The Patient Experience
A Critical Element in the Delivery of High-Quality Care

March, 2015
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Studer Group Senior Leader
Studer Group

• **Mission**
  To make healthcare a better place for employees to work, physicians to practice medicine, and patients to receive care.

• **Vision**
  To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.
About Studer Group

What We Do
• Apply evidence-based tactics to achieve and sustain exceptional clinical, operational, and financial outcomes
• Develop web-based software solutions for operational alignment and process efficiency
• Provide a wealth of educational resources—including books, training videos, webinars, and institutes

Awards
• Received the 2010 Malcolm Baldrige Quality Award
• Ranked #5 on Great Place to Work® 2014 Best Small & Medium Workplaces List

By The Numbers
• Works with hundreds of healthcare organizations worldwide
• Employs over 80 professional coaches and speakers
Healthcare Flywheel®

Purpose, worthwhile work and making a difference

Prescriptive To Do’s

PRINCIPLES

Bottom Line Results
(Transparency and Accountability)

PILLAR RESULTS

Passion

Self-Motivation

StuderGroup®

a Huron Healthcare solution
Communicating: Always start with the WHY…

- Why
- What
- How
Limbic  Cerebral
“Cure sometimes, treat often, comfort always”

-Hippocrates, born 460 BC
Three Dimensions of Quality
Patient Experience, Clinical Safety and Effectiveness

- Patient experience is positively associated with clinical effectiveness and patient safety.
- “Clinicians should resist sidelining patient experience as too subjective or mood-oriented, divorced from the ‘real’ clinical work of measuring safety and effectiveness.”
- Positive associations appear across disease areas, study designs, settings, populations and outcome measures.

<table>
<thead>
<tr>
<th>Studies</th>
<th>Positive Associations</th>
<th>No Association</th>
<th>Negative Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>557</td>
<td>429 (77.8%)</td>
<td>127 (22%)</td>
<td>1 (0.2%)</td>
</tr>
</tbody>
</table>

Source: A systematic review of evidence on the links between patient experience and clinical safety and effectiveness; BMJ Open, 2013
IHI: Triple Aim

Population Health

Experience of Care

Per Capita Cost
“How patients feel—both in terms of their symptoms and in terms of their care—is central to medicine’s mission as a helping profession. Furthermore, research shows that patients who are more engaged in their health care (which would be expected as more likely among patients with better experiences) have better health outcomes.”

IOM: Crossing the Quality Chasm

“Transparency is necessary. The [healthcare] system should make available to patients and their families information that enables them to make informed decisions when selecting health plan, hospital, or clinical practice, or when choosing among alternative treatments. This should include information describing the system’s performance on safety, evidence-based practice, and patient satisfaction.”

Source: Crossing the Quality Chasm, IOM, 2001
The future viability of our organization will be dependent on our ability to deliver service excellence. --Mayo Clinic

“Patients First” is the guiding principle of Cleveland Clinic. We strive to provide outstanding and compassionate care and service, every step along the way.

Geisinger Health System is committed to providing you and your family with the best possible patient experience, each and every time you visit us.

Our goal is to provide exceptional care and service to you and your family. --Kaiser Permanente
Quality

To provide a level of patient care and service good enough for our own mothers, without the need for special arrangements.
Positive Patient Experience “Pays”

• “Satisfied patients return for care, and the positive word of mouth from satisfied patients will bring new patients into the practice.”
  - Drain & Kaldenberg 1999, 32.

• A better patient rating of information and physician quality was “associated with patients reporting that they would definitely return” for care.

• “The compassion with which care is provided appears to be the most important factor in influencing patient intentions to recommend/return, regardless of the setting in which care is provided.”
  - Burroughs, Davies, Cira, Dunagan 1999.

• “Patient satisfaction will significantly influence the intent to return and intent to recommend services to others; thereby serving as a determinant for repeated clinic visits, new patient visits, and program marketing.”

• Lower performing physicians are at greater risk for Malpractice Lawsuits
But we only get a few complaints a month…

For every one who complains, 20 dissatisfied customers do not.

