

Michigan Home Health Association
Research Findings & Recommendations
April 2012



EDGE
PARTNERSHIPS

Michigan Home Health Association

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Methodology

To collect quantitative and qualitative data regarding the perception of both members and non-members toward the Michigan Home Health Association (MHHA), Edge Partnerships conducted two online surveys in February and March 2012 as well as telephone interviews. One (1) of the survey groups was composed of current MHHA members, with nine (9) of them participating in a more extensive follow-up phone interview. A second group composed of non MHHA members also participated in an online survey.

Following is the general information regarding each research group:

- **Survey Group 1, online survey conducted of current MHHA members
Jan. 25-Feb. 1, 2012, using SurveyMonkey.com**

Total survey links distributed via email invitation = 1,353

Total survey responses = 260

Survey response rate = 19.2%

Survey respondents:*

Certified = 70%

Private duty = 23%

Hospice = 23%

Home Medical Equipment = 18%

**Respondents were able to select more than one option*

Nonprofit = 51%

For profit = 34%

Privately owned = 20%

Hospital-based = 20%

Manager = 35%

Health professional = 22%

Administrator = 19%

Principle officer or owner = 12%

MHHA member >10 years = 46%

MHHA member 5-10 years = 22%

Don't know = 20%

- **Survey Group 2, online survey conducted of non MHHA members
Feb. 20-28, 2012, using SurveyMonkey.com**

Total surveys links distributed via email invitation = approximately 300

Total survey responses = 47

Survey response rate = approx. 15.6%

Demographics of survey respondents:*

Private duty = 49%

Certified = 42%

Home medical equipment = 24%

Hospice = 20%

**Respondents were able to select more than one option*

For profit = 34%

Nonprofit = 51%

Privately owned = 20%

Hospital-based = 20%

Principle or owner = 38%

Manager = 23%

Administrator = 23%

Health professional = 19%

MHHA member >10 years = 46%

MHHA member 5-10 years = 22%

Don't know = 20%

- **Phone interviews conducted of current MHHA members
March 6-22, 2012**

Total interviews = 8

General Findings

Survey of MHHA Members

Decision makers: While the responses of all MHHA members are important, the organization should pay particular attention to those who actually decide on retaining membership in the Association. Of 260 total respondents, 70 indicated that they are the primary decision makers on membership, while 101 said that they provided input on the decision.

Primary decision makers indicated that information on the industry (83%), networking opportunities (77%) and education (76%) were the top reasons for their MHHA membership. In addition to the reasons listed in the survey, respondents said that other reasons for membership include legislative activity, CHAP discounts, directory listing and partnering in quality improvement.

Additional services that decision makers would like to see MHHA offer include:

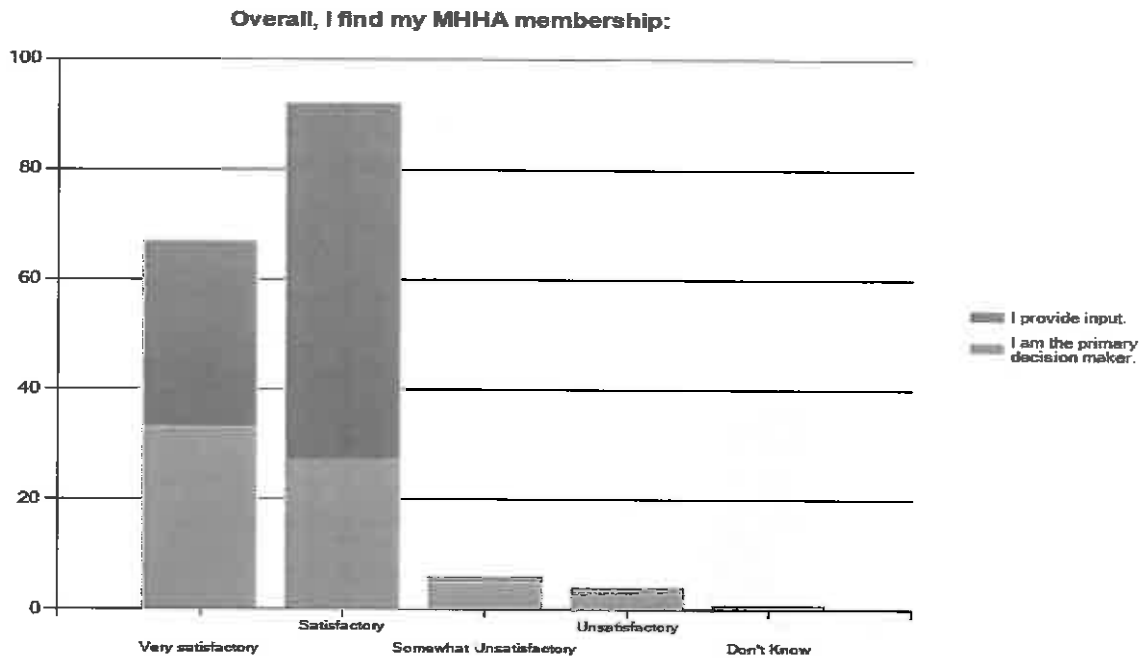
- Vendor & product evaluation (44% of decision makers, 74% of those who provide input)
- Group purchasing (39% of decision makers, 31% of those who provide input)
- Insurance (37% of decision makers, 31% of those who provide input)
- Legal services (36% of decision makers, 20% of those who provide input)

Among the top concerns of decision makers are cuts to reimbursement programs (44% indicated concern) and government rules and regulations (41% are concerned).

Responses pertaining to the effectiveness of MHHA communication show that 83% of decision makers find it good (56%) or very good (27%) for an overall positive rating. Those providing input on membership decisions mirrored these results with 87% responding positively. Specifically, 83% of decision makers reported receiving and reading the Bulletin.

To most effectively reach its membership, decision makers have a strong preference (99%) for receiving MHAA information via email. The Association website and traditional mail each trailed significantly with 19% responding for each of these two communication methods. In-person communication came in at 17%.

Overall, both decision makers and those providing input on membership give the MHHA high marks on overall satisfaction. Decision makers said they were very satisfied (48%) or satisfied (39%) with their membership for an 87% positive response rate. Those who provide input were even more satisfied, indicating 34% as very satisfied and 64% with satisfied for an overall 98% positive response rate.



Satisfaction by service:

Through crosstab analysis, it is also possible to examine member satisfaction by service group. Respondents were able to select multiple options to indicate the service(s) they represented. Due to this option, the totals amount to more than 100%. A breakdown of responses shows those participating in the survey said they represent the following services:

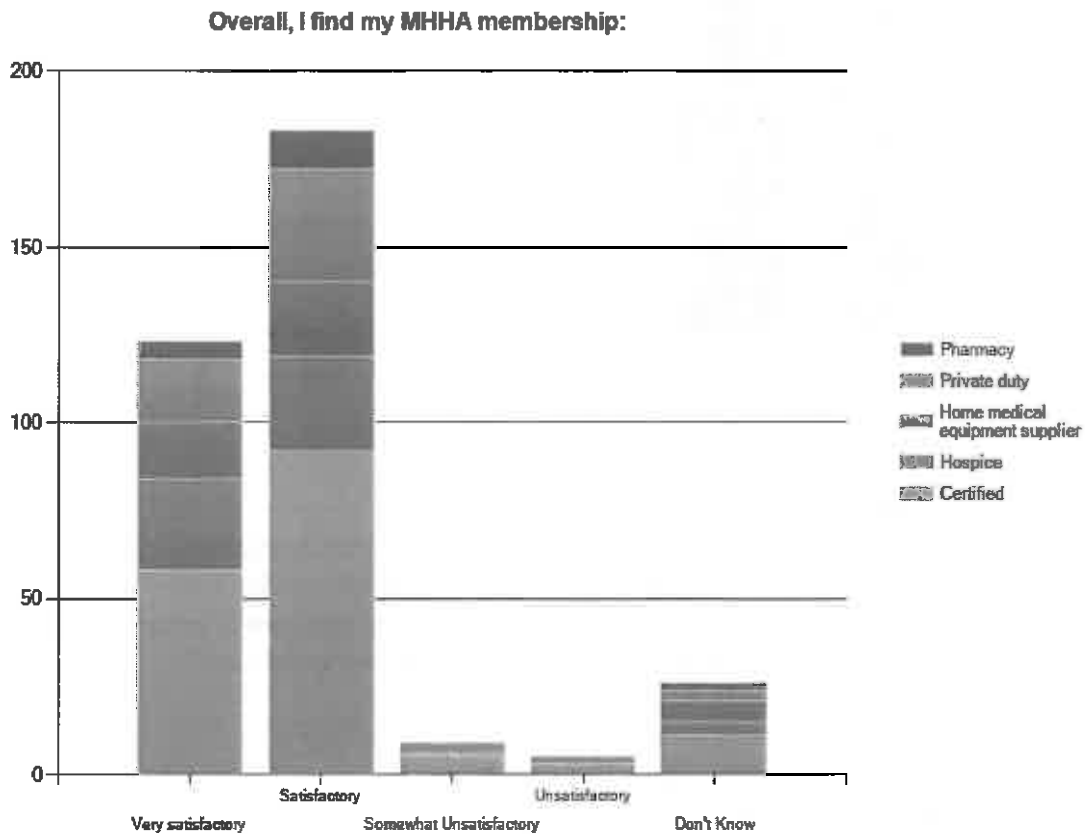
- **Certified** = 75% of respondents
- **Hospice** = 25% of respondents
- **Home Medical Equipment** = 20% of respondents
- **Private Duty** = 25% of respondents
- **Pharmacy** = 8% of respondents
- **Other** = 2% of respondents

Engagement has been shown to be an indicator of membership growth and retention. Of the survey respondents nearly 40% of those representing pharmacy services responded that they have served as a volunteer leader. Conversely, only 17% of those representing certified services participated as a leader and 21% of private duty respondents. Another engagement metric is attendance at Association events. Certified (58%), Hospice (67%) and Private Duty (66%) said they participate in the annual conference. Seventy percent of home medical equipment respondents indicated committee meetings were the most attended event, while the majority (71%) of pharmacy respondents said they mostly participated in other educational offerings.

The area of most concern across all services represented is cuts to reimbursement programs, with between 88% and 93% indicating that it is the top issue for their organization.

In terms of communication from MHA and their preferred method, the majority (99%) also indicated email. The second most preferred (23%) was the MHA website.

Finally, when indicating their overall satisfaction with the Association, all services responded favorably with very satisfied and satisfied responses as shown below:



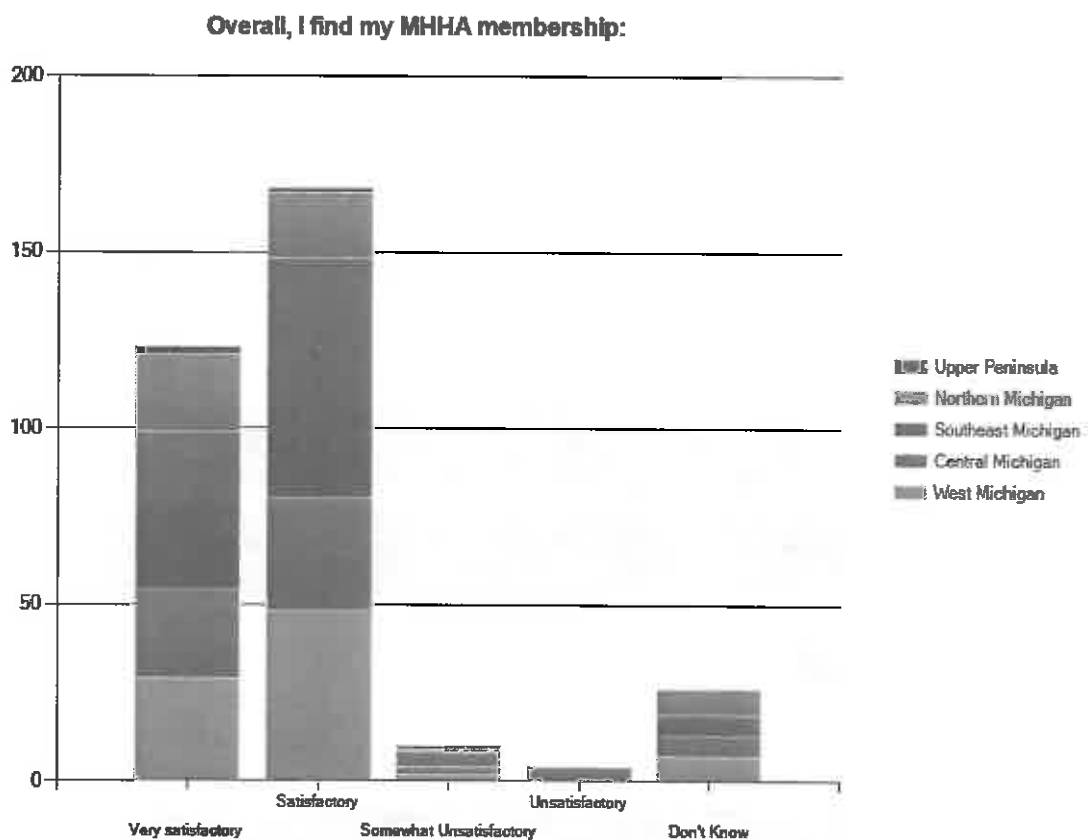
Satisfaction by region:

Another important crosstab to analyze is that of regional perceptions of MHA members to identify any nuances among the five regions of Michigan. Respondents were asked to identify the region(s) their organization currently operates within given the choices of west, center, southeast, north and Upper Peninsula.

The majority of respondents indicated that they have been MHA members for 10 years or more. The annual conference was the most-attended event among four of the regions, with 60% respondents from west, 65% from central, 53% from north and 75% from the U.P. Southeast respondents (54%) selected committee meetings as the event they most attended, and the U.P. were equally as likely (75%) to attend an online education offering as they were to attend the annual conference.

As far as the main reasons for their MHA membership, three regions (central, north and U.P.) said networking was primary. For respondents from the southeast and west, information on their industry was the most important reason to join the Association.

Overall satisfaction was similar across geographic regions, with respondents from the western region being most satisfied (90%) and those from the U.P. indicated lowest satisfaction (75%). A note must be made, however, of the few number of U.P. respondents since the small number can dramatically sway the cross tab results.



