

Patient Experience Strategies for FQHCs Financial, Clinical & Operational Performance

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Reducing Suffering to Improve Performance



Abigail – 11/07/08



Abigail – Today

Reducing Suffering to Improve Performance



Prevent this suffering for patients:

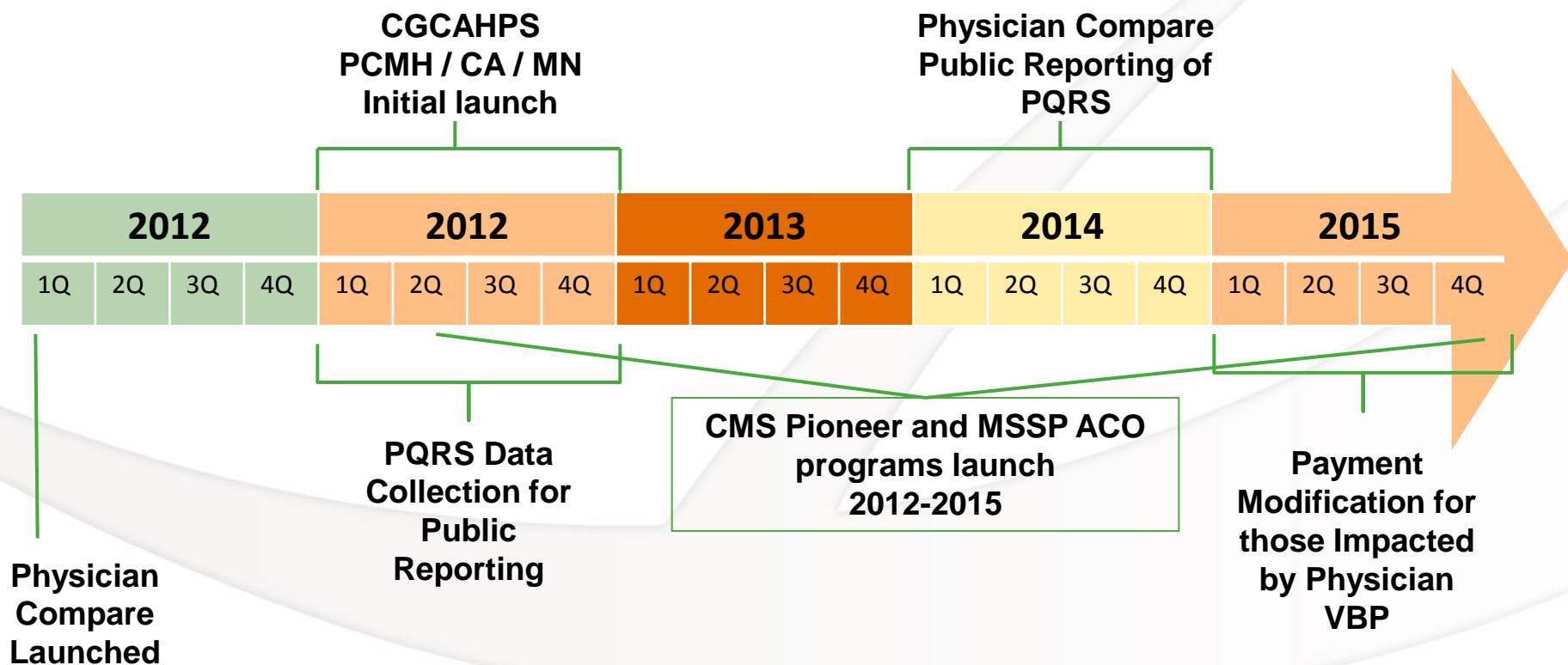
- Provide evidence-based care.
- Prevent complications and errors.
- Ensure coordinated communication, demonstrate cooperation among staff.
- Reduce wait, show respect and value for the individual.

Mitigate this suffering:

- Address symptoms, improve functioning, seek to cure, reduce pain and discomfort.
- Reduce anxiety and fear, educate and inform.
- Minimize the extent to which medical care disrupts normal life to the greatest extent possible.
- Provide distractions from the medical setting that provide respite to the anxious patient.

Pinpoint opportunities for FQHCs to reduce suffering and improve the care experience based on feedback from every patient, physician and employee.