The average “wronged” customer will tell 25 others about the bad experience.

- Of those dissatisfied customers who do not complain, 10% will return but 90% will not.
- It costs 10 times as much to attract new customers as it does to keep current ones.
- Changing a poor customer service image takes 10 years on average.

Source: HFMA 2004, Zimowski
Do you want high patient experience or high productivity? I can’t do both!

There are many physicians with high productivity and high patient experience!

Source: Perm J 2012 Fall; “Patient Experience and Physician Productivity: Debunking the Mythical Divide at HealthPartners Clinics”
Value Based Payment Linkages…

• Private Payer Examples
  – Blue Cross Blue Shield of Massachusetts has created an Alternative Quality Contract compensation model which ties a portion of payment to CG CAHPS
  – Integrated Healthcare Association in California, who runs the largest non-government pay-for-performance (P4P) program, ties compensation to CG CAHPS

• Medicaid and CHIP programs
  – States are leveraging the CG CAHPS surveys instrument in either pilot or full adoption models.

• CMS
  – CMS piloted and/or started collecting baseline data related to CG CAHPS for many programs in 2014 and is starting to link CG CAHPS reporting to payments in 2015. These programs include:
    • Medicare Shared Savings Program (MSSP)
    • Physician Quality Reporting Systems (PQRS)
    • Federally Qualified Health Centers (FQHC) Advanced PCP Demonstration
CMS Public Reporting of CG CAHPS data began on Dec 2014 with ACOs

### Patient/Caregiver Experience

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Timely Care, Appointments, and Information</td>
<td>84%</td>
</tr>
<tr>
<td>How Well Your Doctors Communicate</td>
<td>94%</td>
</tr>
<tr>
<td>Patients' Rating of Doctor</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Composite**

**Top Box**
Minnesota HealthScores
www.mnhealthscores.org

CG CAHPS Reporting is live in Minnesota

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Getting Care When Needed</th>
<th>How Well Doctors Communicate</th>
<th>Courteous and Helpful Office Staff</th>
<th>Doctors with an Exceptional Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairview Riverside Primary Care Clinic</td>
<td>67% (58%)</td>
<td>92% (89%)</td>
<td>97% (90%)</td>
<td>81% (72%)</td>
</tr>
<tr>
<td>Fairview Uptown Clinic</td>
<td>53%</td>
<td>91%</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>HealthPartners - Riverside</td>
<td>56%</td>
<td>88%</td>
<td>92%</td>
<td>75%</td>
</tr>
</tbody>
</table>
## Compare Practice Ratings

See how your selected Practices compare for Quality ratings:

<table>
<thead>
<tr>
<th>Good</th>
<th>Better</th>
<th>Best</th>
</tr>
</thead>
</table>

> Where do these ratings come from?

Adult Care ratings for your selected practices
(Last updated on Tue, 01/06/2015 - 15:18)

### Summer Street Health Center
34 Summer Street Suite 2
Bangor, ME 04401
(207) 992-2636
> See details

### Brewer Health Center
401 South Main Street
Brewer, ME 04412
(207) 989-5588
> See details

### St. Joseph Internal Medicine
900 Broadway Building 3
Bangor, ME 04401
(207) 907-3300
> See details

## Patient Experience

What patients say about this practice

<table>
<thead>
<tr>
<th>How Patients Have Rated Their Experience</th>
<th>Ratings explained</th>
<th>Better</th>
<th>Good</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting timely appointments, care and information</td>
<td></td>
<td>Good</td>
<td>Good</td>
<td>Best</td>
</tr>
<tr>
<td>How well providers communicate with patients</td>
<td></td>
<td>Better</td>
<td>Good</td>
<td>Best</td>
</tr>
<tr>
<td>Helpful, courteous and respectful office staff</td>
<td></td>
<td>Good</td>
<td>Good</td>
<td>Best</td>
</tr>
<tr>
<td>Patients' rating of the provider</td>
<td></td>
<td>Better</td>
<td>Good</td>
<td>Best</td>
</tr>
</tbody>
</table>
They may not remember what you said…

They may not remember what you did…

They always remember how you made them feel.

