Listening to the Voice of the Patient: Using CAHPS® for Improving Care in Minnesota’s Health Care Homes

Dale Shaller, MPA
Shaller Consulting Group

November 13, 2013
Outline

- Overview of CAHPS
- CAHPS Results in Minnesota
- Using CAHPS for Improvement
- Resources for Improvement
What is CAHPS?

- CAHPS = Consumer Assessment of Healthcare Providers and Systems
- Most widely used survey tools for assessing the patient’s experience with care
- Endorsed by National Quality Forum
- Initiated and funded by AHRQ since 1995
- Consortium members include: AHRQ, CMS, RAND, Yale/Harvard, and Westat
Core CAHPS design principles

- Focus on topics for which consumers or patients are the best or only source of information

- Include patient reports and ratings of experiences – not “satisfaction”

- Base question items and survey protocols on rigorous scientific development and testing, as well as extensive stakeholder input

- All surveys and services are in the public domain
CAHPS is strongly correlated with other key outcomes

- Health Outcomes:
  - Patient adherence
  - Process of care measures
  - Clinical outcomes

- Business Outcomes:
  - Patient loyalty
  - Malpractice risk
  - Employee satisfaction
  - Financial performance

Patient-centered care matters most because it matters to patients.
Multiple versions to meet user needs
- 12-month version
- Visit version
- Patient-centered medical home (PCMH) version
- Adult and child versions

Domains are the same across versions

Supplemental questions can be added for specific topics
- HIT, Health Literacy, Cultural Competence, etc.
CG-CAHPS PCMH Version

CAHPS Clinician & Group Core Questionnaire* + CAHPS PCMH Item Set = CAHPS C&G PCMH Survey

* NQF endorsed
CG-CAHPS Core Measures

(apply across all versions)

Getting Appointments and Health Care When Needed (“Access”)

- Getting appointments for urgent care
- Getting appointments for routine care or check-ups
- Getting an answer to a medical question during regular office hours
- Getting an answer to a medical question after regular office hours
- Wait time for appointment to start

Patients’ Rating of Provider

- 0-10 rating of provider

How Well Providers Communicate

- Provider explanations easy to understand
- Provider listens carefully
- Provider gives easy to understand instructions
- Provider knows important information about medical history
- Provider shows respect for what you have to say
- Provider spends enough time with you

Helpful, Courteous and Respectful Office Staff

- Clerks and receptionists were helpful
- Clerks and receptionists treat you with courtesy and respect
CAHPS PCMH Survey Domains

**Adult Survey**
- Core Composites
  - Access
  - Communication
  - Office Staff
  - Provider Rating
- PCMH Composites
  - Comprehensiveness
  - Self-Management
  - Coordination
  - Shared Decision Making

**Child Survey**
- Core Composites
  - Access
  - Communication
  - Office Staff
  - Provider Rating
  - Child Development
  - Prevention Advice
- PCMH Composite
  - Health Goals
History of CG-CAHPS in MN

- MNCM 2008 pilot test of Visit version
  - 9 medical groups with 124 clinic sites
- MNCM 2010 survey initiative using Visit version
  - 18 medical groups with 110 clinic sites
- MDH quality rule in 2012
  - Mandated CG-CAHPS Visit collection and reporting
  - Over 700 eligible clinics participated
  - Scores for 651 clinics were reported on MNHealthScores.org in August 2013
<table>
<thead>
<tr>
<th>Facility</th>
<th>Getting care when needed</th>
<th>How well providers communicate</th>
<th>Courteous and helpful office staff</th>
<th>Providers with a <strong>most positive</strong> rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allina Health System - Minneapolis Heart Institute - Baxter</td>
<td>79%</td>
<td>95%</td>
<td>96%</td>
<td>89%</td>
</tr>
<tr>
<td>St. Mary's Innovis Health Clinic - Frazee</td>
<td>79%</td>
<td>97%</td>
<td>Not Enough Data</td>
<td>90%</td>
</tr>
<tr>
<td>CentraCare River Campus - Nephrology</td>
<td>77%</td>
<td>95%</td>
<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>Minnesota Oncology - Fridley</td>
<td>76%</td>
<td>94%</td>
<td>97%</td>
<td>87%</td>
</tr>
<tr>
<td>HealthEast Cancer Care-St. John's Hospital</td>
<td>80%</td>
<td>94%</td>
<td>95%</td>
<td>83%</td>
</tr>
<tr>
<td>Lakewood Health System - Pillager Clinic</td>
<td>64%</td>
<td>96%</td>
<td>98%</td>
<td>93%</td>
</tr>
<tr>
<td>Advancements in Allergy and Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MN Scores Compared to National

Percent Most Positive Score on CG-CAHPS Visit Survey, 2010 and 2012

- **Access**
- **Provider Comm**
- **Office Staff**
- **Provider Rating**

www.cahpsdatabase.ahrq.gov
Transition from CG-CAHPS Visit to 12-Month and PCMH Versions

- Access, provider rating, and recommend questions are the same and can be trended.
- If MDH adopts 12-month for quality rule, all practices can be compared on the core items.
- HCH practices will add PCMH items for reporting.
- Practices can use Visit for internal improvement, or adopt 12-month (with or without PCMH) for internal use.
Overcoming persistent myths

- Myth #1: Patient experience is nice but not necessary
- Myth #2: Patients won’t answer more than 10 questions
- Myth #3: Surveys used for accountability cannot be used for improvement
- Myth #4: It’s impossible to improve scores
“What’s In It For Me”: Improving Patient Experience from the Clinician’s Perspective

- Creates high performance practices/units and integrally links to care redesign efforts
- Strengthens ability to recruit and retain excellent staff
- Improves clinician and staff satisfaction
- Reduces the time and energy currently invested in “service recovery”
- Reduces cost of rework
Stillwater Medical Group Example

- **Aim**: Improve performance on the CG-CAHPS question: "During your most recent visit, did this doctor give you easy to understand instructions about taking care of these health problems or concerns?"

