



Advancing High Performance Health

AMGA Foundation

Acclaim Award
CHRISTUS Trinity Clinic

2018 Recipient

**Narrative: Patient
Experience Project**



CHRISTUS Trinity Clinic: Building the Ideal Health System

2018 Acclaim Award Recipient

Narrative: Patient Experience Project



In January of 2018, AMGA named CHRISTUS Trinity Clinic as the recipient of the 2018 Acclaim Award. The Acclaim Award, supported by AMGA Foundation, the association’s nonprofit arm, is designed to recognize and celebrate the successes that medical groups and other organized systems of care have achieved in improving the value—the quality and cost of care—of the healthcare services they provide to their communities. It honors organizations that are meeting the IOM Aims for Improvement and are taking the necessary steps to become a High-Performing Health System™ as defined by the AMGA.

As part of the Acclaim Award application process, the organization was asked to highlight narratives describing the design and deployment of major components—projects, phases, or tactical plans—that were part of their plan to transform the way they deliver health care in order to more fully achieve the AMGA High-Performing Health System™ attributes, improving both the quality and cost of care. Here, we share one of their narratives.

Patient Experience Project

Striving toward excellence and being a high-performing health system, CHRISTUS Trinity Clinic’s leadership team realized they needed to redesign and reorganize their process improvement approach. In late 2014, to further their journey toward national prominence in patient experience, the health system committed to a cultural transformation journey to excellence as the key strategy to change the delivery of the care experience in order to more successfully manage and improve the overall patient experience. In addition to various market drivers, patient health and safety was placed at the forefront of this strategic performance improvement initiative. With this in mind, the organization implemented cultural transformation processes to enhance patient experience through laying the foundation for change, creating alignment and accountability, fostering engagement, and getting buy-in from frontline staff, leadership, and physicians.

Through the primary strategy, to achieve national prominence and excellence in patient experience, CHRISTUS Trinity Clinic set forth on a journey to excellence through:

- Cultural transformation and creating a patient-centric culture as a key strategy to change the delivery of the care experience
- Differentiation in the market based on patient experience and access as measured by holding and increasing market share
- Alignment and integration of physicians as true partners to contribute positively to the organizational objectives

Process Deployment

The organization engaged people, processes, and data to drive change.

People

People from all levels of the organization participated:

- Senior leadership were in alignment regarding the service excellence strategy and as a key driver for the initiative, created a new position, Director of Service Excellence. The administrative leaders were held accountable by the Director of Service Excellence, with the VP of Operations being the executive champion and the CEO being the executive sponsor for the initiative.
- The physician leaders, including institute chairs, were involved in the strategic development and implementation of the initiative and were responsible for engaging the 360 providers in the system, with the help of the administrative directors.
- Clinic level managers were given clear expectations to implement strategies, while given an opportunity to be involved in shared decision-making through a peer-nominated manager's council. This core group of representatives reached out to their designated peers and helped elevate their peers' level of service excellence in their clinics. This team helped keep all the managers engaged throughout their service excellence journey.

- Finally, frontline staff drove change through the "First Impressions Team," in which representatives were engaged to be agents of change among their frontline peers. This enhanced frontline engagement and encouraged staff development.

Processes

Specific processes were developed to change behavior and enhance patient experience. Each tactic and program was implemented through careful planning, tracking, and follow-up. Some of these behaviors are well-known approaches such as AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You) from the Studer Group, a communication tactic that is proven to reduce anxiety, build trust, and increase compliance; wait time update tactics; rounding on physicians, staff, and patients; and rounding in the reception area. AIDET is incorporated into all aspects of patient communication, but especially important in first encounters at the reception desk and when the patient is called back to the exam room.

They developed an innovative program to enhance the patient's experience of transition from the reception area to the exam room. This program, called "Close the Gap," is the organization's method in which the clinical staff retrieve patients from the reception area, without yelling out their name from the door. Instead, the clinical staff identifies beforehand where the patient they need to retrieve is sitting, and then in a warm inviting manner walks over to them, greets them respectfully, and walks them shoulder-to-shoulder back to the exam room. This method facilitated building relationships in a unique way to reduce anxiety and foster trust in a short amount of time before proceeding with the medical consultation. Internally development resources included a "Close the Gap" Toolkit.