Increased Transparency & Accountability for Medical Practices on the Horizon

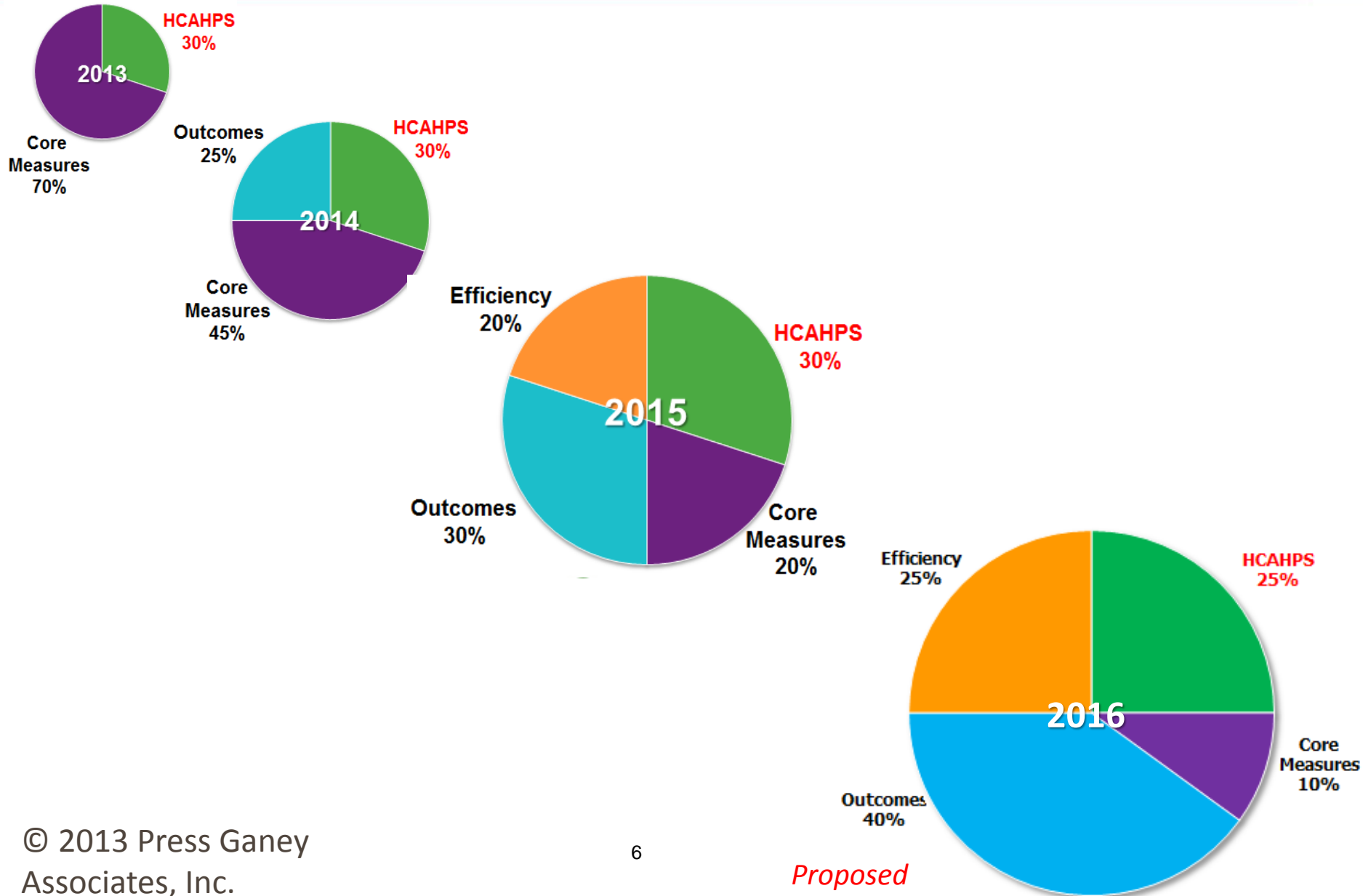


Information and time lines presented in this session are based upon Press Ganey's experience with other CMS CAHPS initiatives like Hospital and Home Health CAHPS.

CMS CGCAHPS Survey Overview

THE FACTS	CMS OFFICIAL CGCAHPS SURVEY
WHO	<u>Mandatory</u> : Groups with 100 or more eligible professionals under one tax ID, submitting as a group through the GPRO web interface <u>Voluntary</u> : Groups with 25 or more eligible professional under one tax ID
WHAT	Standard way to measure the patient experience CGCAHPS + Primary Care Themes 6 month retrospective timeframe <ul style="list-style-type: none">✓ Access to Specialists✓ Health Promotion & Education✓ Shared Decision-Making✓ Care Coordination✓ Education about Medication✓ Stewardship of Patient Resources✓ Between Visit Communication
WHEN	ONE time per year : January-March
WHY	Impacts at least 16.7% of payment as part of the value modifier (up to 4%)

Domain Weighting Changes



Survey Continuously for Improvement & to Achieve Higher Scores on the Regulatory Submission

