

**University of Michigan
Prescription Drug Plan**

**Customer Satisfaction Survey
2005**

Final Report

**Conducted by:
Center for Medication Use Policy and Economics
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Customer Satisfaction Survey 2005 Summary

Background

The purposes of this survey were to benchmark the satisfaction of University of Michigan (UM) employees and retirees with the UM prescription drug plan and identify factors that are associated with employee/retiree satisfaction. Two prior surveys had been conducted regarding customer satisfaction. A survey by AdvancePCS (now Caremark) was limited in that it did not allow for adequate comparisons of satisfaction between users of mail-services and retail pharmacies. The UM Senate Assembly sponsored an email survey of current and former UM faculty. However, this survey did not include non-faculty employees/retirees and also had a very low response rate (13%). Thus, the need arose for an internal assessment of employee/retiree satisfaction that would include all categories of personnel and that would allow a head-to-head comparison of mail services and retail pharmacy services.

Subjects and Methods

The target population for the survey was the users of the UM prescription drug plan (approximately 28,500 persons per quarter). A stratified sample of 4,000 subjects was selected from a list of UM employees and retirees who had more than one claim for a prescription drug in 2004. The sample size for each stratum was: retirees using only retail pharmacies (n=1,000), retirees using Caremark mail service (n=500), current employees using only retail pharmacies (n=1500), and current employees using Caremark mail service (n=1000). Employees on long-term disability were included in the later two categories depending upon their source of medication procurement.

A written questionnaire and cover letter were mailed to the subjects in early May 2005. A reminder postcard was sent one week after the questionnaire. In late June, non-respondents were mailed a second questionnaire and cover letter. Data collection was discontinued on July 29, 2005. Of the 4,000 surveys mailed, there were 333 unusable surveys because of incorrect addresses or because the subject had died or was physically unable to complete the survey.

Surveys were returned by 2,061 of the potential 3,667 eligible subjects (56.2% response rate). To estimate the extent of response bias, the satisfaction ratings of the early responders were compared to the late responders (late responders are considered to be most similar to non-responders). The satisfaction ratings for early and late responders were nearly identical. Additionally, the response rates for the strata were similar, and the age and gender distributions of the respondents were similar to the original sample. Thus, there does not appear to be a substantial response bias. Table 1 shows the characteristics of the respondents.

Satisfaction with the UM Drug Plan

Just over two-thirds (67.2%) of the respondents indicated that they were "satisfied" or "very satisfied" with the UM drug plan. Only 7.5% indicated that they were "dissatisfied" or "very dissatisfied." Table 2 shows the distribution of satisfaction responses.

When asked to rate the quality of the UM drug plan to other prescription drug plans that they had heard about, 47.9% of respondents rated the UM drug plan as better than others. Another 34.8% felt that the UM plan was about the same as other plans, and 17.8% felt that the UM drug plan was worse than other drug plans.

There was no significant difference in satisfaction between faculty and non-faculty employees. However, retirees were slightly more satisfied than current employees (mean score of 4.83 vs. 4.45 on satisfaction scale with range of 1-6; $t=7.08$, $p=0.02$).

Opinions about Policies, Cost and Assistance

Sixteen items were used to elicit opinions regarding specific aspects of the drug plan. The response categories for the items were: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree. The responses for all items are shown in Table 3.

Approximately 10% of respondents disagreed with the statement, "I am able to obtain the medication that my doctor wants me to have." Nearly 20% disagreed with the statement, "The amount that I pay to the pharmacy (i.e., co-pay) is reasonable." Just over 15% of respondents disagreed with the statements: "The selection of medications on the preferred drug list is appropriate" and "The rules for the drug plan are fair and reasonable." Respondents who disagreed with any of these statements were more likely to be dissatisfied with the drug plan.

Seventeen percent of respondents disagreed that "Caremark provides clear answers to my questions about the UM drug plan," while 8.5% of respondents disagreed that "The UM Benefits Office provides clear answers to my questions about the UM drug plan." When asked whether the website regarding the UM drug plan was a good source of information, the majority of respondents either left the item blank or chose "neither agree nor disagree." This may be due to low use of this information sources. However, few people indicated that the booklet or website were not good sources of information.

Difficulties in Obtaining Medications

Overall, one-fourth of respondents indicated that during the past year, they had difficulty obtaining medications that their doctor had prescribed for them. Current employees were much more likely to report difficulties than were retirees (30.7% vs. 19.1%; chi-square = 34.8, $p<0.01$). There were no differences between faculty and non-faculty employees in experiencing this difficulty. Respondents who experienced difficulties in obtaining medications had lower satisfaction with the drug plan ($t = -13.3$, $p < 0.01$). When multivariate regression analyses were conducted to control for age, gender and faculty-status, the strongest predictor of satisfaction was difficulty in obtaining medications.

The most common types of difficulty reported were related to prior-authorization, or other policies that affected access to medications. Other common difficulties included delivery problems from the Caremark mail pharmacy, or the community pharmacy not having the medication. Cost-related difficulties were reported by only 3.3% of the 2,061 respondents.

