

The DMAA Participant Satisfaction Survey



The value of member satisfaction studies



- HMC is dedicated to continual program improvement.
- We achieve this, in part, by assessing the effectiveness of our programs from our participants' perspectives.
- We seek to better understand specific factors that are driving satisfaction/dissatisfaction and gain insights about program participants.
- This information is then incorporated into the design of new and existing programs.
- All this leads to better programs, increased engagement, and better health outcomes.
- Implementing participant satisfaction studies also enables programs to meet accreditation standards

Why use the DMAA's Survey?



- Taking part in this process offered...
 - The opportunity to benchmark our results against other companies in the industry.
 - The ability to collaborate with multiple researchers in the industry.
 - Explore the value of a variety of new questions and formats.

The Piloting Process



- We have piloted one version of the study.
 - Of the four versions (short telephonic, long telephonic, mail, and Spanish), we selected the long form telephonic methodology to enable a comprehensive assessment of the tool.
- We mapped our existing survey questions to the DMAA's questions to be able to compare results.
- We worked with the DMAA to bring a bit more clarity and interpretability to the questions by making minor modifications, while keeping intact the ability to benchmark results.

Modifications to the Survey



- ❑ Randomized response options for some questions (to avoid bias).
- ❑ Shortened introductions, pulled data from our own database (to avoid unnecessary questions), and eliminated some open-ended ‘specifies’ to decrease the length.
- ❑ Added “don’t know” as a response option to some questions.
- ❑ Made minor adjustments to questions and answer lists to help with clarity, capture all potential responses, and improve the flow of the survey.

The Piloting Process Cont.



- ❑ We selected an external vendor to implement the study.
- ❑ We targeted participants in our 5 core DM programs with quotas for each intensity level.
- ❑ The sample was derived from our entire book of business including fully insured and ASO clients.
- ❑ Over 1200 interviews were completed (resulting in ~2% margin of error at the 95% confidence level).
- ❑ The average interview took ~19 minutes to complete.

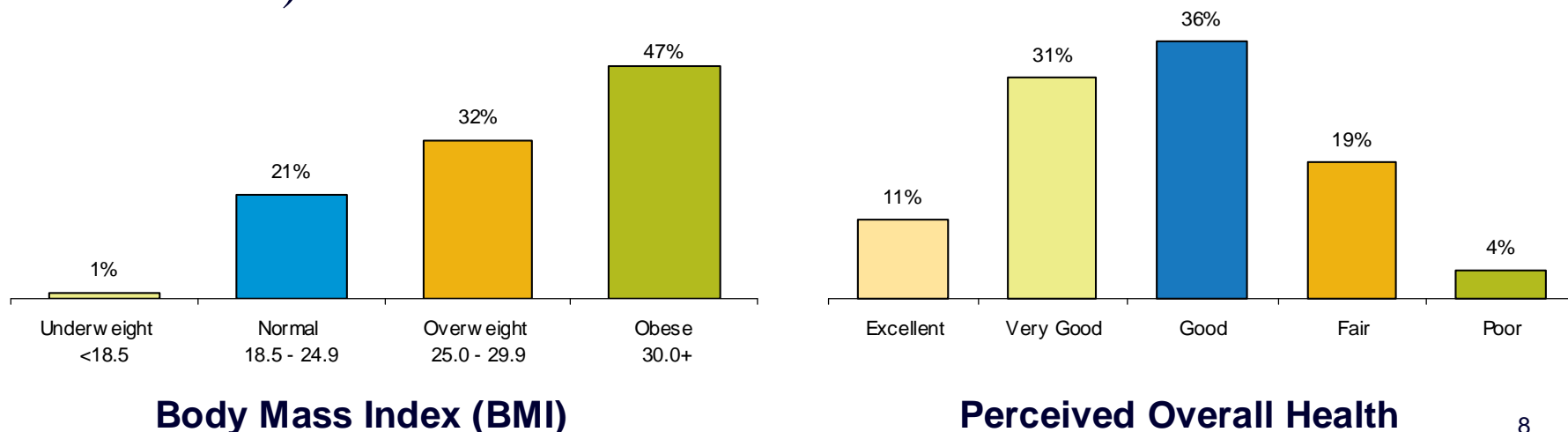
Preliminary Observations



- Key drivers of satisfaction (and dissatisfaction) were identified.
 - We assessed how we are doing on, and what factors contribute to the perception of, those key drivers.
- Participants articulated specific items as potential opportunities for improving the programs.
- Participants identified preferred communication channels.
- Variances in participation and satisfaction existed among certain groups.

Preliminary Observations Cont.

- Most participants reported that their condition does not result in productivity losses at work or cause them to miss out on non-work activities.
- Participants' perceptions of their health risks were not consistent with their BMI scores (usually understated the former).



Opportunities for Improvement



- Revise “double barreled” questions (avoid questions that assess more than one attribute at the same time)

For example: Break apart this question...

“How reliable, useful and complete was the information provided?”

Opportunities for Improvement Continued...



- Shorten the “long survey.” Perhaps find a compromise between the long and short versions of the survey.
- Rephrase some questions to provide increased clarity to the participants.

Potential Next Steps



- Aggregate data from multiple companies in the industry to complete the benchmarking process.
- Reconvene with others who have piloted the study to review our collective experiences and make recommendations for improvement.