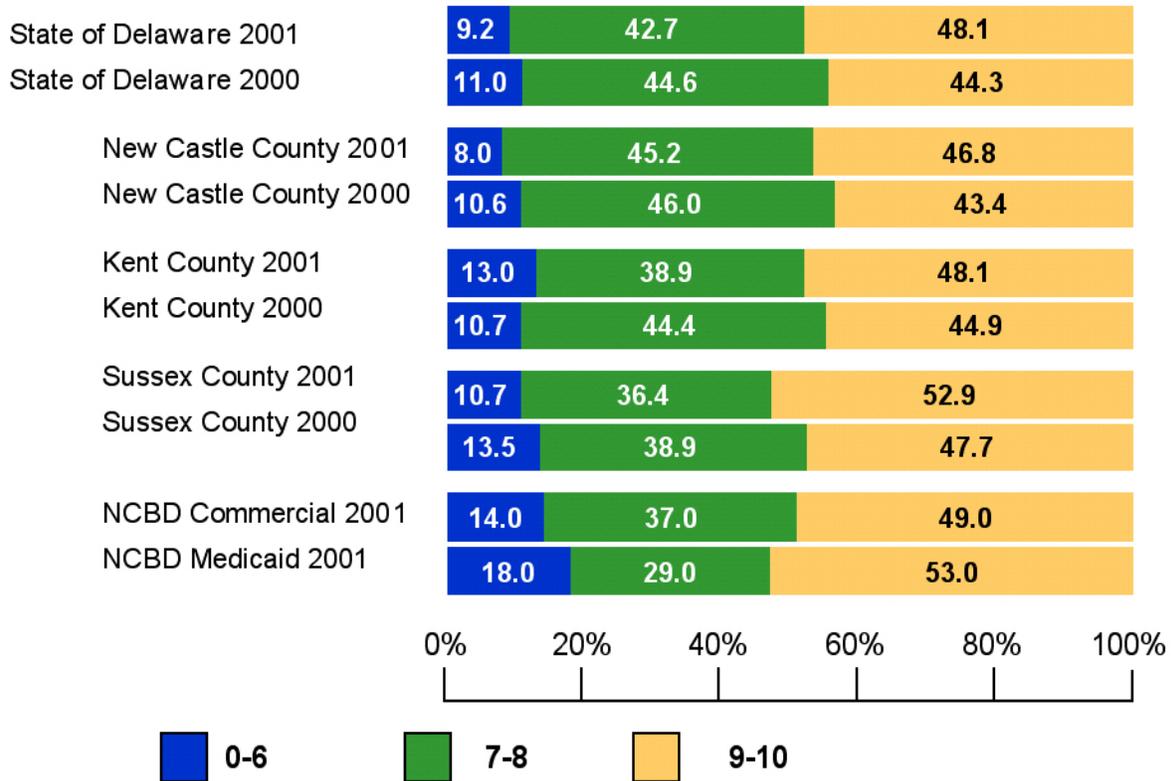
- Statistical tests suggest that differences observed in ratings across plan types are not related to respondents' ages. Although older participants tend to enroll in fee-for-service plans more often than younger participants, participant age does not affect the ratings of health plans, health care, personal doctors, or specialists.

**Differences Across Regions**

- Ratings of *health plan* and *health care* experiences vary by region. New Castle and Kent residents give similar ratings to their health plan and health care experiences. However, more Sussex County residents than respondents in other county give the most positive ratings to their health plans (43%), health care (53%), and personal doctors (54%). Only the difference in *health care* by region is large enough to be statistically significant. **Figure 5** shows the differences in health care ratings by region.

**Figure 5:  
Summary of Health Care Ratings by Region,  
2000 and 2001**

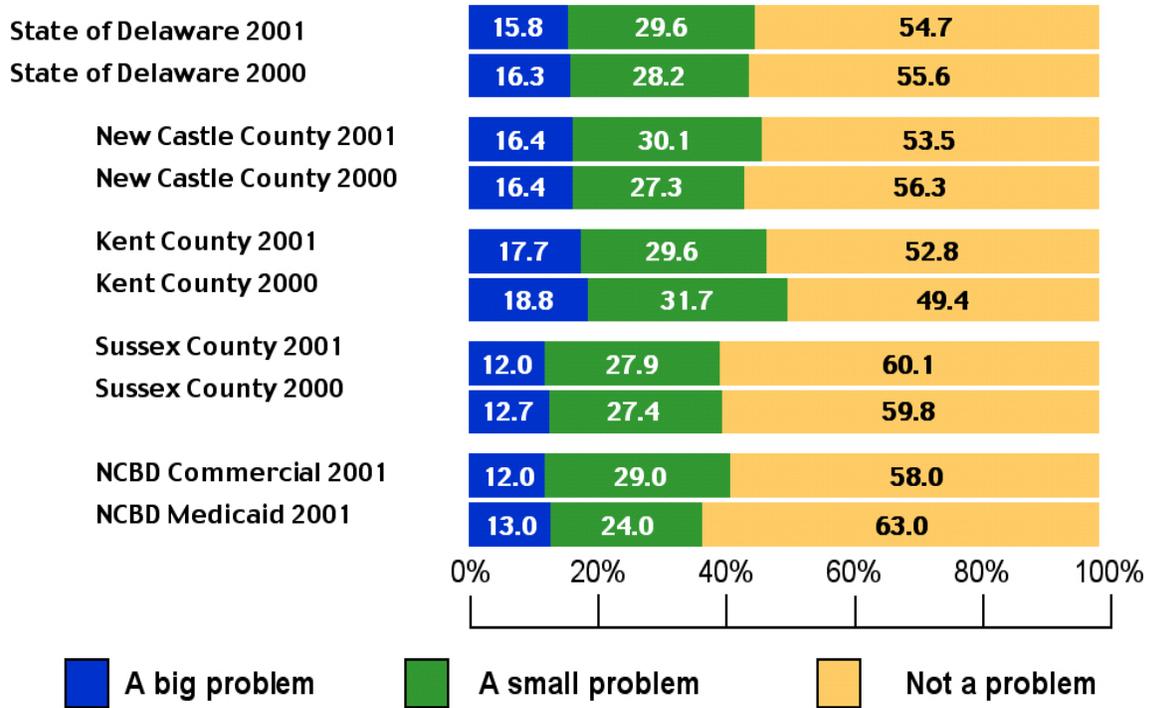
*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate all your health care?*



- Statistical tests indicate that, *even after controlling for age*, Sussex County respondents give the most positive rating.
- Likewise, compared to New Castle and Kent residents, more Sussex County residents give the most positive reports for specific health care items. Sixty-five percent give the most positive reports for getting care quickly; 60% for health plan customer service, 72% for doctor's communication, and 73% for courtesy of doctor's office staff. **Figure 6** shows the summary of experiences with health plan customer service by region. **Figure 7**, at the top of page 9, shows the summary of experiences with courtesy of office staff by region. For additional breakdowns of each experience by region, refer to **Figures 9, 10** and **A-1**.