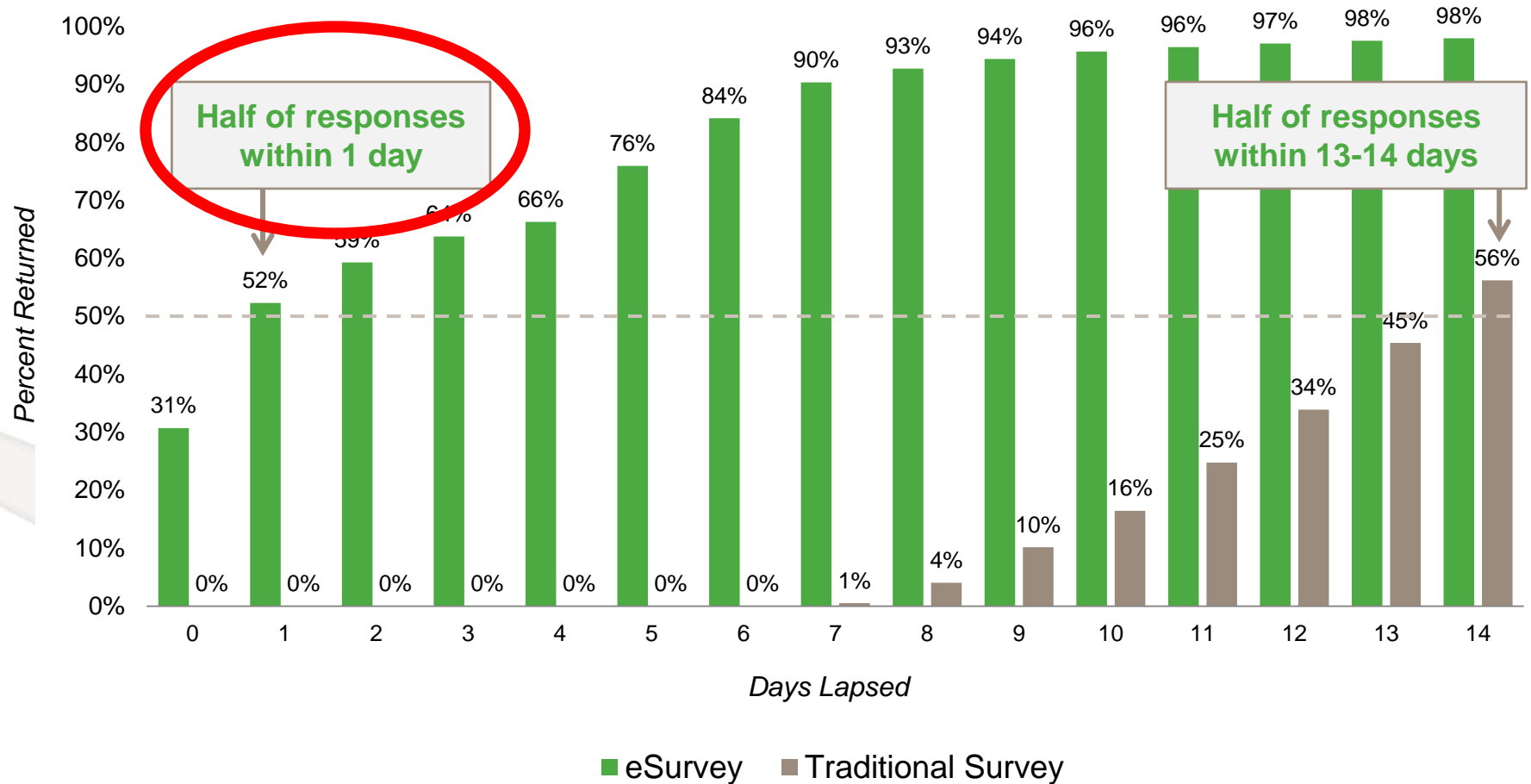
Visit Specific Survey for Continuous
Improvement of Patient Experience

+

Regulatory Administration

Quicker Feedback Through eSurvey

Percent of Total Returned Surveys by Days Lapsed



Rapid-Cycle Improvement - Enabled by eSurvey

University of Utah reduced their improvement cycle time by 83%, from 12 weeks to 2 weeks.



We certainly reduced cycle time for change.



Having daily returns greatly enhanced Piedmont's ability to coach and to provide more valuable feedback.



Connecting CGCAHPS to Usable Data

- CGCAHPS questions, indicate the **frequency** of communication events in medical encounters
- FQHCs should add questions to yield actionable information on the **quality** of those events.

During your most recent visit, did this provider give you easy to understand instructions about taking care of these health problems or concerns?

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ No

	Very Poor 1	Poor 2	Fair 3	Good 4	Very Good 5
Information the care provider gave you about medications (if any)	0	0	0	0	0
Information the care provider gave you about follow up care (if any)	0	0	0	0	0

In addition to knowing how often something is done, it is critical to understand how these things meet the patient expectations which allows for evaluation and improvement.