Another grassroots program is the physician communication coaching program. The coaching process starts with a physician or advanced practice provider volunteering to participate, and the lead coach sending a welcome letter to the candidate. Following this, the provider will join a group meeting to become familiar with the program and review their individual CG CAHPS results. This gives the candidate a clear understanding of the patterns of “what patients are saying.” The session also provides initial strategies to address the different areas important to patient communication. At this meeting, the coach-candidate team is identified, and the candidate is introduced to his or her physician communication coach. Thereafter, a shadowing session is scheduled, where the coach visits the candidate at his or her practice, observes the candidate during a few patient encounters, and makes notes or potential improvements. The coach will give a verbal appraisal and a summary of written recommendations. This process will continue for a quarter. The candidate can also select to observe the coach seeing patients and evaluate the coach’s communication skill to see if there are any techniques that he or she would like to incorporate into their practice. Evidence-based tactics like AIDET and Close the Gap formed the foundation of improving patient communication. After four months of intensive coaching, providers have improved and are more fulfilled in practice, but also the overall provider rating has improved. The lead physician “Clinician Communication Coaching Manual” has been very effective in creating engagement at all physician levels.

Several other programs were implemented to improve the patient experience and the physician and staff engagement. These programs include wait time update tactics, rounding on physicians, staff, and patients, and rounding in the reception area. One of the most important programs was the “Advanced Access” project, where physician leaders and managers from

each department received eight hours of classroom training on the principles of open access and template design. This work was followed up with weekly access improvement accountability meetings. Each department experienced results of better patient throughput, fewer unused (wasted) appointment slots, and dramatic improvements in time to third next available appointment.

Goals, Measures, Matrices

Accountability on all levels made the processes successful. The use of online rounding tools to track validations and observations tracked compliance and improvements. Secret shopping assisted with accountability. Physicians are held accountable to CG CAHPS results as part of the incentive bonus for specialists and the compensation portion for primary care. The physicians can track their progress toward their goals in the Provider Feedback System, which is software specifically designed for this purpose. For all the processes implemented, a fixed timeline for rollout and hardwiring to take place, in some cases, followed a 90-day rapid cycle improvement model with ongoing validations.

CHRISTUS Trinity Clinic developed creative ways to make reports fun instead of punitive. Reports are used at each leadership meeting at all levels to first and foremost celebrate wins. One of the reports is internally referred to as the “Christmas tree report,” and it is a one-page clinic-by-clinic comparison of key CG CAHPS results that is reviewed each month in the all managers meeting as well as the nurse leaders meeting.

This creates a healthy amount of competition and accountability. They also have pivot tables where the leaders and providers can drill down into CG CAHPS data (Figures 1-9) on the clinic and provider level to see monthly data down to question level. This drives high accountability and creates the urgency for change.

Obstacles

The most significant barrier that CHRISTUS Trinity Clinic had to overcome was physician resistance to CG CAHPS data. They overcame this barrier by educating physician leadership on the importance of patient experience and the link to clinical outcomes. This resulted in the physician leadership engagement, where leaders then took the information to their respective physician groups and explained the importance of patient experience, and using CG CAHPS to measure the experience. This barrier also was overcome by restructuring the physician compensation plan to incorporate CG CAHPS as a measure to create accountability. They also developed a physician peer-to-peer coaching program to improve understanding of CG CAHPS and to enhance physician communication.

Another barrier is the geographic distribution of the multispecialty group. With a geographical distribution of a 60-mile radius from the main campus, in 33 locations, serving a total population size of over a million people, it can be challenging to have a consistent message in all the legacy locations. The organization overcame this barrier by creating a peer-selected manager's council to represent the 32 managers and have their voices heard when planning initiatives. They also created a team of frontline staff from each clinic location to attend a breakfast once a month to create that cohesion among clinics and consistency in messaging and the alignment of accountability.

