

Title of Presentation: Consumer Ratings of Quality of Care and Quality of Life: Relationships between the MHSIP 1.1, MHSS, ROSI, and QOLA

Principal Presenter: Molly Finnerty, M.D.
Title Dir. Bureau of Adult Services
Organization NYS Office of Mental Health
Address 330 Fifth Avenue – 9th Floor, New York, NY 10001
E-mail comdmtf@omh.state.ny.us

Additional Presenter: Doug Dornan, M.S.
Title Research Scientist
Organization NYS Office of Mental Health
Address 44 Holland Avenue, Albany, NY 12229
E-mail coevdhd @omh.state.ny.us

Additional Presenter: Anthony Mancini, Ph.D.
Title Research Scientist
Organization NYS Office of Mental Health
Address 330 Fifth Avenue – 9th Floor, New York, NY 10001
E-mail coevadm@omh.state.ny.us

Additional Presenter: Chip Felton, C.S.W..
Title Deputy Commissioner
Organization NYS Office of Mental Health
Address 44 Holland Avenue, Albany, NY 12229
E-mail coevcjf @omh.state.ny.us

Consumer assessments of the quality and effectiveness of care are among the most important measures in mental health services. A number of instruments have been developed to assess consumer assessments of care. Historically, high ratings of satisfaction with little variability between raters and programs have been a problem in interpreting results of consumer satisfaction surveys. It has been noted that measures of consumer satisfaction are relatively insensitive to dissatisfaction, which may account for the positive skew of the results.

Two instruments that have been endorsed nationally and used by a number of states include the MHSIP 1.1, which assesses consumer perceptions of quality and outcomes of care, and more recently the Recovery Oriented System Indicators (ROSI), based on the “What Helps & What Hinders” project. The MHSIP includes four domains, Access, Appropriateness, Outcomes, and General Satisfaction, although previous studies suggest the instrument has only one factor. The relationship between the Outcomes domain and other consumer ratings of outcomes deserves further exploration. The relationship

between the ROSI and the MHSIP, and a full evaluation of the psychometric properties of the ROSI have not yet been reported, but several states, managed care plans and local jurisdictions have begun to pilot the use of the ROSI.

New York State Office of Mental Health has developed and tested an adaptation of the MHSIP that was designed to minimize the positive skew of consumer ratings of care, and to increase the variability in the results: the Mental Health Services Survey (MHSS). Items were rephrased as neutral statements, and the scale was changed to a four point poor to excellent rating, rather than asking consumers their level of agreement with positively or negatively worded statements. In addition, NYSOMH developed a 15 item Quality of Life Assessment (QOLA) instrument.

We will present a comparison of MHSS and MSHIP (n=651), as well as examine the relationships between these instruments and the Quality of Life Survey and the ROSI (n=388). All instruments were available in English or in Spanish.

A stratified random sample of counties were selected to participate in the study. Inclusion criteria included the existence of one or more peer run programs in each county. OMH staff partnered with a peer run program in the selected counties to assist with recruitment of participants and survey administration. Two consumers were identified by each program, and were trained to assist with survey administration. Each program recruited a convenience sample of 50 consumers to participate in the study. A series of 1.5 hour administration sessions were scheduled at each site, with the goal of having approximately 16 consumers in each group. Consumers were paid a small honorarium to participate in the survey, and refreshments were offered. Peer assistants were available for any questions that arose during survey administration, including those related to cognitive challenges, literacy, or English as a second language. Instruments included in the assessment package included the MHSIP 1.1, the MHSS, QOLA, and the ROSI. Open ended questions were also included to allow for participant comments and qualitative data collection. Surveys did not contain any identifiers, but forms were coded to allow for anonymous comparisons across surveys for individual participants.

Data analysis included: a) mean and standard deviation of subscales, b) cross tabs, c) Cronbach's alpha on subscales, d) factor analysis, e) correlation of Outcomes and other domains with the QOLA and ROSI, and f) Structural Equation Modeling (LISREL). The results indicated that the MHSS and MHSIP are comparable, but that scores on the MHSS were generally lower and had greater variability than the MHSIP; the MHSS may be less likely to illicit positive responses. Interestingly, responses on the QOLA and ROSI were much lower than either the MHSIP or MHSS. The MHSS and MHSIP are highly correlated with each other (0.75) and with the ROSI (0.72- 0.77), and somewhat less with the QOLA (0.50 – 0.53). Factor analysis of the QOLA survey identified two distinct factors, an instrumental-QOLA and a social-QOLA. Structural Equation Modeling (LISREL) suggested that a causal relationship is plausible between quality of care and quality of life. Positive consumer ratings of service quality were more highly correlated with instrumental-QOLA, suggesting that services may be more effective at

helping consumers to live independently in the community than in enhancing other aspects of QOLA including social roles, relationships, employment, and finances.