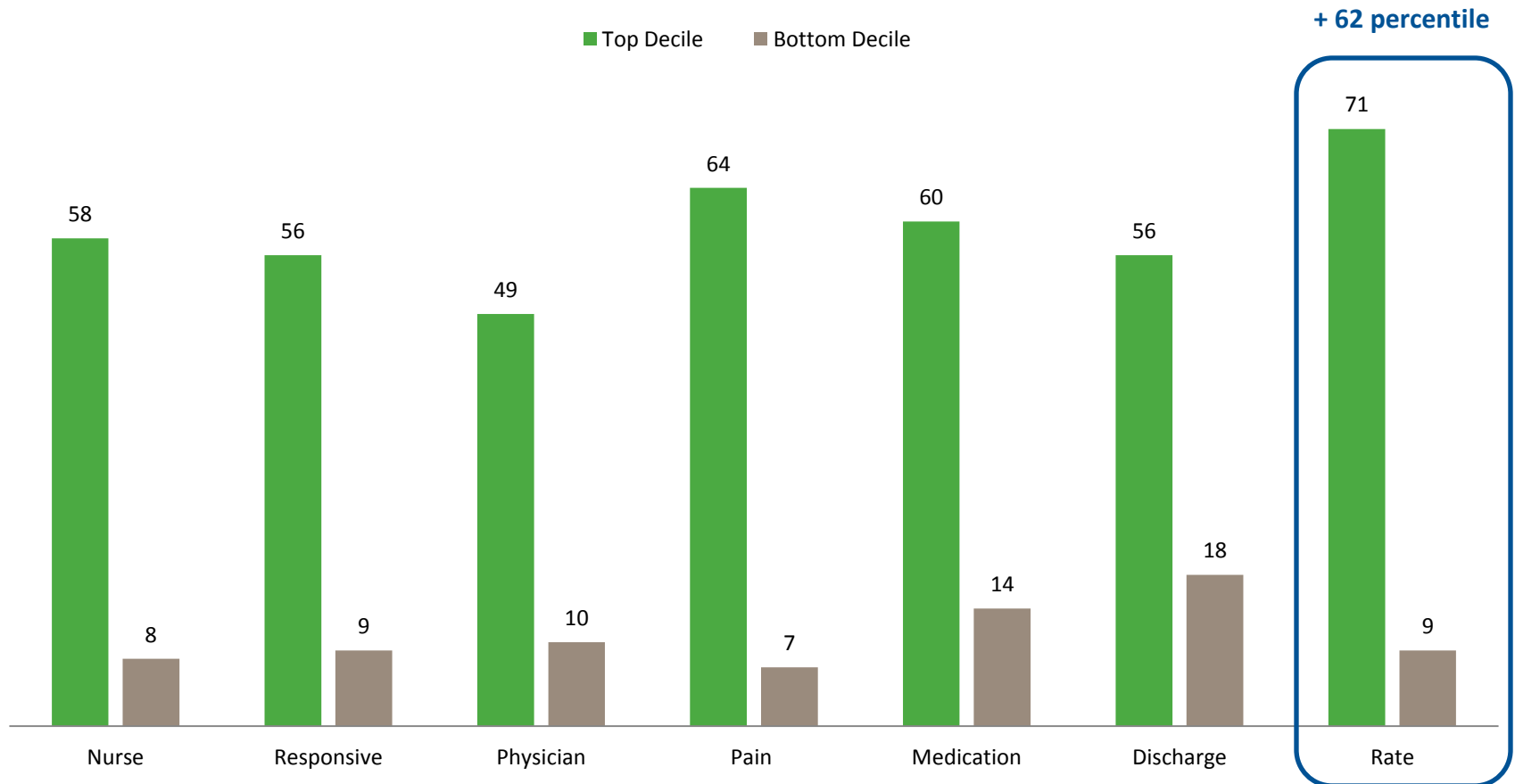
Always vs. Usually

Patients reported how often their nurses communicated well with them during their stay. “Communicated well” means **nurses explained things clearly, listened carefully** to the patient, and treated the patient with **courtesy and respect**.

	Nurses “always” communicated well	Nurses “usually” communicated well	Nurses “sometimes” or “never” communicated well	Data Collected	
				From	To
National Average	77%	18%	5%	7/1/2010	6/30/2011

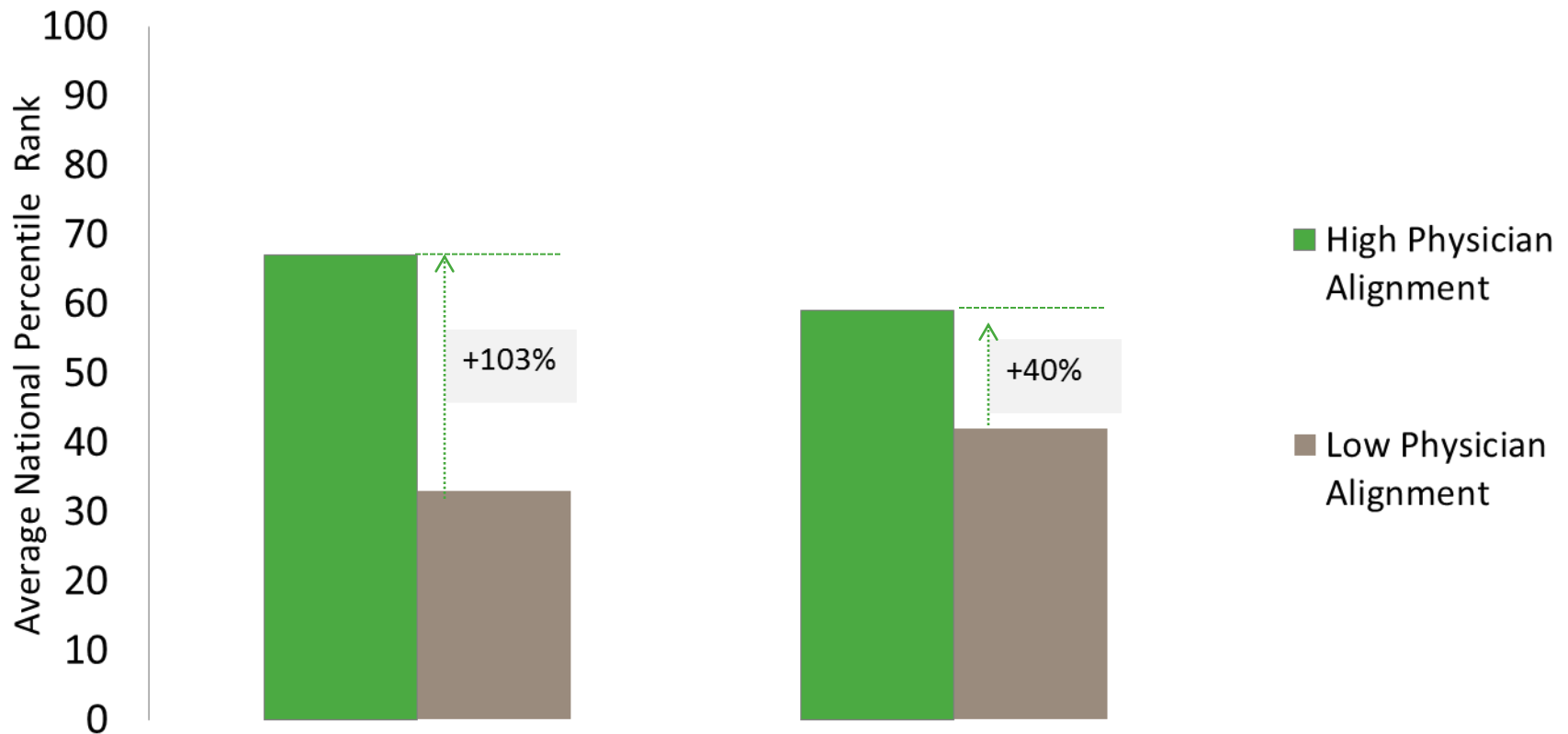
Higher Employee Engagement, Better Patient Experience