Another challenge is that variance in the legacy multispecialty medical group, with more 360 physicians, representing 36 specialties, made it difficult to create a consistent patient experience across this continuum of care. This barrier was overcome by creating accountability and standard expectations that surpassed differences across specialties.

Important Learnings

The most important lesson in the patient experience journey would be that accountability and culture are more important key drivers than fancy tactics and beautiful buildings. Whether it is a small clinic with only one physician or a large facility with many providers, where the same culture and high accountability exist, both practice settings will demonstrate the same high-quality patient experience in both locations.

Results

The medical group has seen steady improvements in CG CAHPS over three years.

- Overall Doctor Rating improved from baseline of 58th to the most recent result of 89th percentile.
- Access to Care improved from baseline of 29th to the most recent result of 81st percentile.
- Results were consistent at the 93rd percentile for the Care Coordination Domain.
- Physician Communication Quality improved from baseline of 49th to the most recent result of 87th percentile.
- Office Staff Quality improved from baseline of 56th to the most recent result of 90th percentile.

Baseline data represents January 2015, and the most recent results represent August 2017. All Results are measured by All Press Ganey Database, All Facilities, Top Box Percentile Rank, 3 Month Received Date (Figures 2-9).

Figure 1: CG CAHPS Performance Summary (Then and Now)

CGCAHPS Domain	January 2015 Percentile Rank	August 2017 Percentile Rank
Overall Doctor Rating	58	89
Access to Care 3 Month	29	81
Test Results / Care Coordination	93	93
Physician Communication Quality	49	87
Office Staff Quality	56	90

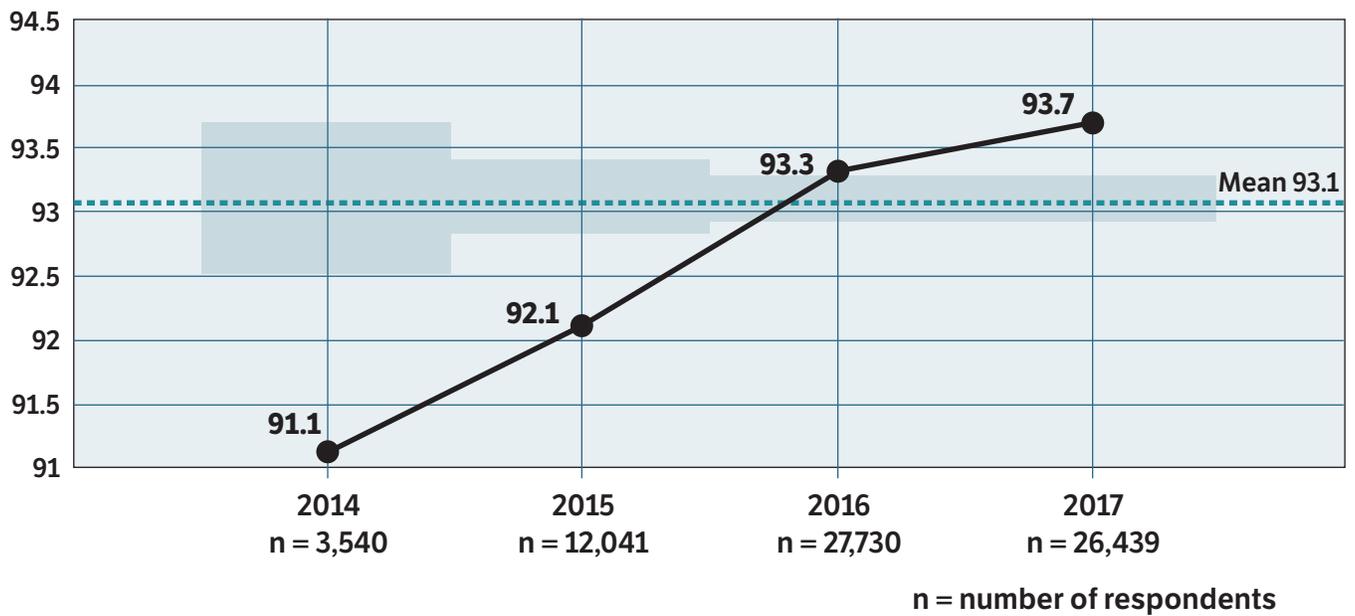
Based on 3 Months Received Date, All Facilities, All Respondents