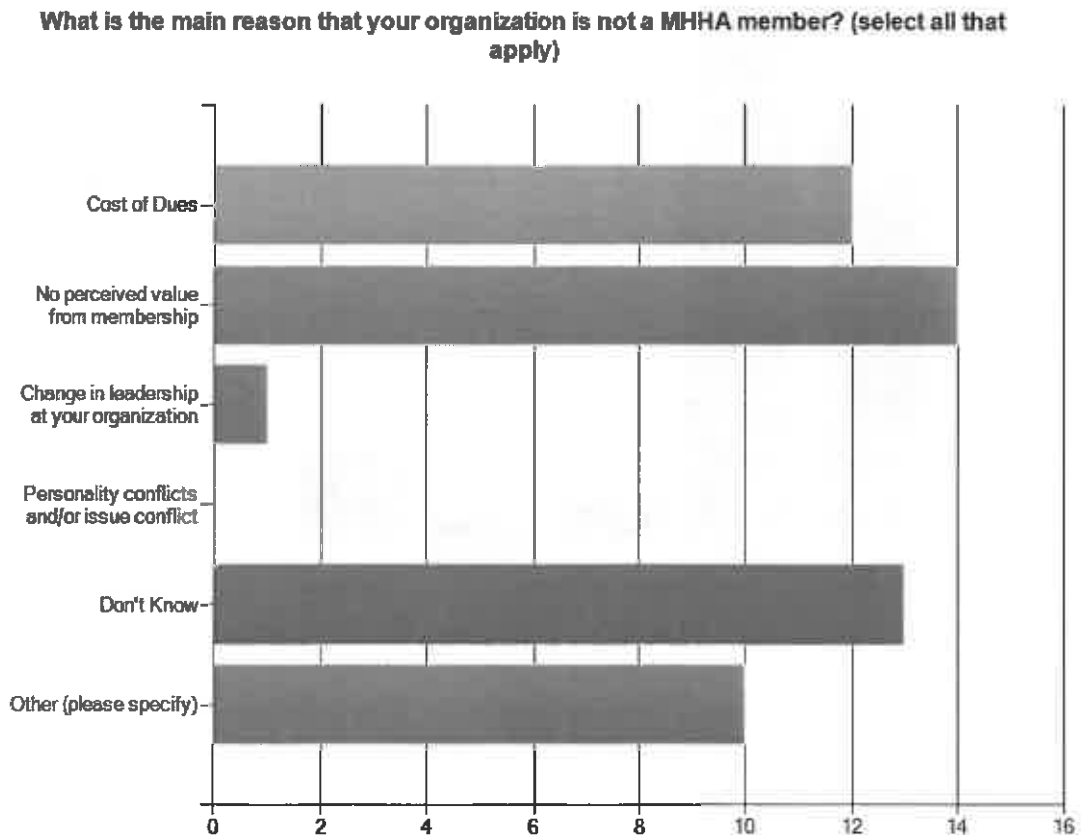
General Findings

Survey of non members

Of those responding in the non-member survey, 47% were former members, 38% were not and 16% did not know. Thirty-seven percent of those identifying themselves as former members said they belonged to MHA for one to four years, and 13% were members for five to 10 years.

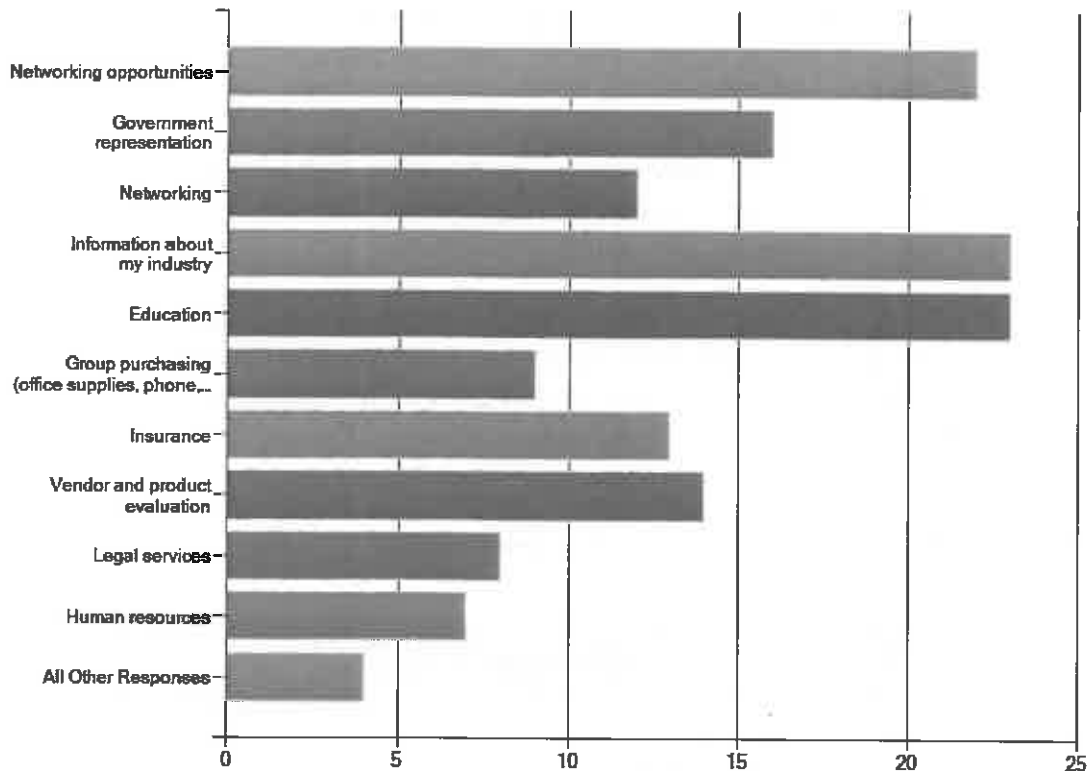
Overall, most (40%) responding indicated that they have never participated in an Association event, while 31% attended the annual conference and took part in other educational offerings. Nearly 18% took part in committee meeting(s).