Comparison of CAHPS Performance: National Percentile by Employee Engagement Decile



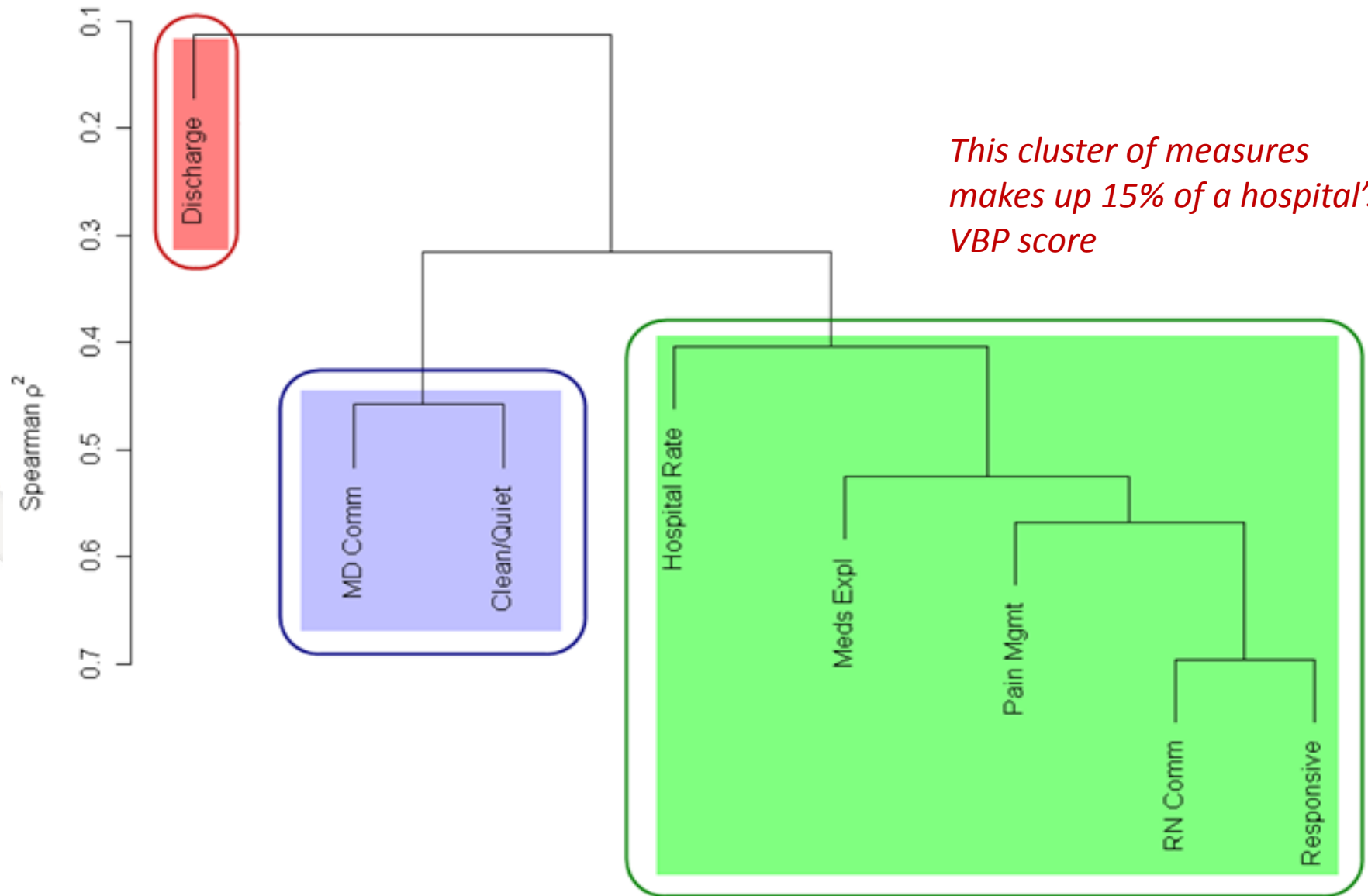
Higher Physician Alignment, Better Performance

Comparison of CAHPS Performance Among Organizations with High- or Low- Physician Alignment



Morehead Alignment Data. CMS HCAHPS Data.