Figure 2: CG CAHPS Annual Service Scoring Summary

CAHPS	2014	2015	2016	2017
	Top Box	Top Box	Top Box	Top Box
Rate provider 0–10	84.8	87.2 ▲	89.7 ▲	90.2 ▲
Recommend this provider office	91.8	93.0 ▲	94.1 ▲	94.6 ▲
See provider within 15 minutes of appointment	78.4	79.9 ▲	81.2 ▲	-
Physician communication quality	92.0	93.5 ▲	94.7 ▲	94.9 ▲
Office staff quality	91.7	93.9 ▲	95.9 ▲	96.4 ▲
Access to care 3 month	-	-	82.8 ▲	83.8 ▲
Care coordination	-	-	79.5 ▲	79.1 ▼
Access to care	60.3	63.8 ▲	64.7 ▲	-
Test results	90.9	90.0 ▼	90.6 ▲	-

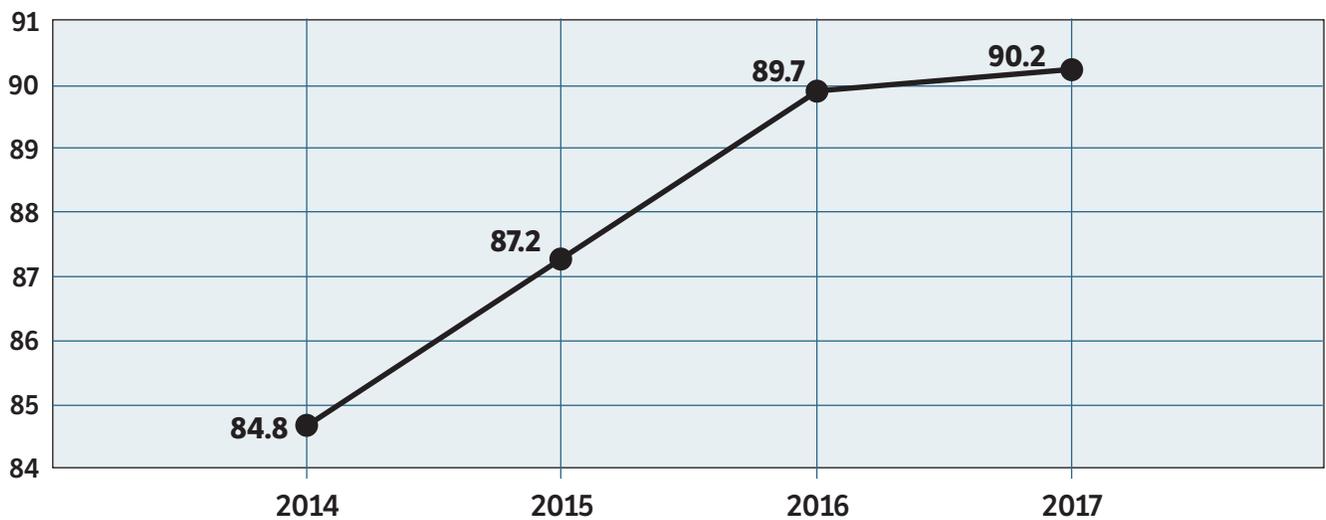
Displayed by Visit Date and Adjusted Sample