Nine-hundred fifteen of the respondents (44.4%) indicated that the co-pay for at least one of their medications had increased during the past year. Nearly 85% of those that had experienced an increase in co-pay indicated that they continued to take the same medication and paid the higher cost, while 11% switched to a different medication with lower co-pay. Forty individuals (4.4% of those who experienced a co-pay increase) responded that they stopped taking the medication and did not start taking a new one. Individuals who experienced an increase in co-pay were less likely to be satisfied with the drug plan (chi-square = 95.5, $p < 0.01$).

Understanding the Plan

Subjects were asked to rate their understanding of six elements of the UM drug plan (see Table 4). The majority of respondents indicated that they "mostly" or "fully" understood five of the six elements. However, only one-third of respondents indicated that they mostly or fully understood how medications were chosen for the preferred drug list.

A summated scale was constructed of the six knowledge-related items. Higher scores indicated better overall self-rated knowledge of the UM drug plan. Individuals who had higher self-rated knowledge of the plan were more likely to judge the co-payments and rules as reasonable, and rated the plan more highly in comparison to plans from other employers. Mail-service users rated their knowledge more highly than did the users of retail pharmacies ($t = 14.9$, $p < 0.01$).

Satisfaction with Pharmacy Services

The subjects were asked to evaluate the pharmacy that they mostly or always use (including a mail-service pharmacy), and to identify the pharmacy that they were evaluating. Service quality was evaluated by having the subjects rate the pharmacy on seven different dimensions using a five-point scale (Excellent, Very Good, Good, Fair or Poor). The most frequently used pharmacies were compared to determine if the scores for any pharmacy deviated significantly from the average scores for the network. See Table 5 for the distribution of responses.

Across all pharmacies, the service dimensions that received the best scores were "clarity of the prescription label" and "accuracy in prescription filling." The dimension receiving the worst score was "ability of the pharmacy staff to answer questions about the drug plan." However, the mean score for the worst scoring dimension still fell between "good" and "very good" on the rating scale. Thus, there were no significant service deficits across all pharmacy providers.

Caremark mail services received significantly worse scores than retail pharmacies on all dimensions ($p < 0.01$ on each dimension). Nonetheless, the scores for Caremark generally fell between "Good" and "Very Good." The dimensions exhibiting the largest difference between Caremark and retail pharmacies were: "ability of the staff to answer questions about

medications" and "convenience of getting prescription refills." Comparisons between retail pharmacies were made for all pharmacies rated by at least 15 subjects (all stores within a chain were combined for one score). Although there were not substantial differences between the various retail pharmacies, the UM outpatient pharmacies received the best marks on nearly all dimensions, with Village Apothecary placing a close second.

Summary and Conclusions

Overall, the results of this survey are positive for the UM drug plan. Over two-thirds of respondents were satisfied or very satisfied with the UM drug plan. Nearly half of the respondents also rated the UM drug plan as better than plans offered by other employers. No differences in satisfaction were noted between faculty and non-faculty employees. However, retirees had significantly higher satisfaction than current employees.

The quality ratings for retail pharmacy services were consistently higher than the ratings for Caremark mail-services. However, the average rating for mail-services was still generally good. There were not substantial differences between retail pharmacies, however UM outpatient pharmacies and Village Apothecary had slightly higher ratings than other retail providers across most dimensions of quality.

Although the majority of respondents generally gave themselves high marks for understanding the drug plan, many employees and retirees did not understand how medications are chosen for the preferred drug list. Those with higher self-rated knowledge were more likely to agree that the co-payments and rules for the plan were reasonable.

A substantial percent of employees and retirees (30.7% and 19.1%, respectively) reported that they had difficulty obtaining a medication during the past year. The most common problems were related to prior authorization or changes in the preferred drug list. Only 3.3% of respondents indicated that the cost of their medications made it difficult for them to obtain the medication. Individuals who reported any difficulties in obtaining medication were also less satisfied with the drug plan. Multivariate analyses revealed that the strongest predictor of customer dissatisfaction was "difficulty in obtaining medication."

Preliminary analyses suggest that the negative impact of difficulties may be moderated by the employee's understanding of the drug plan. Respondents who possessed higher, self-rated, understanding of the plan also had more positive opinions about the co-payments and rules for the plan, and also perceived the plan as being better than competing plans. Consequently, satisfaction with the plan may be maintained by being judicious in the use of prior authorization or other limitations on access to medications, and by educating employees about the reasons for the use of drug utilization tools such as prior authorization, preferred drug lists, and quantity limits. Although these tools are essential for improving quality and maintaining efficiency in the drug plan, a better understanding of the purpose of the tools may diminish the surprise or frustration felt by employees when they initially encounter these issues. Thus, clinical quality and efficiency can be improved while maintaining satisfaction with the drug plan. It is recommended that satisfaction with the plan and providers are re-assessed in the Fall of 2006 to determine how the switch to a new PBM and mail-service facility have affected satisfaction.