-Maya Angelou
Communicating: After WHY, then tell us WHAT...
“Could a greater miracle take place than for us to look through each other's eyes ... for an instant?”

Henry David Thoreau
1817-1862
**CG** = Clinician and Group
   – Its about **your whole team**

**CAHPS™** = Consumer Assessment of Healthcare Providers and Systems
   – Its about the **patient’s experience**

Note: **CG CAHPS** = **CG-CAHPS** = **CGCAHPS**
CG CAHPS Family Tree (9 and counting...)
CG CAHPS Surveys

CG CAHPS Core Questions + CG CAHPS Supplemental Questions = CG CAHPS Survey Versions

Examples:
- CAHPS for PCMHs
- CAHPS for ACOs
- CAHPS for PQRS

Source: CG CAHPS 2.0 longitudinal surveys from AHRQ
Focus on the Core Questions…

• In some practices today, patients are receiving different versions of the CG CAHPS survey based on *their payer.*
  – Different survey versions will become the norm in the next few years as practices participate in Medicare Fee For Service, Medicare Advantage, Medicaid, Private Payer PCMHs/ACOs and other payment programs.

• The Core Questions are the key to measuring patient experience— as they are the same across all survey versions.

• By focusing on the core questions, you can:
  – Make changes that will impact your results on all the survey versions
  – Compare providers, offices, groups and obtain external benchmarks.
So …… what’s at the core?
CG CAHPS Core Questions & Composites

15 questions grouped in 5 composites

**Getting Timely Appointments, Care, and Information (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
- Saw provider within 15 mins of scheduled appointment

**Provider (Doctor) – Patient Communication**
- Provider explains things well
- Provider listens carefully
- Provider gave easy-to-understand information
- Provider knows important information about your medical history
- Provider spends enough time with you
- Provider shows respect for what you say

**Courteous and Helpful Office Staff**
- Clerks and receptionists were helpful
- Clerks and receptionists treat you with courtesy and respect

**Test Results**
- Follow up on Test Results

**Rating of the Provider (Doctor)**
- Overall rating of your Provider

Source: AHRQ, CG CAHPS 2.0 longitudinal survey
Patient Experience is about High Reliability

There are 4 standardized answers to the core CG CAHPS questions

Always

Usually

Sometimes

Never

Only “Always” Counts

Top Box = Percent Always

Source: CG CAHPS 2.0 longitudinal survey; standardized answers
Overall Provider Rating Question

**Question:**
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

*Only responses of 9 & 10 count as Top Box*

Source: CG CAHPS 2.0 longitudinal survey
“It isn’t hard to be good from time to time; what’s tough is being good every day.”

—Willie Mays
CMS 2015 Program Year: CG CAHPS Surveys

ACO or PQRS?

ACO

- Required to administer the CAHPS for ACOs survey at your cost and using a CMS approved vendor.

PQRS

- Required to administer the CAHPS for PQRS survey at your cost and using a CMS approved vendor.

# of EPs?

- 100+ EPs
  - Options to administer the CAHPS for PQRS survey at your cost and using a CMS approved vendor.
- 2-99 EPs
  - Required to administer the CAHPS for PQRS survey at your cost and using a CMS approved vendor.

Source: CMS Website accessed on 3-6-2015 and 2015 CMS-Certified Survey Vendor Reporting (CAHPS for PQRS) Made Simple v1.0
# CMS CG CAHPS Surveys (6-month longitudinal)