Figure 3: CG CAHPS 3 Month Service Scoring Summary



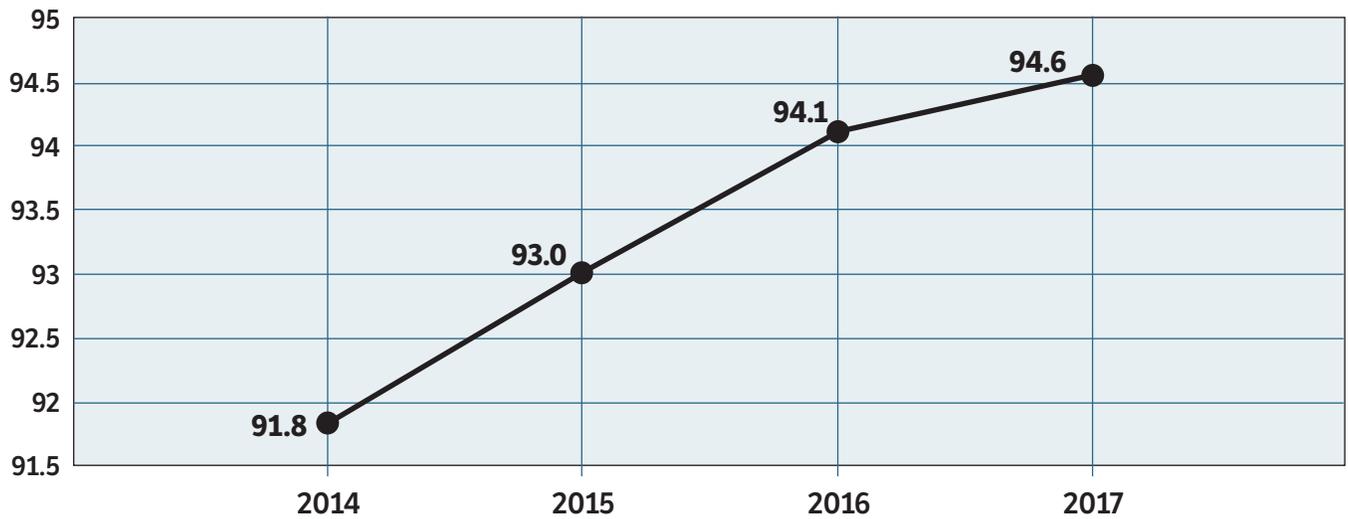
Displayed by Visit Date and Total Sample

Figure 4: CG CAHPS Rate Your Provider Top Box Trend



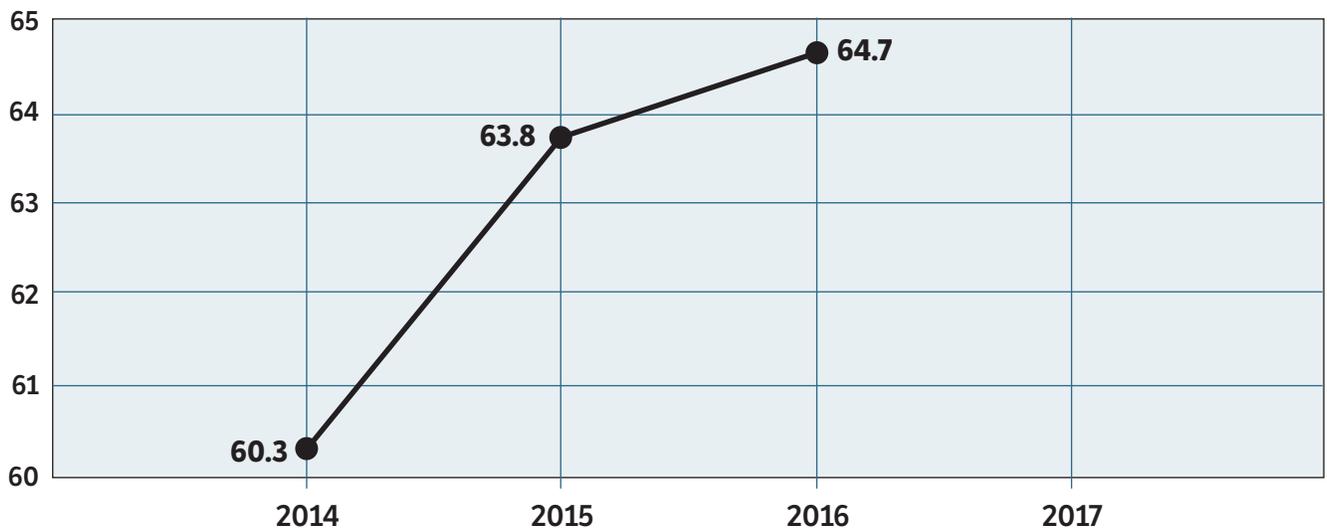
Displayed by Visit Date and Adjusted Sample

