



What does the STAR Survey mean to a Permanente Physician?

Interview with David Glass, National Director of Market Research

Although the STAR (Satisfaction Tracking and Reporting) survey has been used for several years by Kaiser Permanente (KP), I'm amazed how little working knowledge many Permanente clinicians have about this tool. All successful organizations listen to their customers—and we are no exception. Therefore, David Glass from Program Offices provides us with insight on just what the STAR survey is and how it can provide useful information to our medical groups.

—Lee Jacobs, MD, Section Editor

Dr Jacobs: To get us started, David, why don't you tell our readers when the STAR survey was first implemented, and why?

Mr David Glass: The STAR survey was started in the summer of 1988 as an attempt to collect member information in a uniform manner and on a regular basis across the Program. Prior to 1988, KP Regions occasionally conducted their own surveys but not on an annual basis. The nonmember component of the STAR survey was not begun until 1995.

Dr Jacobs: You mentioned that several Regions had used their own periodic member surveys prior to 1988. I thought that surveying members in health care was more of a recent business phenomenon.

Mr Glass: There is clearly a much stronger focus on member and patient attitudes now than in the past. However, the importance of those attitudes still shined through, even in our distant past. For example, we have a member and terminated-member survey from our Southern California Region from 1958 that was spurred by a large loss of membership to Blue Cross in that year.

Dr Jacobs: Could you describe for our readers how the STAR survey is actually accomplished?

Mr Glass: The survey is conducted on an ongoing basis by telephone with a random sample of our membership, and since 1995, a random sample of nonmembers in each Region.

Dr Jacobs: You mentioned that in 1995 the STAR survey was expanded to include nonmembers as well as members. Why was that?

Mr Glass: The addition of nonmembers to the survey really was a reflection of the evolution of the health care marketplace. The STAR was started in the late 1980s at a time when Kaiser Permanente still occupied a fairly comfortable niche and was somewhat internally focused. We wanted to hear from our members about our strengths and weaknesses. By the mid-1990s, however, Kaiser Permanente began to confront stiff competition, and we had a need to better understand our potential in the local market. As a result, we started asking nonmembers for their evaluation of their own health plan as well as their perceptions of Kaiser Permanente.

Dr Jacobs: David, I'm certain that through the years our organization has collected a lot of information from the STAR survey. However, I think there is some confusion in the Permanente community as to how this information might benefit Kaiser Permanente. Could you give our readers an idea how the results of the STAR survey might be used?

Mr Glass: A good question. I think that there are at least six main uses of the STAR survey (Table 1). First, it gives us a chance to determine what is most important to our members. Second, it helps us track how we are doing on those important attributes. Third, it provides us

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Table 1. Largest KP Regional increases on satisfaction in the 1990s (1999 score minus 1991 score). Georgia has made significant improvement on these key drivers

Attribute	Region	1999 Score ^a	1991 Score ^a	Difference
Overall satisfaction	GA	66	52	+14
Care index	GA	68	50	+18
Phone wait	GA	65	30	+35
Appointment wait	HI	64	49	+15
	GA	59	44	+15
Have MD	OH	83	59	+24
See MD	GA	74	55	+19
MD Interest/Attention	Southern CA	70	66	+4

^a These scores represent the percent of members giving a rating of 8, 9, or 10 on a 10-point scale.



with benchmarks—both internally across the Program and externally for each local market. Fourth, it helps us understand the image nonmembers have of our organization—tremendously important for our marketing efforts. Fifth, the flexible format enables Regions to add customized questions specific to their needs on a regular basis, without having to launch a separate survey. Finally, the STAR survey provides us with information on the demo-

graphics of our membership, including utilizers and nonutilizers of our services. So as you can see, the STAR survey provides valuable information.

Dr Jacobs: Finally, David, could you give us an idea what might be in store for this survey in the future?

Mr Glass: The STAR survey is only one member of the family of surveys conducted by Kaiser Permanente. In many Regions, there is also a patient satisfaction survey and a separate survey on the communication skills of individual physicians (the “Art of Medicine” survey). In addition, each Region is required by NCQA to conduct a member survey known as CAHPS (Consumer Assessments of Health Plans Study). We are currently investigating how we might better coordinate these survey efforts.

Dr Jacobs: On behalf of the readers of *The Permanente Journal*, I want to thank you for taking the time to educate all of us on the STAR survey. Thank you, David. ❖

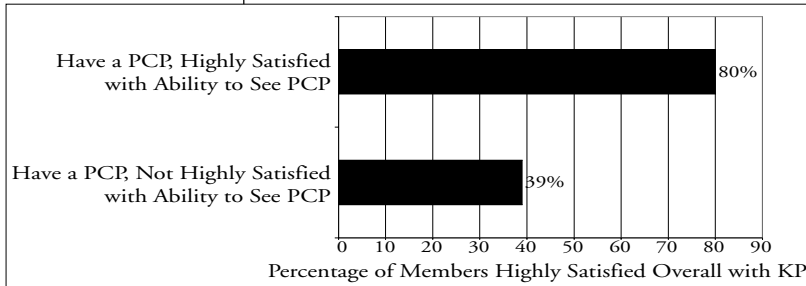


Figure 1. Overall satisfaction and effective versus nominal PCP linkage: Programwide YTD 1999. We know that a key driver of overall member satisfaction and retention is the degree to which members believe they have a regular physician and the degree to which they are able to see that physician. By using responses to these two questions from the STAR survey, we were able to learn that members with effective linkages (ie, members who answered in the affirmative to both questions) had an overall satisfaction rate of 80%, whereas members with nominal linkages (ie, members who reported believing that they have a physician but were not able to see him or her) had an overall satisfaction rate of 39%. Graph summarizes a major learning from the STAR survey.

References

1. An appraisal of the Kaiser Foundation Health Plan by present and former Plan members: a survey conducted for Kaiser Foundation Health Plan Southern California Division by Field Research Company, September 1958. [no publ. location]: Field Research Company, [1958?], 24 p.
2. STAR Member/Non-Member Survey: Quarter 1, 2000 Topline Report Programwide, conducted by Market Facts, Inc. [McLean, Virginia: Market Facts, Inc.], [2000], 6 p.

Truth

An ordinary truth is one whose opposite is false.
A great truth is one whose opposite is also true.

Niels Bohr, legendary physicist