When asked for the main reason their organization was not an Association member, the responses were fairly equally split between “no perceived value,” “cost of dues” and “don’t know.”



When asked what services they would like MHHA to offer, nonmember responses mirror those of current members. More than half of the respondents indicated they would like information on their industry, education and networking opportunities.

What services would you like MHHA to offer? (select all that apply)



Similarly, nonmembers share the same concerns as Association members, with the biggest issues being cuts to reimbursement programs (90%) and government rules and regulations (83%).

When communicating with nonmember, email is the dominant preference for more than 87% of respondents. The MHHA website trailed as the number-two preference at 18%.

Finally, when asked if there was anything MHHA could do to increase nonmember participation and encourage membership, 60% responded no and 40% responded favorably. To increase participation and membership, 14 respondents recommended the following in order of number of responses:

- Reduce membership dues (5)
- Send information (2)
- Educational opportunities (2)
- Charge monthly dues vs annual (1)
- Local meetings (1)

- Dues based on number of patient days not number served (1)
- Charge an introductory fee (1)
- Don't know (1)

Decision makers:

A majority (61%) of those participating in the nonmember survey indicated they were decision makers when it came to MHHA membership. An additional 26% provided input on the membership decision.

Of the decision makers, 54% said they were former members. Past participating included the annual conference (35%), other education offerings (35%) and committee meetings (27%). Forty percent, however, have not attended an MHHA event.

Decision makers would like MHHA to offer services that provide more industry information, education and networking opportunities. Government representation is also important to this group of respondents, with their top concerns being cuts to reimbursement and government rules and regulations.

Nonmembers are active in other professional group, listing a number of organizations. NPDA, NAHC and MHPCO were among the most frequently noted.

	I am the primary decision maker	Response Text	
1	X	MHPCO	Feb 20, 2012 5:12 PM
2	X	BLAME, CPAN, NPDA, MI-NPDA	Feb 20, 2012 5:27 PM
3	X	Northwood, VGM, AA Homecare	Feb 20, 2012 5:49 PM
4	X	VGM, NRTTS	Feb 20, 2012 6:53 PM
5	X	NPDA, BBB, CHAP	Feb 20, 2012 8:07 PM
6	X	NAHC	Feb 21, 2012 12:09 PM
7	X	Michigan Hospice and Palliative Care Org	Feb 21, 2012 1:09 PM
8	X	National & Michigan Private Duty Association	Feb 21, 2012 2:30 PM
9	X	NPDA	Feb 21, 2012 2:52 PM
10	X	NPDA	Feb 22, 2012 3:04 PM
11	X	Society of Certified Senior Advisors, NPDA, Joint Commission	Feb 24, 2012 2:14 PM
12	X	BOC	Feb 27, 2012 6:15 PM
13	X	NAHC	Feb 27, 2012 8:18 PM
14	X	NAHC, VNAA, Others	Feb 28, 2012 8:54 AM
15	X	NPDA	Feb 28, 2012 10:49 AM
16	X	Nursing Association	Feb 28, 2012 1:20 PM
17	X	asda,npda	Feb 28, 2012 2:11 PM
18	X	MHPCO	Feb 28, 2012 4:34 PM

Similar to other respondents, decision makers prefer receiving Association information via email (87%) and on the website (18%).