“Rising Tide” measure: Nurse Communication

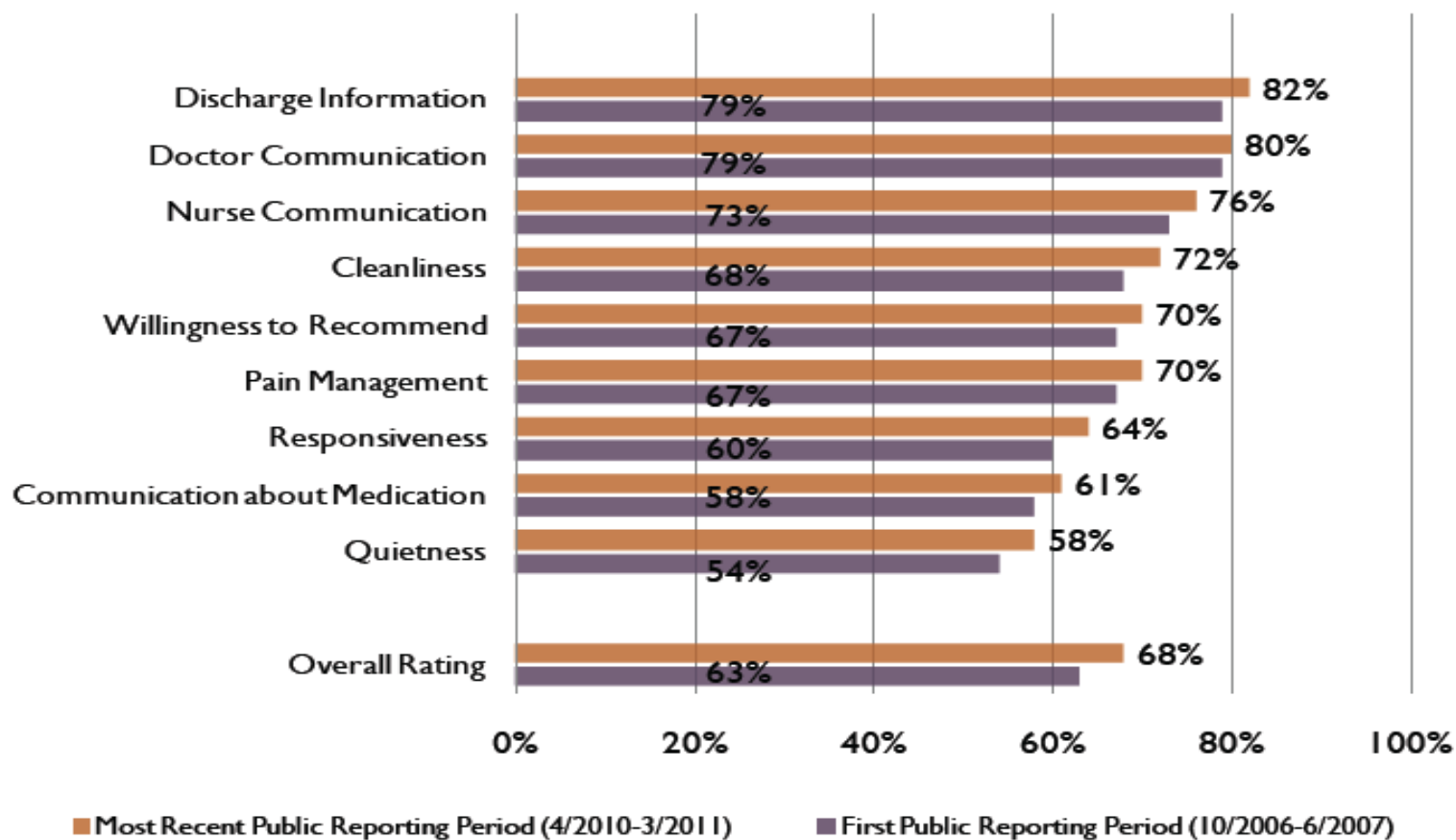


CAHPS Questions

- *“During this hospital stay, how often did nurses treat you with courtesy and respect?”*
 - Never
 - Sometimes
 - Usually
 - Always
- *“During this hospital stay, how often did nurses listen carefully to you?”*
 - Never
 - Sometimes
 - Usually
 - Always
- *“During this hospital stay, how often did nurses explain things in a way you could understand?”*
 - Never
 - Sometimes
 - Usually
 - Always