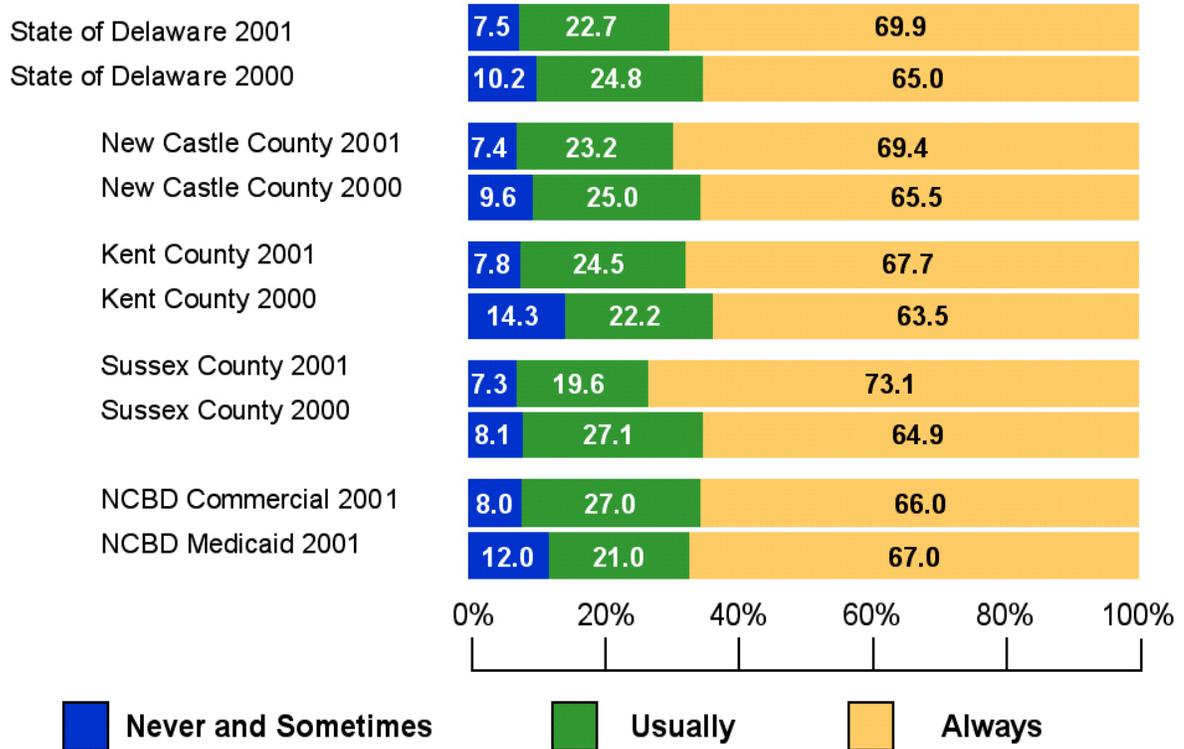
**Figure 6:  
Summary of Experiences with Health Plan Customer Service by Region,  
2000 and 2001**

*Combines responses to four questions regarding how much of a problem, if any, consumers had with various aspects of health plan customer service.*



**Figure 7:  
Summary of Experiences with Courtesy of Office Staff by Region,  
2000 and 2001**

*Combines responses to four questions regarding how often office staff were courteous and helpful.*

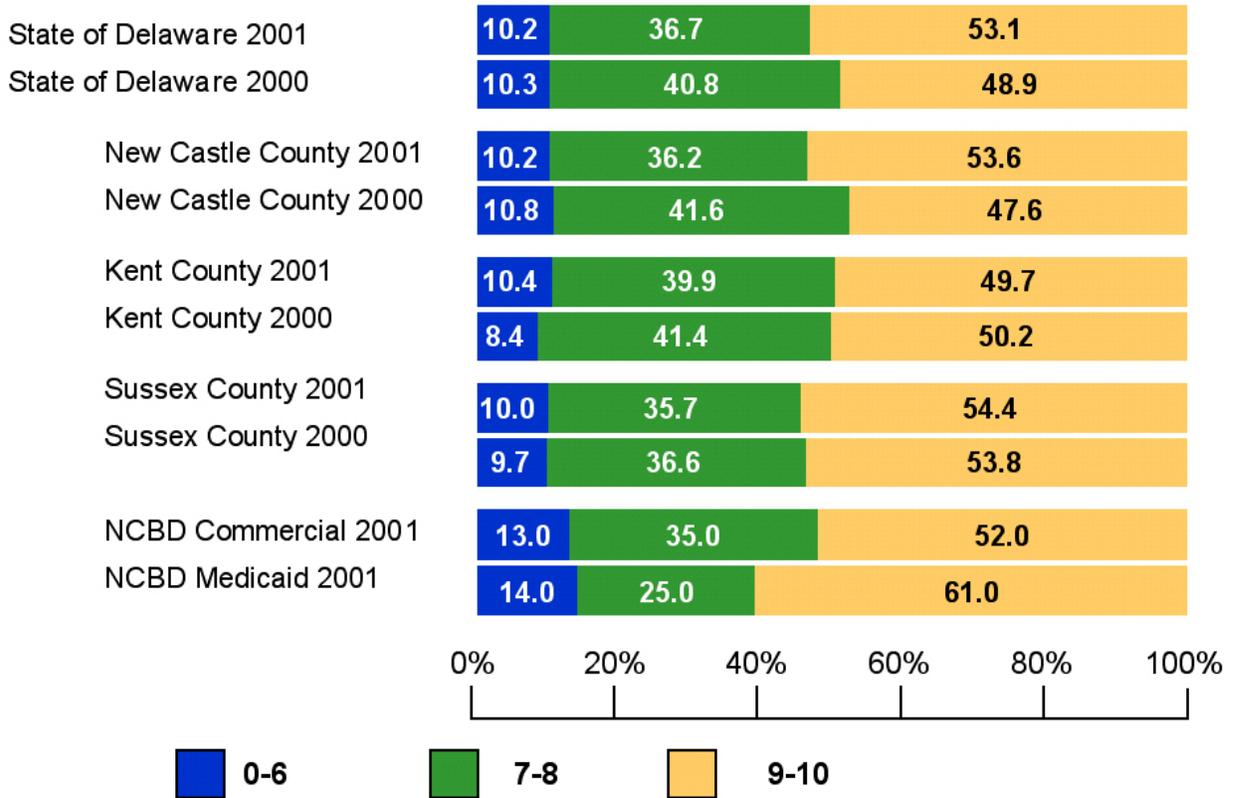


**Delaware Comparisons to National Data**

- Like national data, Delaware respondents overall give high ratings to health plan and health care experiences. On a ten-point rating scale, where “10” is the best score possible and “0” the worst, the majority of respondents give ratings of at least a “7” on questions asking about health care and health plan experiences.
- Delaware respondents’ ratings of their health plans, health care, personal doctors and specialists are consistent with average national ratings. For ratings of health plan, 40% of national respondents give the most positive rating, compared to 38% of Delaware respondents. Similar relationships between Delaware and national data are observed for health care (national 49% vs. DE 48%), personal doctors (national 52% vs. DE 53%) and specialists (national 57% vs. DE 58%). **Figure 8** shows the summary of personal doctor ratings by region. For additional ratings by region results, see **Figures 5, A-8, and A-11**.

**Figure 8:  
Summary of Personal Doctor Rating by Region,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your personal doctor or nurse?*