Figure 5: CG CAHPS Recommend This Provider to Others Top Box Trend



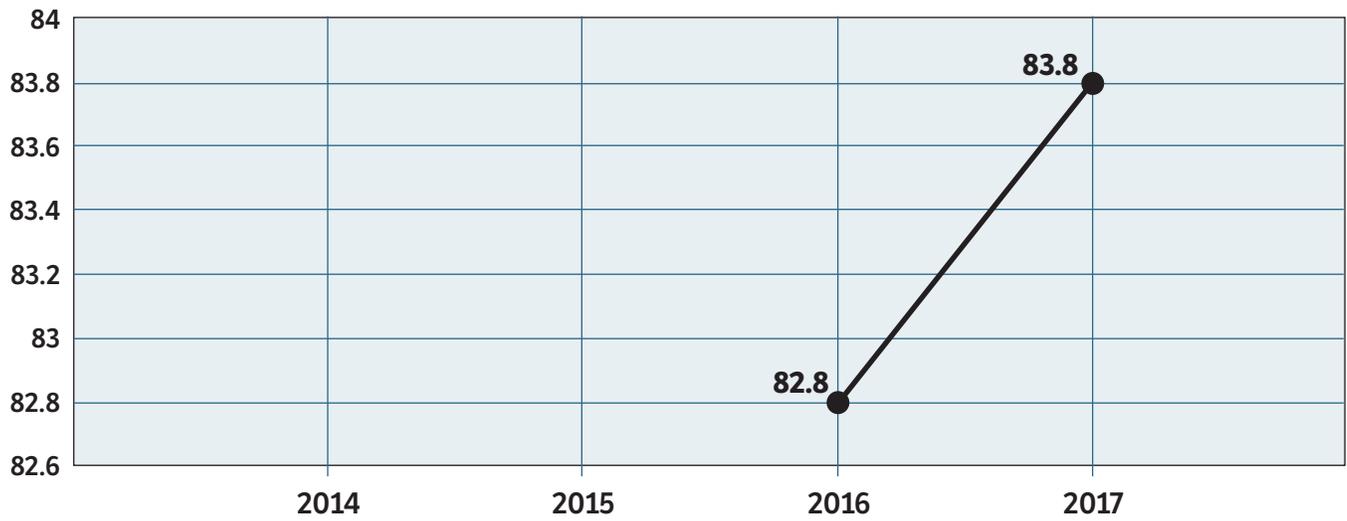
Displayed by Visit Date and Adjusted Sample