## PQRS:
- 81 questions / 12 domains

## ACO
- ACO-8 (required) 69 questions / 8 domains
- ACO-12 (optional) 80 questions / 12 domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>PQRS</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Timely Care, Appointments, &amp; Information</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>How Well Your Providers Communicate</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Courteous &amp; Helpful Office Staff</td>
<td>Required</td>
<td>Required**</td>
</tr>
<tr>
<td>Patient’s Rating of Provider</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Care Coordination*</td>
<td>Required</td>
<td>Optional</td>
</tr>
<tr>
<td>Access to Specialists</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Health Promotion and Education</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Health Status &amp; Functional Status</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Between Visit Communication</td>
<td>Required</td>
<td>Optional</td>
</tr>
<tr>
<td>Helping to Take Medication as Directed</td>
<td>Required</td>
<td>Optional</td>
</tr>
<tr>
<td>Stewardship of Patient Resources</td>
<td>Required</td>
<td>Optional</td>
</tr>
</tbody>
</table>

Notes:
- *Test Results Core Question is bundled in Care Coordination Domain*
- **Required for ACOs but not scored
# CMS CAHPS Timelines

<table>
<thead>
<tr>
<th>Program Year</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACO</td>
<td></td>
<td>• ACO</td>
</tr>
<tr>
<td>• PQRS: 100+ EPs</td>
<td></td>
<td>• PQRS: 100+ EPs</td>
</tr>
<tr>
<td><strong>Collected By</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACO: by CMS</td>
<td></td>
<td>• ACO &amp; PQRS: by Group</td>
</tr>
<tr>
<td>• PQRS 100+: by CMS</td>
<td></td>
<td>via CMS certified survey</td>
</tr>
<tr>
<td>• PQRS 25-99: by Group</td>
<td></td>
<td>vendor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>via CMS certified survey vendor</td>
</tr>
<tr>
<td><strong>Visit Year</strong></td>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td><strong>Surveyed</strong></td>
<td>Q1-2015</td>
<td>Q1-2016</td>
</tr>
<tr>
<td><strong>Published</strong></td>
<td>Late 2015</td>
<td>Late 2016</td>
</tr>
<tr>
<td><strong>Payment Linkage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACO: Yes <em>(to ACO-8)</em></td>
<td></td>
<td>• ACO: Yes <em>(to ACO-8)</em></td>
</tr>
<tr>
<td>• PQRS: No</td>
<td></td>
<td>• PQRS: Yes for 100+</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>(2017 payment modifier)</em></td>
</tr>
</tbody>
</table>
What is CMS going to do with 2015 Program Year CAHPS data?

<table>
<thead>
<tr>
<th>PQRS</th>
<th>ACOs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment</strong>: Report PQRS metrics satisfactorily for the 2015 program year to avoid the 2017 PQRS negative payment adjustment.</td>
<td><strong>Payment</strong>: Leverage the data in ACO-33 &amp; alternative payment calculations</td>
</tr>
<tr>
<td><strong>Public Reporting</strong>: The summary data at the group level <em>may</em> be posted on the CMS Physician Compare website.</td>
<td><strong>Public Reporting</strong>: The summary data at the group level will be posted on the CMS Physician Compare website.</td>
</tr>
</tbody>
</table>

Source: CMS Website accessed on 3-6-2015 and 2015 CMS-Certified Survey Vendor Reporting (CAHPS for PQRS) Made Simple v1.0
Studer Group’s CG CAHPS Recommendations

*Skate to where the puck is going to be…*

- If you haven’t started yet, *start conducting CG CAHPS v2.0 surveys ASAP*
- Follow the $ and focus on *Longitudinal Surveys*
- Start by focusing on the “*Core Questions*” that every CG CAHPS survey contains
- Focus on improving your “*top box results*” vs. vendor benchmarks
Communicating: Close with the HOW…
Fundamental Tactics for Improving CG CAHPS Outcomes

• Key Words at Key Times
• Individualized Patient Care (IPC)
• AIDET® (the Five Fundamentals of Communication)
• Managing Up
• Service Recovery / CARE™
• Rounding
• Employee/Provider Selection
### Key Words at Key Times

**Tip: Choose Your Words Wisely…**

<table>
<thead>
<tr>
<th>SAY</th>
<th>DO</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minute</td>
<td>5 minutes</td>
<td>Upset!</td>
</tr>
<tr>
<td>5 minutes</td>
<td>5 minutes</td>
<td>Satisfied</td>
</tr>
<tr>
<td>10 minutes</td>
<td>5 minutes</td>
<td>Exceeded Expectations!</td>
</tr>
</tbody>
</table>
Individualized Patient Care (IPC)

Tip: Ask your Patients!