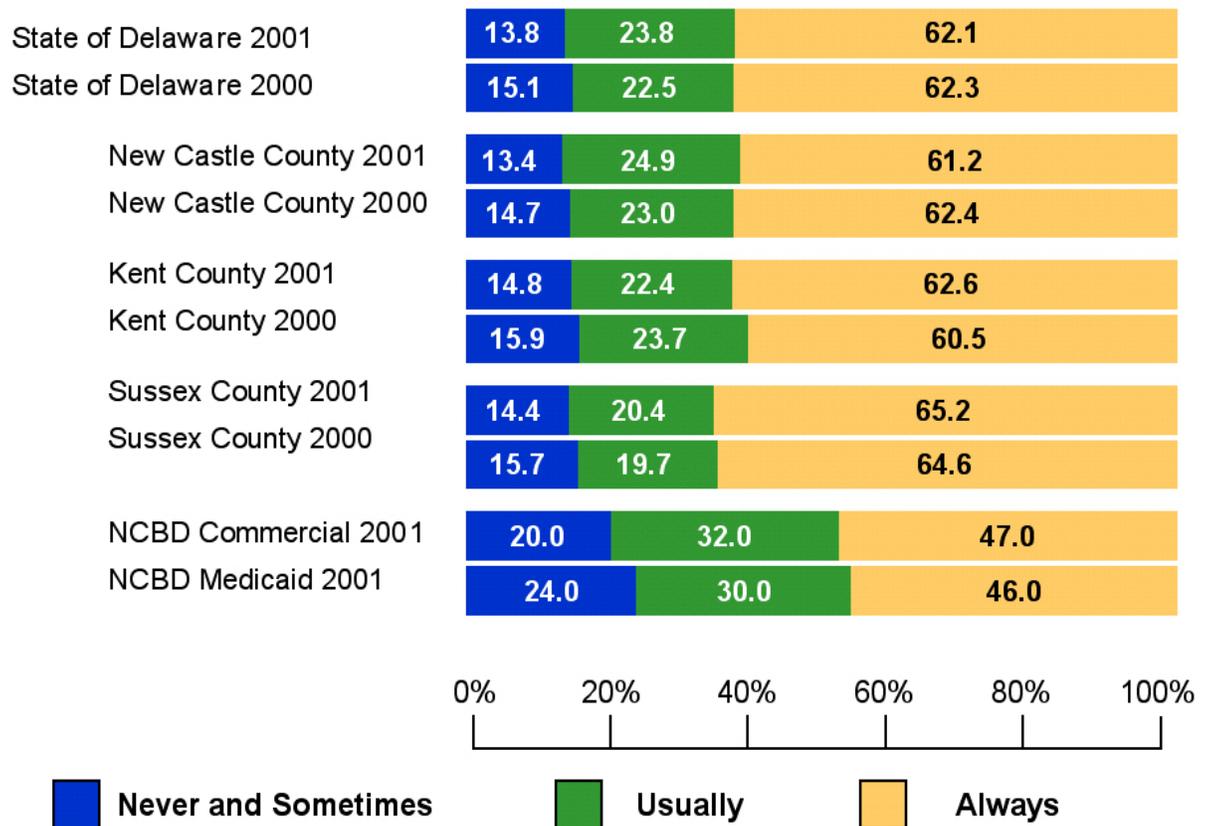


- For most of the specific aspects of health care experience, more Delaware respondents report the most positive experiences than national data averages. Eighty-three percent of Delaware respondents give the most positive reports on questions related to getting needed care, compared to the national average of 78%. Similar results are noted for reports of getting care quickly (DE 62% vs. national 47%), doctor’s communication (DE 67% vs. national 60%), and courtesy of office staff (DE 70% vs. national 66%). **Figure 9** shows the summary of consumer experiences with getting care quickly by region. **Figure 10**, at the top of page 12, shows the summary of consumer experiences with doctor’s communication. See also **Figures A-1, 6, and 7** for additional breakdowns of experiences by region.
- Contrary to the aforementioned trend, fewer Delaware respondents than the national averages give the most positive reports for health plan customer service (national 58% vs. DE 55%). Additionally, reports on health plan customer service have not improved between 2000 and 2001. These findings suggest that health plan customer service is a problem area for Delaware’s health plans. See Appendix B for a definition of the questions that comprise the health plan customer service composite.

- The large difference observed between Delaware’s average and the national average for experience with getting care quickly might be due to differences in calculation technique rather than true disparity. This statistic will be monitored carefully in the future.

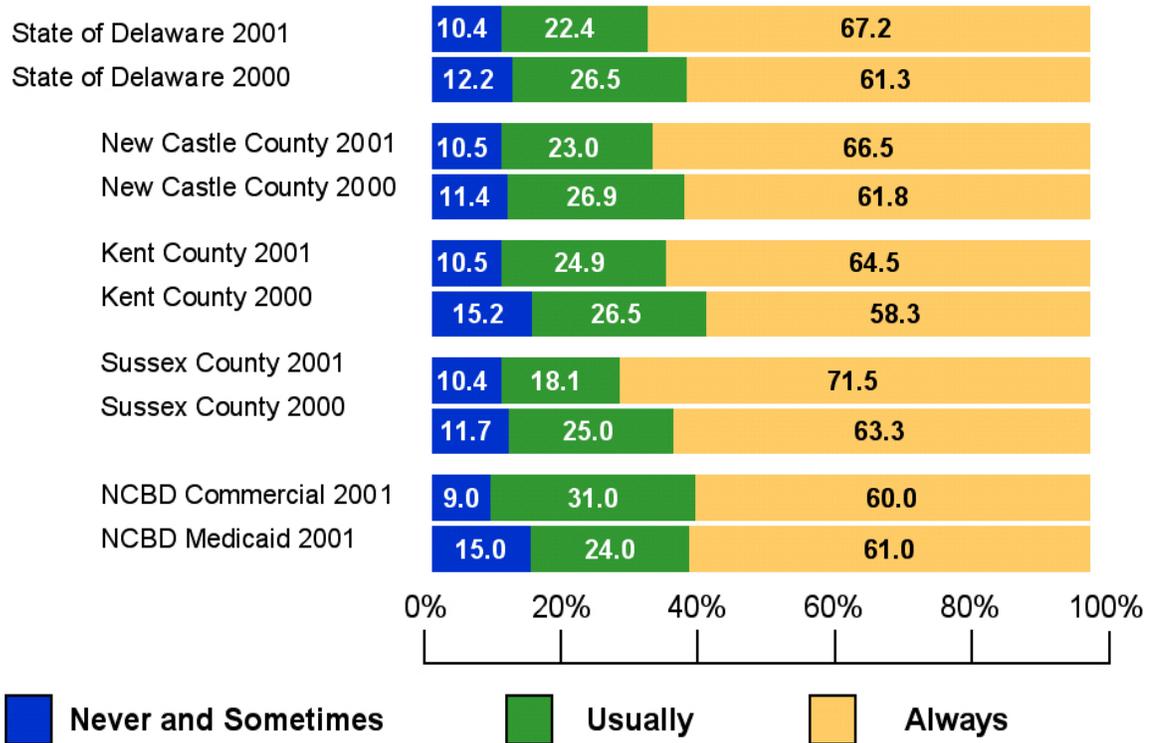
**Figure 9:  
Summary of Experience with Getting Care Quickly by Region,  
2000 and 2001**

*Combines responses to four questions regarding how often consumer received various types of care in a timely manner.*



**Figure 10:  
Summary of Experiences with Doctor’s Communication by Region,  
2000 and 2001**

*Combines responses to four questions regarding how often doctors communicated well with consumers.*



**About the Delaware Survey**

The University of Delaware administers the CAHPS survey for the Delaware Health Care Commission. The survey data is collected over 12 months, with approximately 150 monthly surveys conducted throughout Delaware of adults aged 18 and older. Respondents without health insurance, as well as those who are insured, are included in the survey panel. Using national results from the first annual report of the National CAHPS Benchmarking Database (NCBD), this report compares Delaware’s results with other states’ CAHPS.

Delaware survey respondents are grouped as enrollees in traditional fee-for-service (FFS), loose managed care, or strict managed care plans based on their responses to three questions regarding the degree of access they have to health care. Respondents are asked if they must 1) select doctors from a list, 2) select a primary care physician, and 3) obtain referrals. Answering, “yes,” to all these items would place a respondent in strict managed care. Loose managed care is defined by “yes” responses to some but not all questions. Traditional FFS plans are identified by three “no” responses. This methodology is based on the approach used by the Kaiser Family Foundation/Harvard surveys such as the 1997 National Survey of Americans on Managed Care.

The format of the Delaware CAHPS data reporting has changed for 2001. These changes ensure consistency with the CAHPS standards and allow Delaware’s results to be compared to the NCBD.

In years past, the overall average ratings were presented for each aspect of health plans and health care. Now, according to national guidelines, the percentage of respondents who give the most positive rating is calculated for each aspect. Likewise, composites have been created to group results in meaningful ways: ratings of 1 – 6 are compiled, ratings of 7 – 8 are compiled, and ratings of 9 – 10 are compiled. Such grouping better highlights rating differences and maintains consistency with NCBD methods. To ensure representative sampling and to adjust for sampling biases due to sociodemographic differences between respondents and non-respondents, responses are weighted based on the latest U.S. Census data for county of residence, age, and gender.

### **About CAHPS and the National CAHPS Benchmarking Database**

CAHPS was created by the Agency for Healthcare Research and Quality (AHRQ) and further developed by Harvard Medical School, RAND and the Research Triangle Institute. These organizations developed the CAHPS methodology and survey instrument, which was tailored subsequently for Delaware. In 2002, AHRQ designated Harvard Medical School, RAND, and American Institutes for Research (AIR) as the new group of organizations charged with the continued evolution of CAHPS products. The 2002 CAHPS II grant introduces the survey to new areas of research, including nursing homes, providers, and hospitals.

CAHPS usage is taking off. The CAHPS user group has expanded into a major source of consumer information in the United States. Utilization of CAHPS has grown rapidly from 4 early users and 3 demonstration sites in 1997 to an active network of CAHPS users in 48 states. Users include federal agencies, such as the Centers for Disease Control and Centers for Medicaid and Medicare. Accrediting organizations such as the National Committee on Quality Assurance (NCQA) score accreditation by using two tools, the Health Plan Employer Data Information Set (HEDIS) and CAHPS.