Finally, when asked if the MHHA can do anything to increase participation and membership, 46% of decision makers indicated yes. The recommendation to reduce membership dues was listed most frequently.

General Findings

Phone interviews of members

Of those responding to the member survey, eight were selected to participate in a more in-depth phone interview. Of particular interest were those who indicated that they were not satisfied with the Association.

Dissatisfied members:

Bob Brown of Access Medical, Joseph Effa of Lakeland Homecare and Barbara Roden of Senior Helpers were among those who responded in the survey that they were unsatisfied or somewhat unsatisfied with their MHHA membership. During the phone interviews, the following reasons were noted for the unsatisfactory responses:

- *I have the impression that MHHA doesn't care. I met a physician who owned a DME, which is illegal. I think the industry that I am in is full of crooks. When I contact MHHA, they ran me around with whom to speak to. MHHA needs to realign its priorities. Why doesn't MHHA care that physicians are breaking the law? (B. Brown)*
- *Struggling to figure out why I keep my membership. The updates are helpful but now I am getting updated from everywhere. I do utilize the home health aide. Personally, I don't like networking. (J. Effa)*
- *I became a member because a competitor said to join it over NTDA. I hate their government representation because it is not supportive of what we are doing. I am not satisfied with my membership; it is not worth the money. (B. Roden)*

Following is an overview of all eight (8) phone interviews as well as an Excel spreadsheet summarizing the responses:

Job Title: Manager

MHHA Membership: BME? HME?

Length of Membership: 13 years

Volunteer Leader: No – wouldn't answer why

Main reason why your organization is a member? Networking

Primary decision maker? Yes

Additional Services: Group purchasing

Very satisfied with MHHA membership.

MHHA is good at communicating with the members.

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Job Title: Executive VP

MHHA Membership: Private Duty

Length of Membership: 6 years but was unsure

Volunteer Leader: No, but would be interested in becoming one

Events: For now, the Annual Meeting, but looking to get to the committee meetings

Main reason to be member: good to be a member, good housekeeping, an award for online tests and they like to push those to employees.

Primary decision maker for membership: Yes

Additional services: none because don't feel they pertain to them

Very satisfied with membership

MHHA is very good with communicating to organization

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Job title: Division Director for hospital

MHHA Membership: Homecare and Private Duty

Length of Membership: over 10 years

Volunteer Leader: No, never consider because they are in the southwestern part of state and too far away.

Events: For now, only Annual Conference

Main reason why your org is member: Struggling to figure out to keep membership. The updates are helpful but now they are getting updated from everywhere. Do utilize home health aide. Personally don't like the networking.

Primary Decision Maker: Yes

Additional Services: Monthly subcommittee meetings to dial in or go to.

Satisfied with membership but knows that the membership has dropped because the cost is too expensive.

MHHA is good at communicating; email is good but would like the subcommittee meetings.

He is the primary contact

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Job Title: Owner

MHHA Membership: Private Duty

Length of Membership: 4-5 years

Volunteer Leader: No, not consider it this year

Events: Have attended annual conference, legislative day and 1/3 monthly meeting

Main reason why your organization is member: Became a member because competitor said to join it over NTDA. Said it was a great place to be. Hates government representation because not supportive of what they are doing.

Primary Decision Maker: Yes

Additional services: more private duty only companies.

Not satisfied with membership, not worth the money.

Effectively communicating

Ask what your members want for government representation.

Consider a flat fee for enrollment.

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Job Title: Director of Nursing

MHHA Membership: Certified

Length of Membership: 2.5 years since she has been there; not sure before her

Volunteer Leader: No she isn't, however, she does represent them outside at Michigan Culture for Change Coalition

She goes to committee meetings and annual conference; she liked the annual conference

Why a member? Trying to keep up with ongoing changes and what is going on, trying to stay ahead of people. Don't really use for networking and feels like the government representation is more toward the larger members such as hospitals. What about the smaller companies?

Would hope for group purchasing, insurance and legal services, especially in healthcare. Would be helpful for the liability cost to go down.