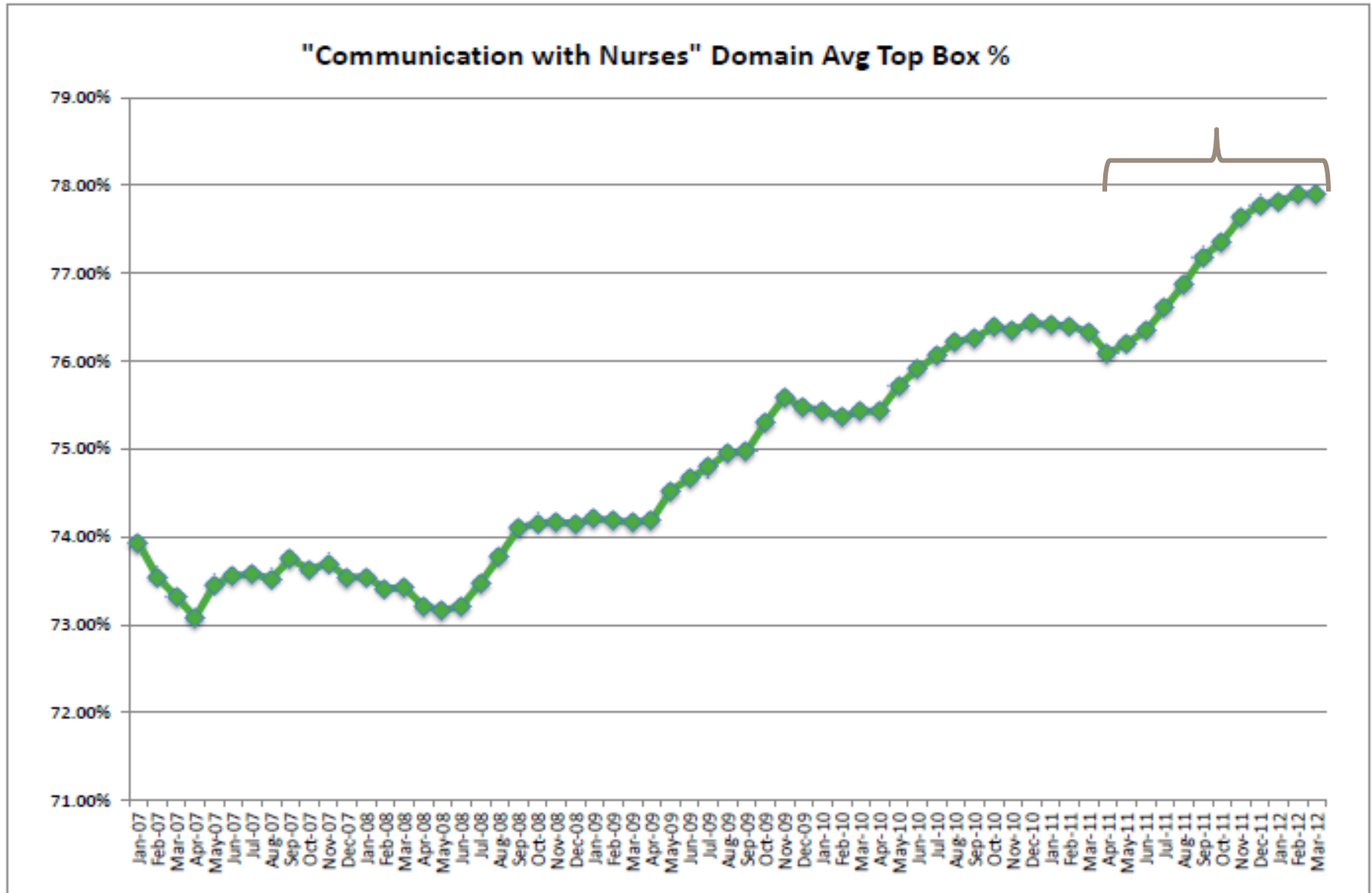
Top Box Scores Based on Publicly Reported Data

Table 1: Average Top Box Scores



Source: Summary of HCAHPS Survey Results. www.hcahpsonline.org/HCAHPS_Executive_Insight. Public reporting periods, CMS, Baltimore, Page accessed 2/17/12