Within the next year, CAHPS will be applied to a new aspect of national health care measurement. Recent legislation from Congress has mandated that AHRQ produce an annual report on the quality of health care in the United States. This National Healthcare Quality Report will utilize CAHPS data for state-level assessments of health plan performance, as measured in three areas: timeliness, patient-centeredness, and overall performance. The national report will also rely on the Medical Expenditure Panel Survey (MEPS), which includes CAHPS items, for national level estimates of the same indicators.

As the usage of CAHPS grew, AHRQ (Agency for Healthcare Research and Quality) supported the development of the National CAHPS Benchmarking Database (NCBD) to serve as the repository for all CAHPS data. The NCBD is intended to function as a national database that can be used for benchmarking health plan performance and conducting research. The NCBD includes summary data from all sponsors of CAHPS surveys that elect to participate in the benchmarking database. Medicare, Medicaid, and commercially insured populations are included in the database. The central purpose of the NCBD is to facilitate comparisons of CAHPS survey results by survey sponsors. By compiling CAHPS survey results from a variety of sponsors into a single national database, the NCBD enables purchasers and plans to compare their own results to relevant national benchmarks in order to identify performance strengths as well as opportunities for improvement.

In this report, we compare Delaware's population, which includes Medicaid and commercially insured respondents, to the NCBD data for both commercial and Medicaid recipients. The comparisons between Delaware and national data are useful, but there are some limitations.

Delaware includes small employer data and uninsured populations for Delaware, while the NCBD does not report such information. Likewise, the Delaware report focuses on adults aged 18-64 while the NCBD includes adults aged 65 and older in its analysis. These differences should be taken into account when comparing Delaware findings to the NCBD.

### **Consumers' Reports on Their Experiences with Care**

Integral to CAHPS design is an assessment of consumer experiences with quality of care rather than simple satisfaction measurement, a function of expectations. Therefore, most CAHPS survey questions ask respondents to report on their experiences with different aspects of their health care. These questions are combined into groups that relate to the same aspect of care or service. Five major report groups summarize consumer experiences in the following areas:

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Courteous and helpful office staff
- Customer service

The five major report groups represent composite scores for related items. Appendix B shows the specific question items calculated for each composite category. Composites are calculated by taking an average of the most positive scores for individual question items within the composite. For example, the percentages of respondents who give the most positive response for each item relating to experience with “getting needed care” are added, and then that sum is divided by 4, the number of questions within the composite category.

### **Consumers' Ratings of Their Health Care**

CAHPS gathers information from four separate ratings to report on important aspects of care. The four questions prompt respondents to rate their experiences within the last year with: their personal doctors, specialists, health care received from all doctors and health care providers, and health plans. Appendix B shows the specific questions asked for each rating category. Ratings are scored on a 0 to 10 scale, where “0” is the worst possible and “10” is the best possible. Ratings are analyzed and collapsed into three categories representing the percentages of consumers who give ratings of 0-6, 7-8, or 9-10.

### **Conclusion**

The 2001 CAHPS report suggests that specific trends continue among health plans in Delaware. Like the national database reports, Delaware residents give overall high marks to their health plans, health care, and providers. Moreover, there has been steady improvement in these ratings over the past few years. Within Delaware, Sussex County residents report higher ratings and more positive experiences with health care and health plans as compared to participants from other regions. Additionally, managed care has continued to grow in participants over the past few years, while numbers of fee-for-service enrollees have dropped. Within managed care plan ratings, however, the differences in ratings between loose and strict plan types have decreased.

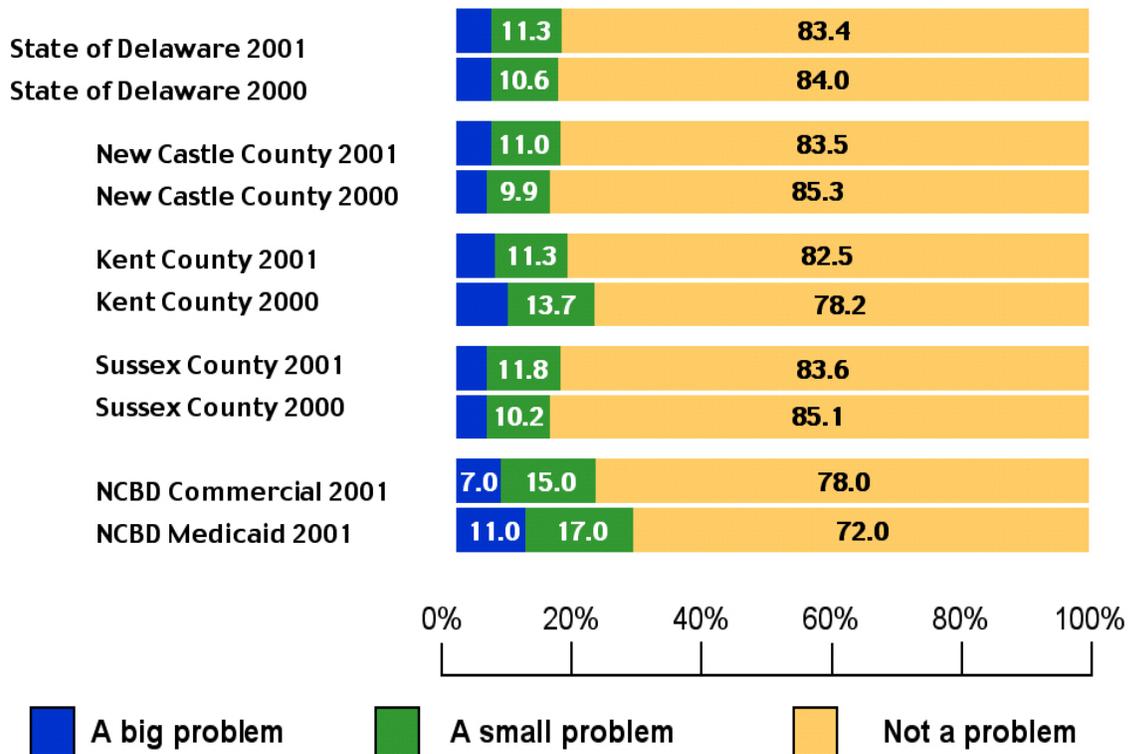
Two specific, more concise reports will follow the release of this summary document. These reports will highlight specific populations' experiences with and ratings of health care. A summary report on the uninsured will detail the health care ratings and experiences of Delaware's uninsured as

compared to their insured counterparts. Additionally, another summary report will illustrate the disparities in health care ratings and experiences among Delaware's various racial and ethnic groups.

**Appendix A: Figures**

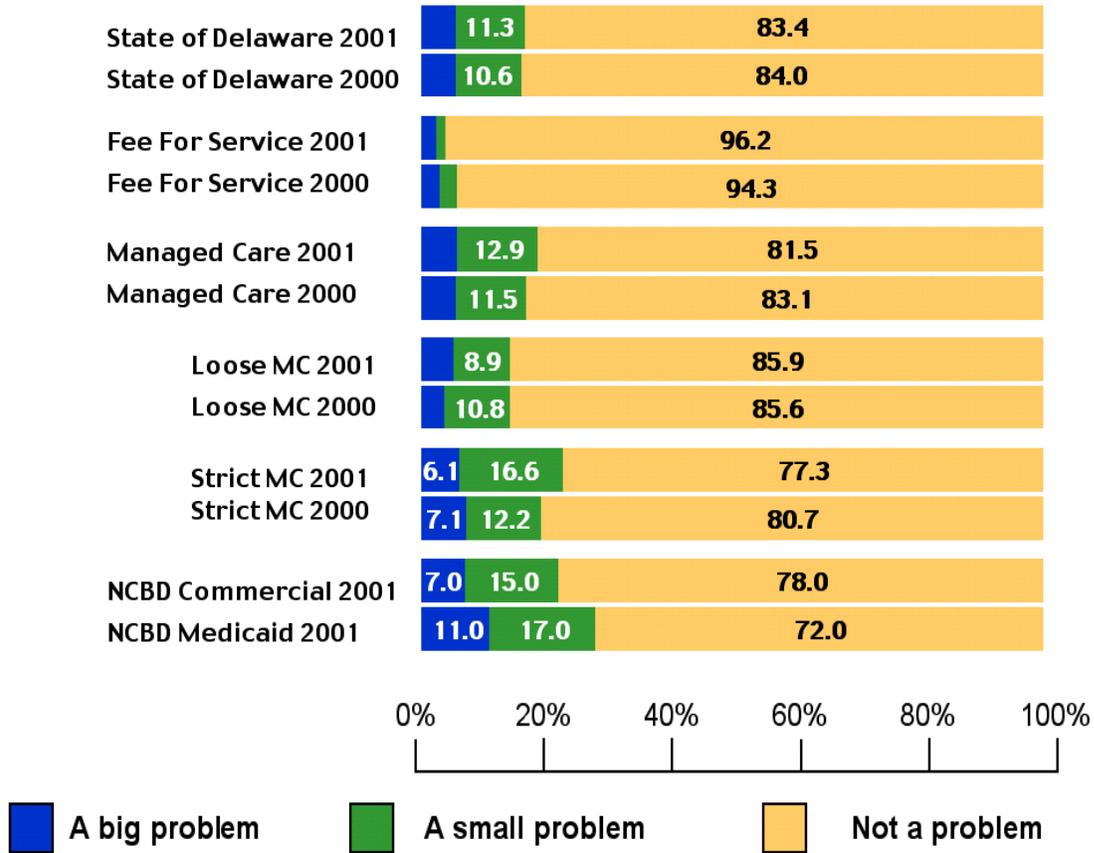
**Figure A-1:  
Summary of Experiences with Getting Needed Care by Region,  
2000 and 2001**