- For SMG, performance on this question was:
  - Below average
  - Strongly correlated with overall provider rating

- **Intervention**: Increase use of After Visit Summary (AVS) function of EMR
Barriers to implementation

- Consistent use of the After Visit Summary (AVS) tool
- Provider time needed to use it and hand it out
- Usefulness of information on the AVS for the patients
How barriers were addressed

- Sought out early adopters to promote the use of AVS
- Partnered with patients to improve content and delivery
- Automated printout and distribution
Results by department differed by AVS use

Received easy to understand instructions

% of patients responding "yes, definitely"

Q4 2009 | Q1 2010 | Q2 2010 | Q3 2010 | Q4 2010

EMR implemented

Family Medicine | Internal Medicine

Data source: Stillwater Medical Group
Monitoring Progress with Qualitative Feedback Methods

- CG-CAHPS scores provide high-level assessment of performance
- Very difficult to move these scores quickly
- Cost of surveying through continuous sampling at provider or site level can be prohibitive
- Can use complementary, qualitative patient feedback methods to:
  - Monitor short-term tests of change
  - Dig deeper into specific behaviors or system issues
  - Corroborate survey data
Other Patient Feedback Methods

- Comment cards
- Targeted rapid cycle surveys
- Focus groups
- Individual interviews
- Walkthroughs
- Shadowing
- “Mystery shopping”
- Patient and family advisory councils
## Resources for Improvement

### Patient Experience of Care: Inventory of Improvement Resources

#### AMBULATORY-FOCUSED RESOURCES: Toolkits and Guides

<table>
<thead>
<tr>
<th>Resource</th>
<th>Source</th>
<th>Description</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHPS Improvement Guide</td>
<td>Agency for Healthcare Research and Quality</td>
<td>A comprehensive guide to improving the patient experience including a searchable database of interventions based on performance problem or specific survey topic.</td>
<td>The website for this resource is temporarily unavailable. However, a PDF version is available on request. Contact Dale Shaller (<a href="mailto:d.shaller@comcast.net">d.shaller@comcast.net</a>).</td>
</tr>
<tr>
<td>Improving Patient Experience Program Resources</td>
<td>California Quality Collaborative</td>
<td>A listing of resources, organized by different patient experience domains.</td>
<td><a href="http://www.calquality.org/programs/patienexp/resources/">http://www.calquality.org/programs/patienexp/resources/</a></td>
</tr>
<tr>
<td>Resources for Patient Experience of Care Improvement</td>
<td>Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital</td>
<td>Links to numerous tools, curriculum and articles, including a listing of resources categorized by survey composite topics.</td>
<td><a href="http://www.massgeneral.org/stoecklecen">http://www.massgeneral.org/stoecklecen</a> ter/programs/patient_exper/about.resou rces.aspx</td>
</tr>
</tbody>
</table>
CAHPS Improvement Guide

- Comprehensive resource for health plans, medical groups, and other providers seeking to improve their performance in the domains of quality measured by CAHPS Surveys

- Use of the Guide can help organizations:
  - Cultivate an environment that encourages and sustains QI
  - Analyze the results of CAHPS Surveys to identify strengths and weaknesses
  - Develop strategies for improving performance
The CAHPS Improvement Guide

Read about the information you can find in this guide and the organizations responsible for its development.

Why Improve Patient Experience?
Learn how improving patient experience may lead to positive clinical and business outcomes

Are You Ready To Improve?
Learn about the behaviors of organizations that are successful in providing positive experiences with care.

Analysis of CAHPS Results
Explore strategies for identifying the best opportunities for improvement.

Quality Improvement Steps
Learn how to implement interventions to achieve specific performance goals.

Browse Interventions
Find strategies for improving specific aspects of patients’ experience with care.

Resources
Resources based on different sections of the site and addressed by intervention types.

About The CAHPS Improvement Guide
Read about the information you can find in this guide and the organizations responsible for its development.
Reports and Case Studies

- CG-CAHPS Survey
  - A Tale of Three Practices: How Medical Groups are Improving the Patient Experience

- HCAHPS Survey
  - Improving Patient Experience in the Inpatient Setting: A Case Study of Three Hospitals

- Go Guide – Transform Care in Six Steps

- Patient-Centered Care: What Does It Take?

- Providing Performance Feedback to Individual Physicians
Improvement Podcast Series

- Case for Improving Patient Experience
- Creating an Improvement Culture
- The Role of Leadership in QI Efforts
- Teamwork in QI
- Human Resources Issues
- Qualitative Methods for Patient Experience
- Identifying Areas to Improve
- Improving Communication
- Factors Affecting Care Coordination
- Creating an Effective Customer Service Training Program
- Tackling Low Literacy
Contact Information

Dale Shaller, MPA
Principal, Shaller Consulting Group
6381 Osgood Avenue North
Stillwater, MN  55082
651-430-0759
d.shaller@comcast.net