They are somewhat satisfied with membership. She believes that MHHA could be doing a lot more; however, the Association is doing a good job with what they are doing now.

MHHA is good at communicating, but would wish if there was big news it would be good to do phone blasts since the emails aren't opened right away because they think it is the same old updates.

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Job Title: Executive Director

Membership – home health hospice and private duty

Member since they started in 1995

Why are you a member? For the networking, educational, webinars, attend subcommittees ... all very helpful. Utilize the committee meetings the most.

Not a volunteer leader – doesn't know if would like to be one.

Part of a bigger corporation, but can't think of anything more MHHA can do.

Email is the best communication

Very satisfied with membership

Government Representation – can't really say anything about it.

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Job title: President, CEO

Main reason organization is a MHHA member? Doesn't even know why anymore.

Biggest concerns: His impression is that MHHA doesn't care. He came across a physician, who owned a DME, which he indicated is illegal. He feels the industry he is involved with is full of crooks and when he contacted MHHA they had him running around with who to speak to and he feels they need to realign their priorities. Ultimately he wants to know why MHHA doesn't care that physicians in Michigan are breaking the law.

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Job title: co-owner, Van's Medical Equipment of Lakeland (Home medical equipment supplier)

Member: Organization has been member for about 4 years; hospital care agency he is associated with has separate membership.

MHHA events? Has participated in MHHA in-person educational meetings and the annual conference once – admits that he doesn't take advantage of events and hasn't been an active member.

Main reason his organization is MHHA member is because he feels it is good business practice and important for the community.

He is the primary decision maker for MHHA membership

Doesn't have any concerns about future of business at this time and is satisfied with membership with MHHA. He feels the services they offer are up to par with his needs at this point.

Initial Recommendations Based on Quantitative & Qualitative Research

Following a complete analysis of the online surveys of MHHA members and nonmembers, Edge Partnerships offers the following recommendations for the Association's membership retention and growth:

- Overall, 90% of MHHA members are satisfied with the Association, the services it offers and the value of membership. Thus, maintaining current activities as they relate to services and communication is important. Any significant changes to current processes and services should be vetted with the membership prior to implementation.
- Consider enhancing member value by adding vendor and product evaluation, group purchasing, insurance, human resources and legal services.
- Government advocacy efforts should continue to focus on those issues most important to MHHA members. Clearly, cuts to reimbursement programs as well as government rules and regulations remain top concerns. The MHHA advocacy team must continually monitor, act on and communicate these issues back to members.
- Continue to improve communication with members, especially as it pertains to email communication and an enhanced website. Keep members abreast of breaking news, issues of concern and MHHA services.
- Obtain, update and confirm member email addresses on an ongoing basis to guarantee that they are receiving all Association communications, including the monthly Committee Bulletin Board. Those who receive the Bulletin read it and find it of value.
- Create a schedule for highlighting the different industries represented by MHHA membership, paying particular attention to those who currently feel underserved by the Association such as home medical equipment suppliers, hospice and pharmacy.
- Design a Welcome Back promotion to bring back former members, targeting first those who left within the past year and organizations who would generate larger dues revenue.
- Enhance educational offerings throughout the state, especially southeast Michigan. Members consider education as a highly valued service, and nonmembers indicate they have previously attended an educational offering.
- Continue to enhance the MHHA Annual Meeting, highlighting discounts to members to encourage nonmembers to sign up. The annual conference is largest draw for

nonmembers, so extra effort should be made to register new member before, during and after the conference.

- Emphasize the value of membership among current members and in messaging to nonmembers. Back up MHHA's value proposition with examples of the valuable services the Association offers. Consider enhancing value through additional services and offerings.
- Create additional networking opportunities throughout the state so that members and nonmembers can meet other industry professionals closer to where they live and work.
- Develop a membership retention and growth strategy along with corresponding metrics for success.
- Engage in a positioning and messaging exercise with key staff and the MHHA Board. This will provide the foundation for the Association's future branding, key messages and other growth strategies.



Michigan Home Health Association
Survey Summary of MHHA Members
April 2012



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