*Combines responses to four questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.*



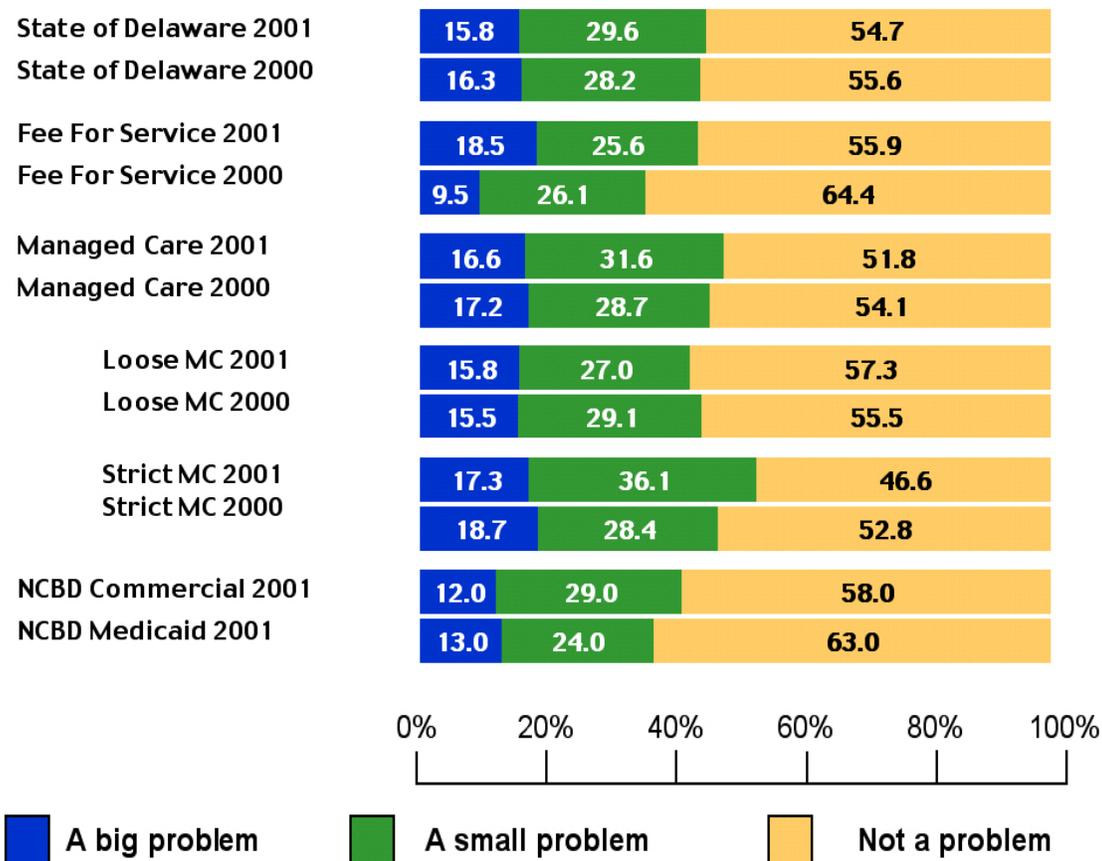
**Figure A-2:  
Summary of Experiences with Getting Needed Care by Plan Type,  
2000 and 2001**

*Combines responses to four questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.*



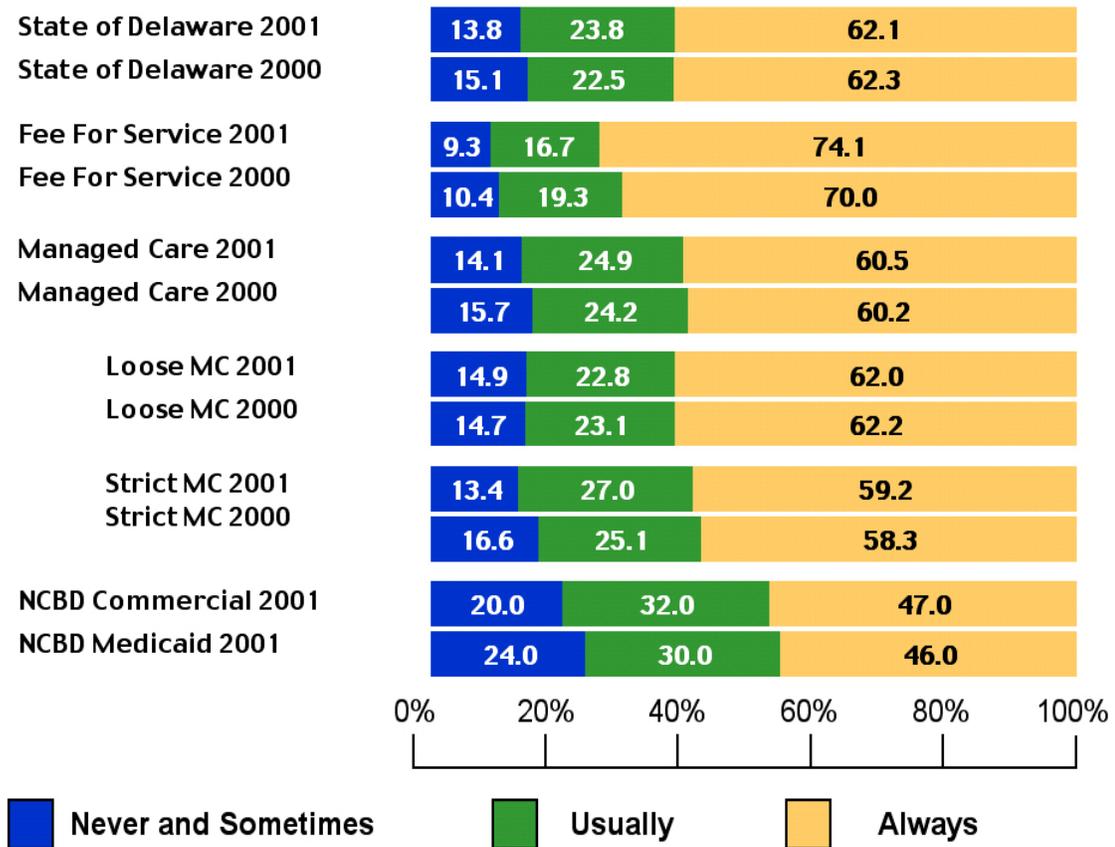
**Figure A-3:  
Summary of Experiences with Health Plan Customer Service by Plan Type,  
2000 and 2001**

*Combines responses to four questions regarding how much of a problem, if any, consumers had with various aspects of health plan customer service.*