Table 1 - Respondent Characteristics

Characteristic	Number	Percent
Employment Status:		
Current Faculty	182	9.3
Current Staff	793	40.7
Retired Faculty	234	12.0
Retired Staff	574	29.5
Spouse - current employee	25	1.3
Spouse - retiree	94	4.8
Long-term Disability	47	2.4
Missing data	112	
Years at UM (current employees):		
< 2 years	64	6.4
2-5 years	238	23.8
6-10 years	204	20.4
11-20 years	262	26.2
> 20 years	232	23.2
Pharmacy Services:		
Retail	1122	56.4
Mail	865	43.6
Missing data	74	
Rx in last 3 months:		
None	42	2.1
1-6	1100	55.8
7-12	499	25.3
13-24	231	11.7
25 or more	101	5.1
Missing data	88	

Table 2 - Satisfaction with the UM Drug Plan

Response	Number	Percent
Very Satisfied	404	19.6
Satisfied	958	46.5
Somewhat Satisfied	363	17.6
Somewhat Dissatisfied	148	7.2
Dissatisfied	86	4.2
Very Dissatisfied	67	3.3
Not Provided	35	1.6

Table 3 - Opinions regarding the UM Drug Plan^a

Items	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
A. I am able to obtain the medication that I want.	38.1	44.2	6.8	8.0	2.9
B. I am able to obtain the medication that my doctor wants me to have.	42.4	42.2	4.9	8.0	2.5
C. The amount that I pay to the pharmacy (i.e., co-pay) is reasonable.	21.8	43.3	15.3	15.1	4.6
D. The medication that I want to use is available at a reasonable cost to me.	21.7	43.3	15.0	14.5	5.5
E. Generic drugs are a good alternative to brand name drugs.	41.1	35.1	15.4	5.6	2.7
F. The selection of medications on the preferred drug list is appropriate.	10.8	28.0	44.1	12.8	4.3
G. The UM Benefits Office provides clear answers to my questions about the UM drug plan.	16.0	33.5	41.9	6.1	2.5
H. Caremark provides clear answers to my questions about the UM drug plan.	13.6	30.6	44.1	7.7	4.0
H. The rules for the drug plan are understandable.	14.2	45.6	28.2	9.6	2.4
I. The rules for the drug plan are fair and reasonable.	11.6	36.9	36.1	11.1	4.3
J. The website for the drug plan is a good way for me to find information about the plan.	8.8	23.9	56.2	7.0	4.0
K. The booklet that I received about the drug plan is a good source of information about the drug plan.	15.5	48.8	28.6	5.3	1.7
L. I am able to get my medication from the pharmacy that I want to use.	40.7	43.3	7.2	5.0	3.9
M. The mail-service pharmacy provider (Caremark) is a good alternative to a local pharmacy.	24.2	22.8	36.6	7.8	8.6
N. If I were no longer able to obtain medications through the mail, I would be upset.	22.2	15.6	37.0	13.1	12.1
O. I am hesitant to obtain my medications through the mail from any pharmacy.	11.9	18.9	25.2	21.7	22.3

a. The numbers in each column represent the percentage of respondents who chose that response.

Table 4 - Knowledge about the UM Drug Plan^a

	Do not Understand	Somewhat Understand	Mostly Understand	Fully Understand
A. How the co-pay for my medication is determined.	18.3	22.7	31.9	27.1
B. How I can find out if a less expensive alternative to my current medication is available.	17.5	22.6	31.7	28.2
C. What the preferred drug list is.	12.1	19.1	31.7	37.1
D. How medications are chosen for the preferred drug list.	39.1	26.1	22.7	12.0
E. How to find answers to my questions about the drug plan.	14.7	25.5	34.3	25.5
F. How to use the mail-service option for the UM drug plan.	18.9	15.7	20.8	44.6

a. The numbers in each column represent the percentage of respondents who chose that response.

Table 5 - Quality Ratings for Pharmacy Services^a

Items	Excellent	Very Good	Good	Fair	Poor	Retail ^b	Mail ^b
A. Courtesy of the pharmacy staff.	50.9	30.6	13.2	4.3	1.0	4.4	3.9
B. Convenience of getting prescription refills.	51.7	29.6	12.7	4.1	1.7	4.4	3.8
C. Accuracy in prescription filling.	59.2	27.5	9.6	2.7	1.0	4.5	4.2
D. Clarity of the prescription label.	59.1	28.0	10.9	1.6	0.5	4.5	4.2
E. Timeliness in providing you with medication.	52.3	27.6	13.3	4.8	2.1	4.4	3.9
F. Ability of the staff to answer your questions about medications.	48.8	30.0	14.0	5.4	1.8	4.3	3.6
G. Ability of the staff to answer your questions about the drug plan.	32.3	26.4	23.1	12.1	6.1	3.7	3.4

a. The numbers in the 'excellent' - 'poor' columns are the percentages for all providers.

b. The number in the retail column is the average score across all retail providers, while the mail column shows the average score for Caremark mail services. The score for each item has a range of 1-5 wherein 1 represents 'poor' performance and 5 represents 'excellent' performance.