Press Ganey Data: National Scores Moved From 76% to 78% Since March 2011

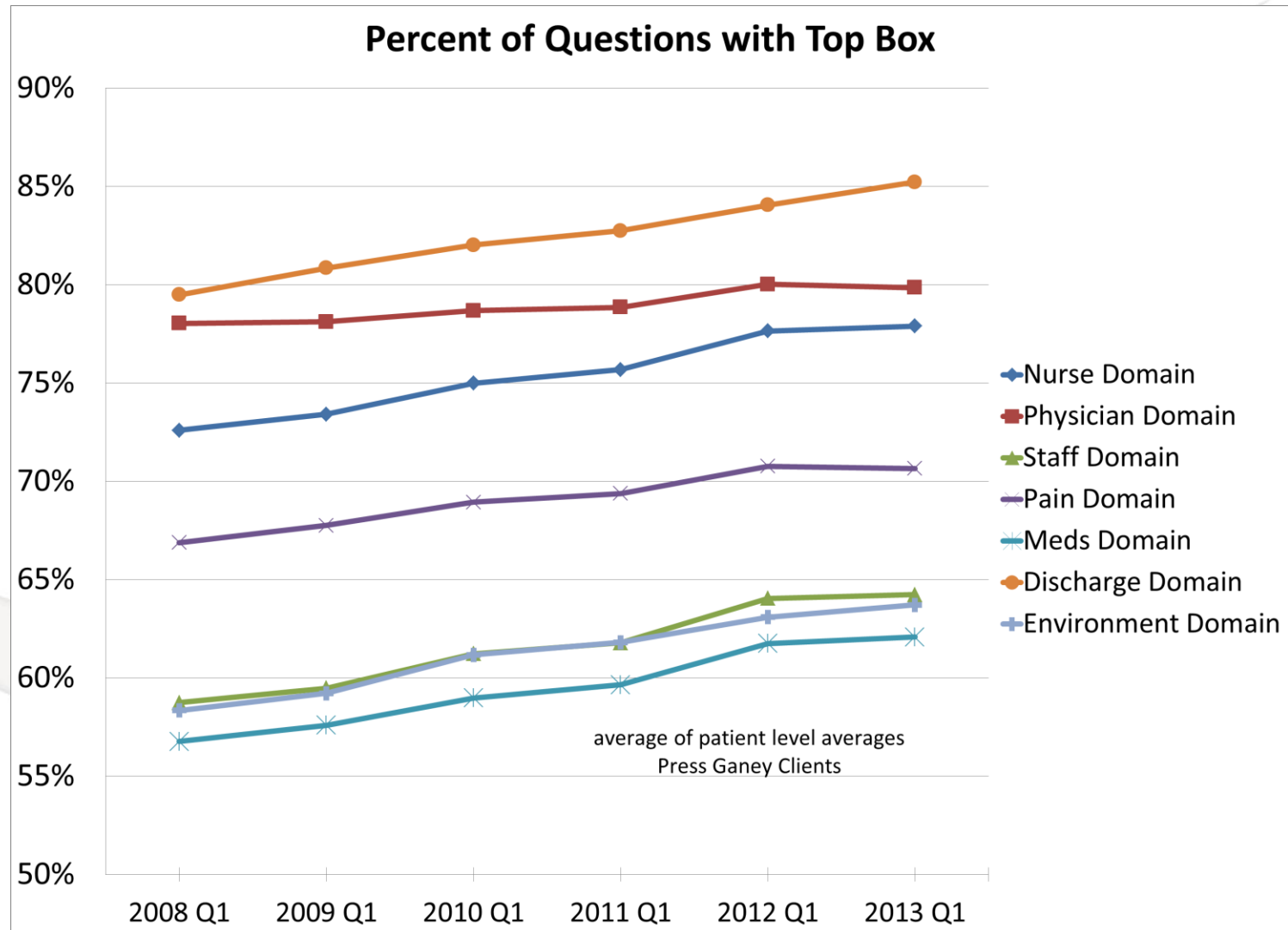


*Represents results from 1881 Press Ganey clients based on received date.

Identify Causes

- Ineffective communication:
 - We think we communicated however the patients or their families did not understand.
 - Example: Patients unaware of plan of care, and or do not understand plan of care from how it was communicated to them.
- Inconsistent communication:
 - Some people communicate better than others.
 - Has to be every patient every encounter.
- Substandard communication:
 - Courtesy and respect not perceived by patient and family.

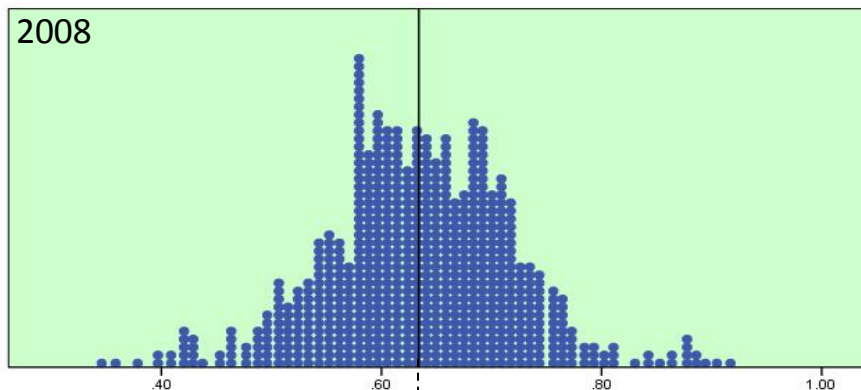
Using CAHPS to Assess Service Reliability



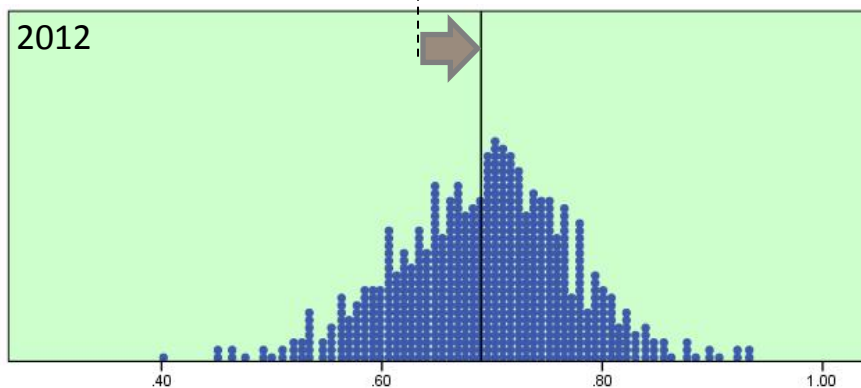
Standing Still is not an Option

Average market performance on CAHPS increased ~10% from Jan 2008 to Jan 2012.

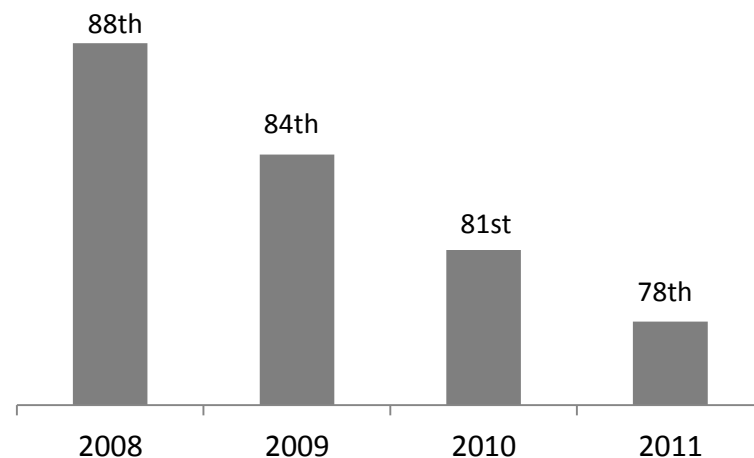
2008



2012



Rank you would earn if 75% of your patients rated organization a 9 or 10



Questions?



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