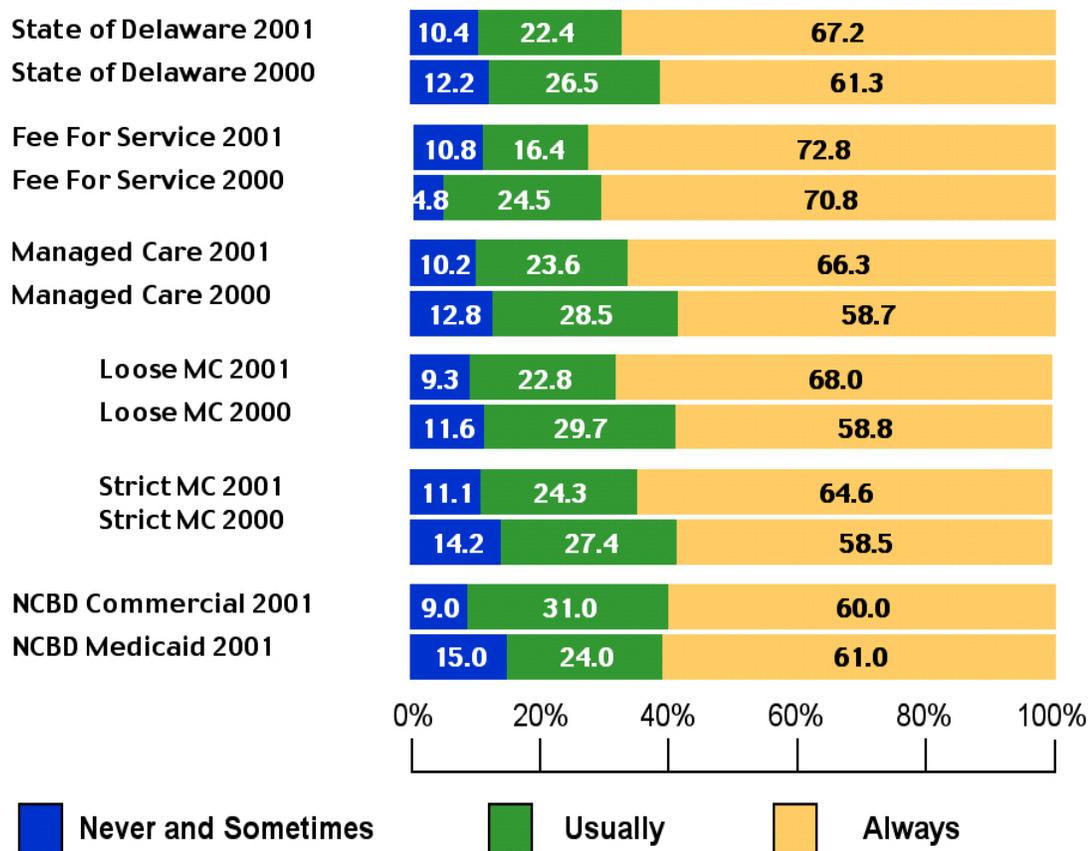
**Figure A-4:  
Summary of Experiences with Getting Care Quickly by Plan Type,  
2000 and 2001**

*Combines responses to four questions regarding how often consumer received various types of care in a timely manner.*



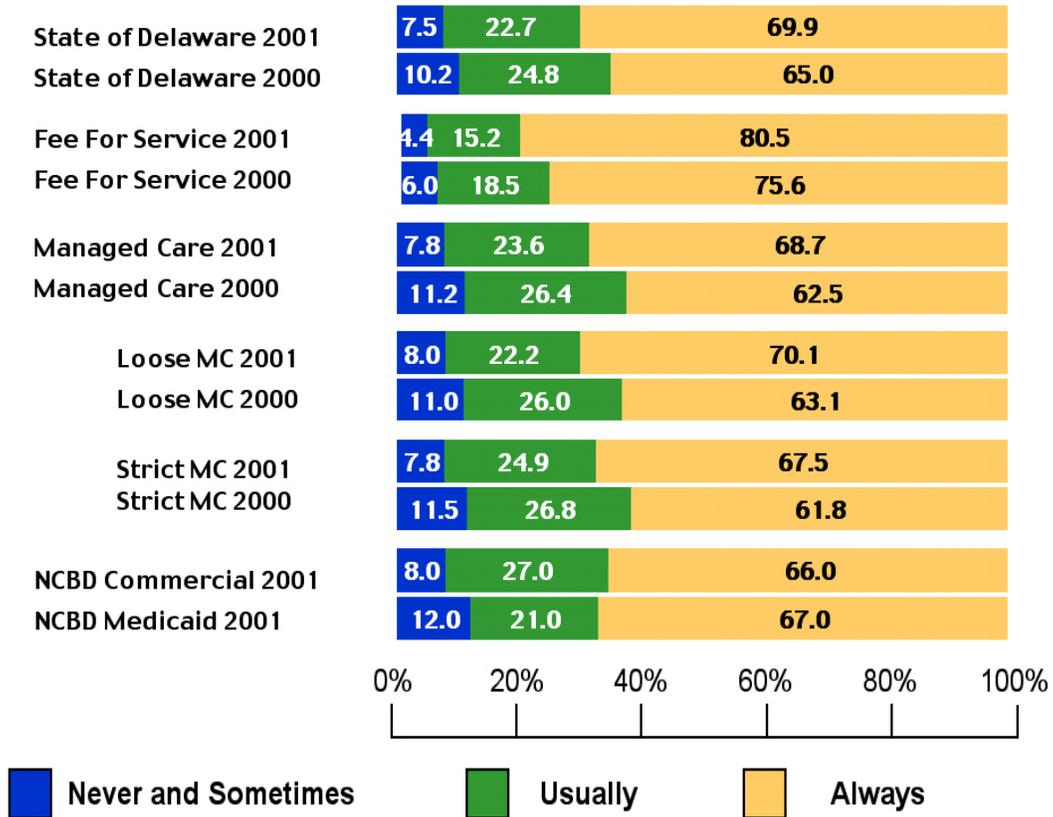
**Figure A-5:  
Summary of Experiences with Doctor's Communication by Plan Type,  
2000 and 2001**

*Combines responses to four questions regarding how often doctors communicated well with consumers.*



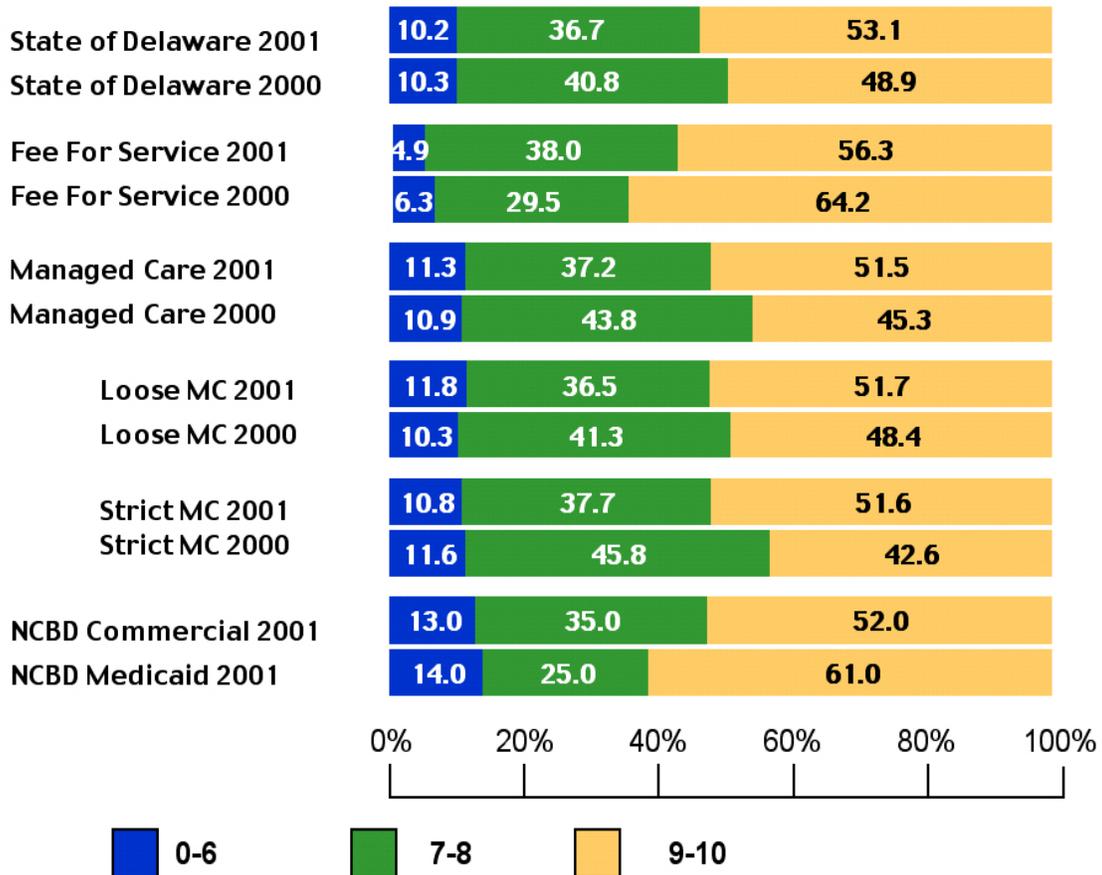
**Figure A-6:  
Summary of Experiences with Courtesy of Office Staff by Plan Type,  
2000 and 2001**