INDIVIDUALIZED PATIENT CARE
Our goal is to consistently provide the best quality care possible. To do this, we need to know what this means to you. What can we do to make certain we provide you with the best quality care possible?

Please circle one

New Patient          Returning Patient

What’s your “ONE THING?”
Our goal is to consistently provide the best quality care possible.

Please tell the Registration Staff the “one thing” we can do today to make your visit with us the best possible. You may want us to pay extra attention to your drug allergies, you may want a glass of water or a blanket, or you may need to be out of here by a certain time. Whatever it is, please let us know so we can make certain your experience is the best.

☑️ I need to be out of here by 10 a.m.
☑️ I am nervous about my test. Please explain it thoroughly.
☑️ I am cold-natured and would like a blanket.
Advantages of AIDET®

*Tip: Decrease anxiety and increase compliance*

- Decreased Anxiety
- Increased Compliance

= Improved clinical outcomes and increased patient and physician satisfaction

<table>
<thead>
<tr>
<th>Acknowledge</th>
<th>Introduce</th>
<th>Duration</th>
<th>Explanation</th>
<th>Thank you</th>
</tr>
</thead>
</table>

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Managing Up

**Tip: Manage Up Yourself and Your Team Members.**

- “My name is Barbara and I have been a nurse for 14 years. I know this test is uncomfortable, but I have a lot of experience in getting it done as quickly and painlessly as possible.”

- “Dr. Smith is so worth the wait. He’s the best. He is absolutely who I would go to see if it were me or my family.”

- “Our lab department is wonderful. You can trust they will be very accurate and get you your results as quickly as possible.”

- “Dr. Clark doesn’t have any appointments available today, but did you know we have a nurse practitioner on staff? She can order that strep test and write you a prescription if you need one, and Dr. Clark thinks she’s great.”
Service Recovery / CARE℠

*Tip: Don’t leave your service recovery to chance*

<table>
<thead>
<tr>
<th>What?</th>
<th>How?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C</strong>onnect</td>
<td>We introduce ourselves. We say, “What is the problem and how can I help make it better for you?”</td>
</tr>
<tr>
<td><strong>A</strong>polologize</td>
<td>Be careful not to stray into excuses of placing blame. Even if the situation is unavoidable or we feel the customer is unreasonable, apologize that the customer is unhappy.</td>
</tr>
<tr>
<td><strong>R</strong>epair</td>
<td>Determine what it would take to make the customer happy. If we don’t know, we ask. Sometimes the customer just wants acknowledgment. We say, “What can I do to make it better for you?”</td>
</tr>
<tr>
<td><strong>E</strong>xceed</td>
<td>Attempt to go above and beyond the customer’s expectations.</td>
</tr>
</tbody>
</table>
Room and Round℠

Tip: When you room a patient, round on those waiting to be seen

Upon Room Assignment
- Narrate your care.
- Provide comfort measures.
- Before leaving the room, say: "Dr. Guy will be with you within 15 minutes."
- "Is there anything I can help you with before I leave the room?"
- "I am going to close the door to respect your privacy."

As You Round on Exam Rooms (every 15 minutes)
- Address any comfort needs.
- "Mr. Jones, Dr. Guy knows you are here ..."
- "Mr. Jones, Dr. Guy will be delayed—he will be with you within 15 minutes."
- "Is there anything I can help you with at this time?"
- "Thank you for your patience, Mr. Jones."
Employee/Provider Selection

*Tip: Make sure your team is vested in your next hire’s success!*
Impact of Fundamentals on Overall Provider Rating
“Always bring it back to values...”
-Quint Studer
I’m not telling you it’s going to be easy, I’m telling you it’s going to be worth it.

Art Williams
Matthew Bates

matthew.bates@studergroup.com

mobile: 720-355-1053