*Combines responses to four questions regarding how often office staff were courteous and helpful.*



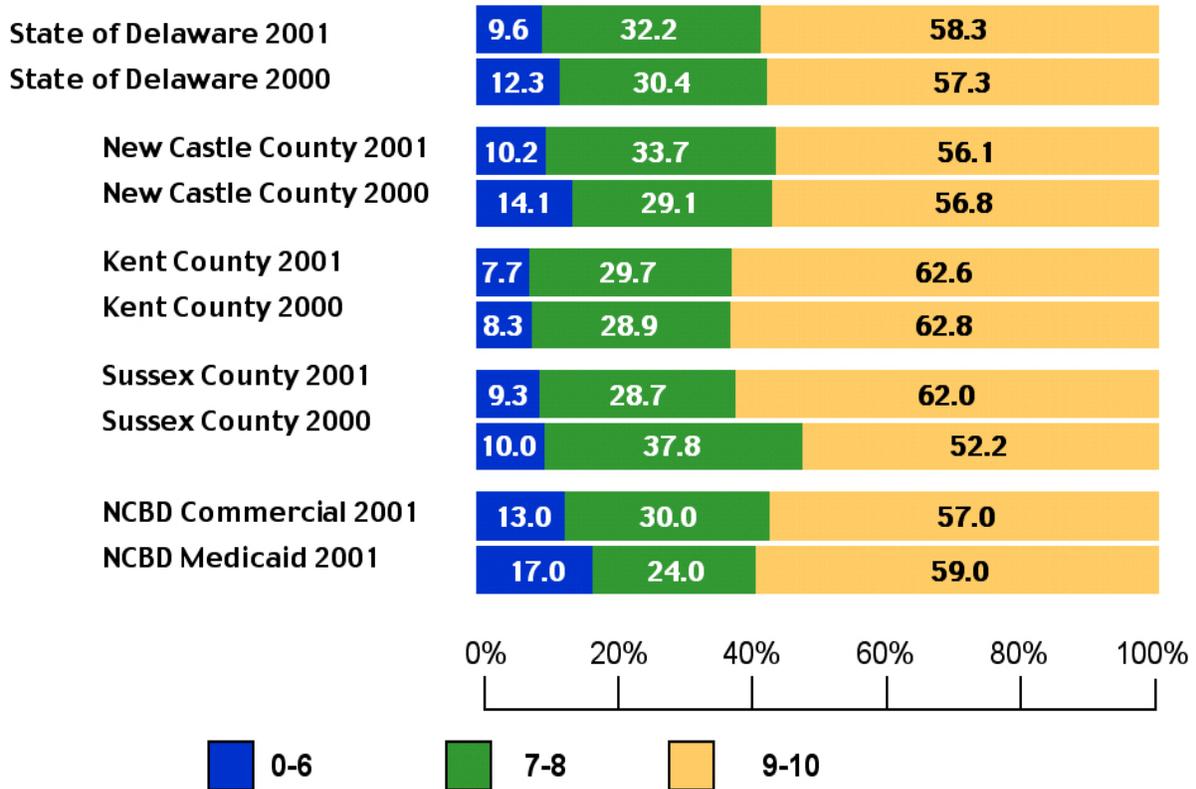
**Figure A-7:  
Summary of Personal Doctor Ratings by Plan Type,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your personal doctor or nurse?*



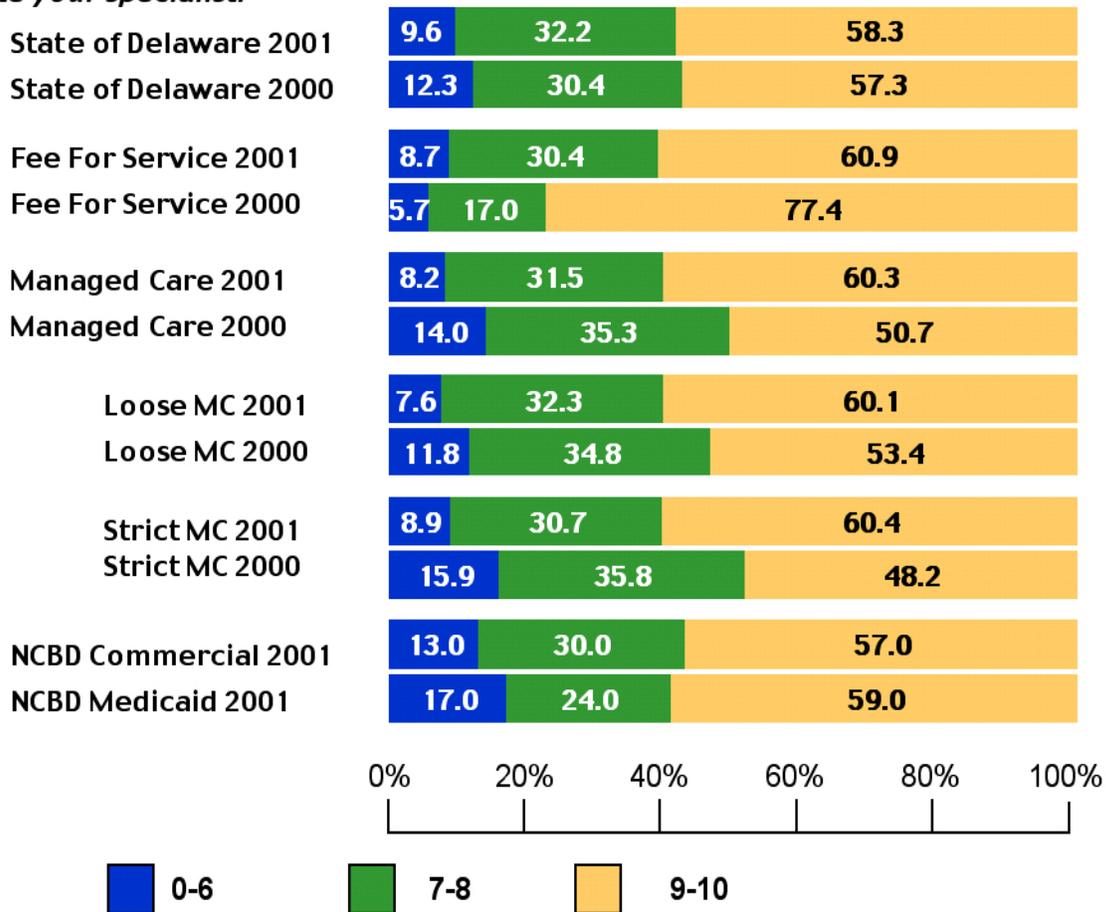
**Figure A-8:  
Summary of Specialist Ratings by Region,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your specialist?*



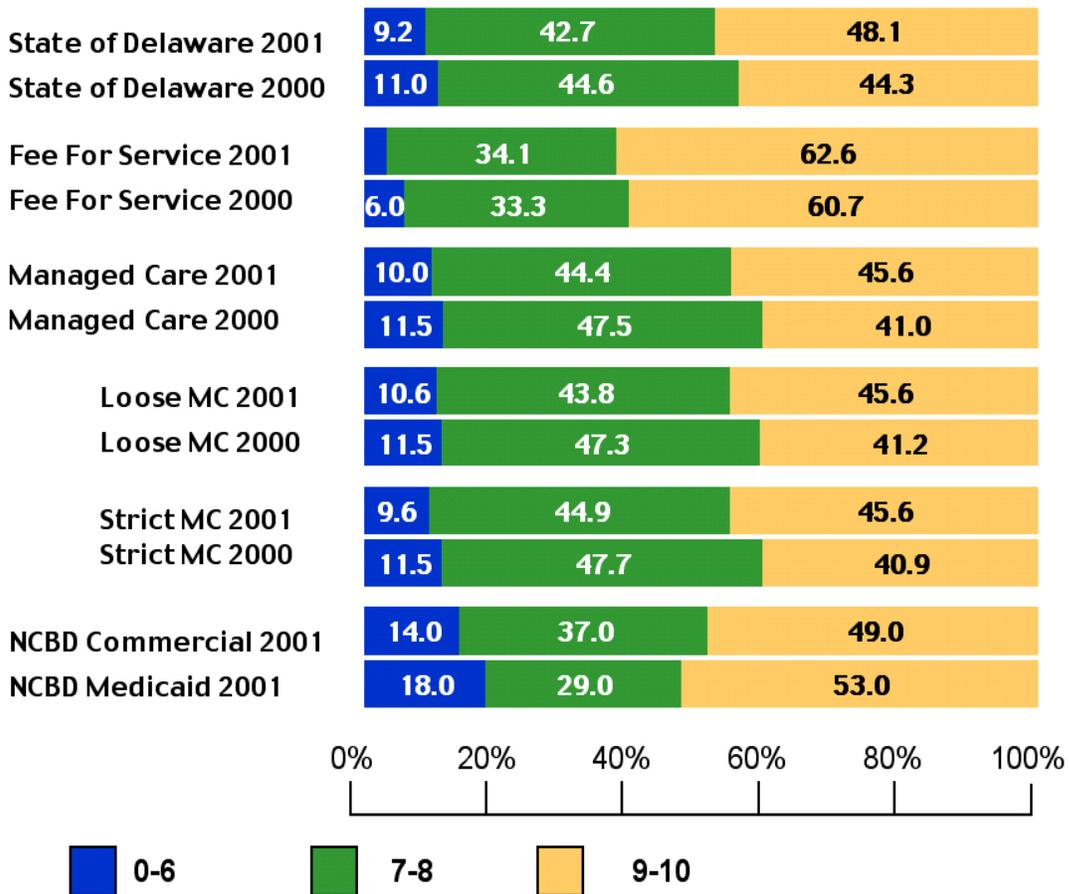
**Figure A-9:  
Summary of Specialist Ratings by Plan Type,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your specialist?*



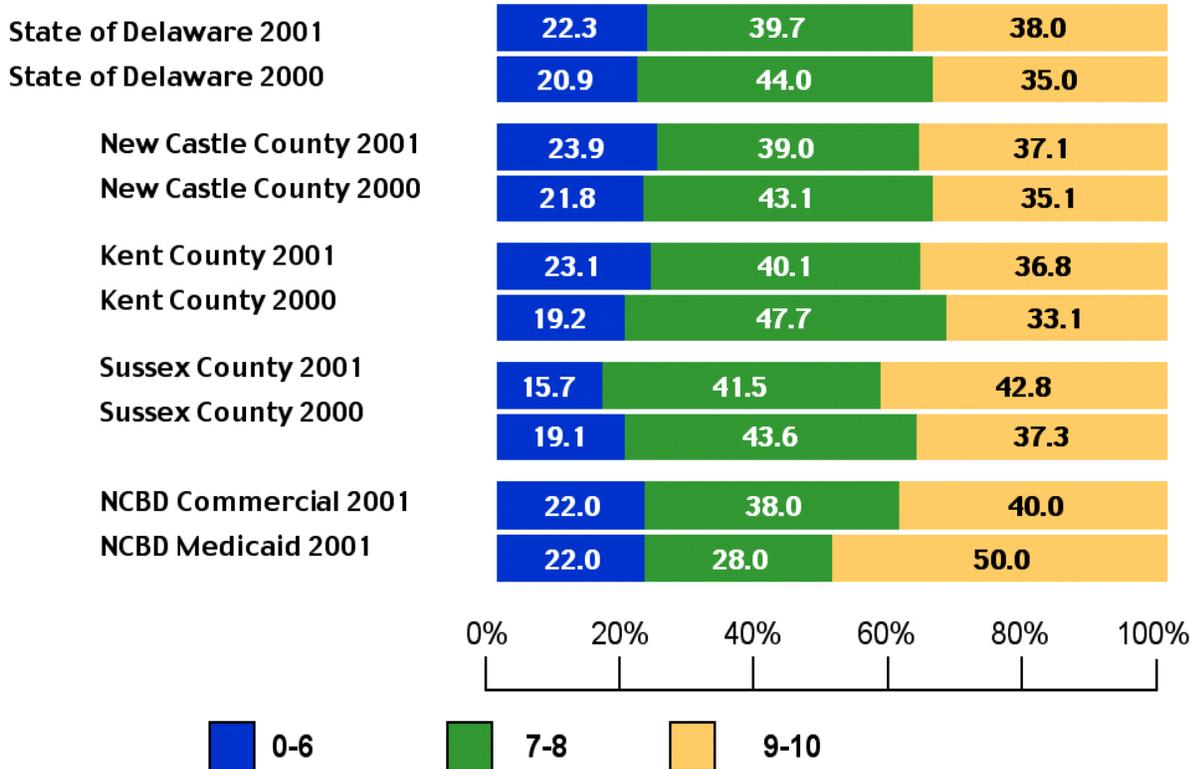
**Figure A-10:  
Summary of Health Care Ratings by Plan Type,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate all your health care?*



**Figure A-11:  
Summary of Health Plan Ratings by Region,  
2000 and 2001**

*Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your health plan?*



## ***Appendix B: Definition of Consumer Reports and Ratings***

*The following chart lists the question items and responses for each of the five CAHPS consumer reports presented in this report.*

<b>Consumer Reports and Items</b>	<b>Response Grouping for Presentation</b>
<b>Getting needed care</b>	
<b>Q6:</b> With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	A big problem, A small problem, Not a problem
<b>Q10:</b> In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?	A big problem, A small problem, Not a problem
<b>Q22:</b> In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor believed was necessary?	A big problem, A small problem, Not a problem
<b>Q23:</b> In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	A big problem, A small problem, Not a problem
<b>Getting care quickly</b>	
<b>Q15:</b> In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?	Never + Sometimes, Usually, Always
<b>Q17:</b> In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?	Never + Sometimes, Usually, Always
<b>Q19:</b> In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?	Never + Sometimes, Usually, Always
<b>Q24:</b> In the last 12 months, how often did you wait in the doctor's office or clinic more than 15 minutes past your appointment time?	Never + Sometimes, Usually, Always
<b>Health Plan Customer Service</b>	
<b>Q33:</b> In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?	A big problem, A small problem, Not a problem
<b>Q35:</b> In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	A big problem, A small problem, Not a problem
<b>Q37:</b> In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	A big problem, A small problem, Not a problem
<b>Doctor's Communication</b>	
<b>Q27:</b> In the last 12 months, how often did doctors or other health providers listen carefully to you?	Never + Sometimes, Usually, Always
<b>Q28:</b> In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?	Never + Sometimes, Usually, Always
<b>Q29:</b> In the last 12 months, how often did doctors or other health providers show respect for what you had to say?	Never + Sometimes, Usually, Always
<b>Q30:</b> In the last 12 months, how often did doctors or other health providers spend enough time with you?	Never + Sometimes, Usually, Always
<b>Courteous and Helpful Office Staff</b>	
<b>Q25:</b> In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	Never + Sometimes, Usually, Always
<b>Q26:</b> In the last 12 months, how often was office staff at a doctor's office or clinic as helpful as you thought they should be?	Never + Sometimes, Usually, Always

*The following chart presents the exact wording for each of the four ratings questions presented in this report.*

<b>Consumer Ratings</b>	<b>Response Grouping for Presentation</b>
<b>Overall Rating of Personal Doctor</b>	
<b>Q8:</b> Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?	0-6, 7-8, 9-10
<b>Overall Rating of Specialist</b>	
<b>Q12:</b> Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?	0-6, 7-8, 9-10
<b>Overall Rating of Health Care</b>	
<b>Q31:</b> Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?	0-6, 7-8, 9-10
<b>Overall Rating of Health Plan</b>	
<b>Q38:</b> Use any number on a scale from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan?	0-6, 7-8, 9-10