Figure 6: CG CAHPS Access to Care Top Box Trend



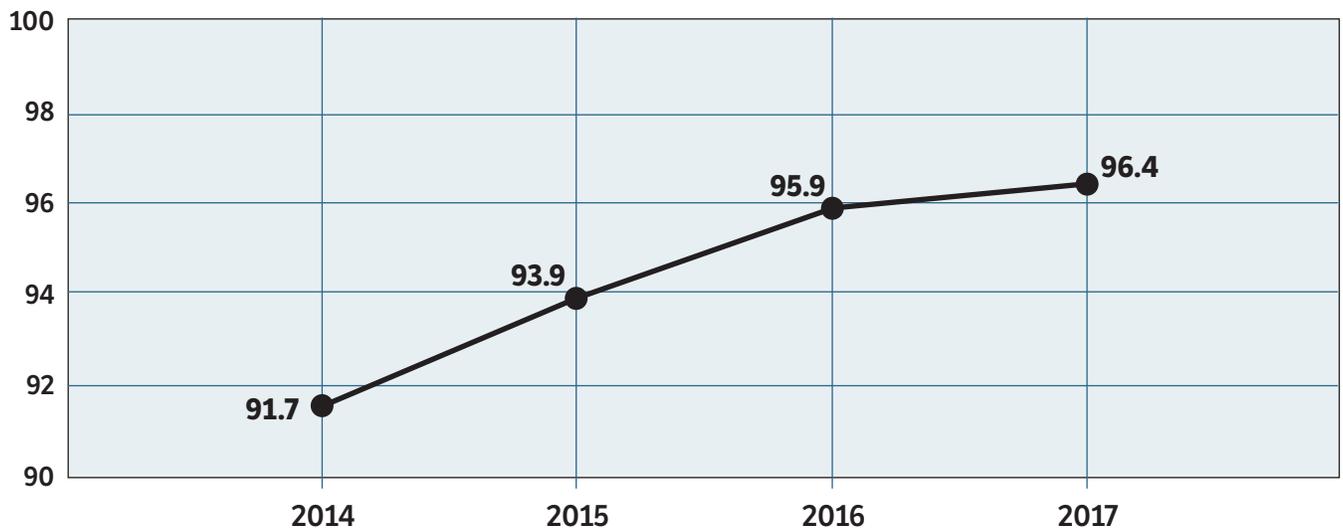
Displayed by Visit Date and Adjusted Sample

Figure 7: CG CAHPS Access to Care 3 Month



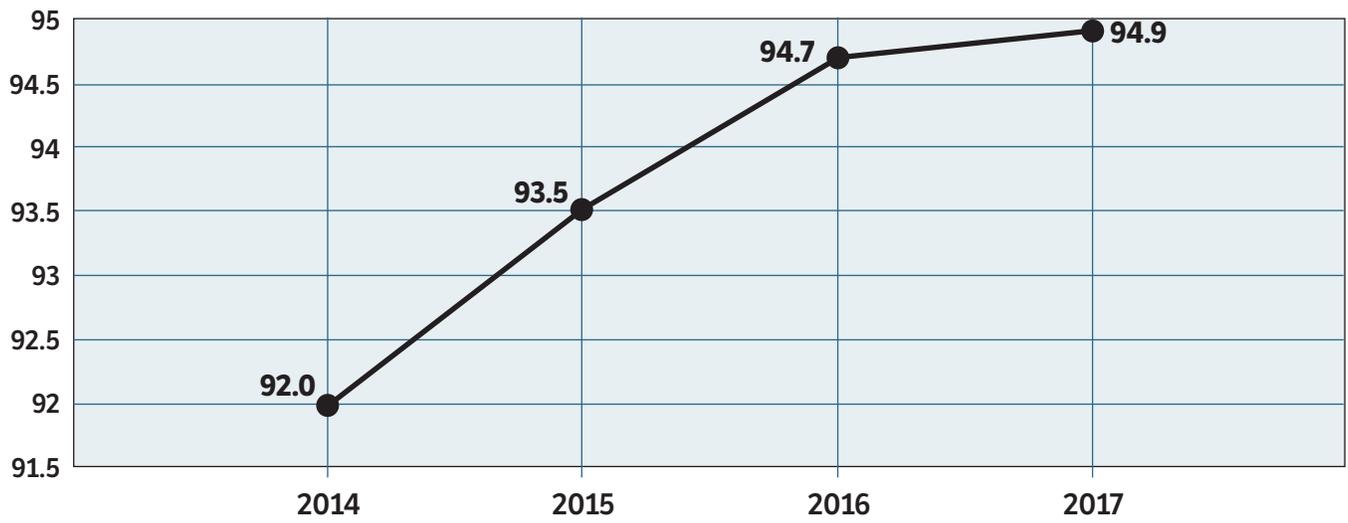
Displayed by Visit Date and Adjusted Sample

Figure 8: CG CAHPS Office Staff Quality Top Box Trend



Displayed by Visit Date and Adjusted Sample

Figure 9: CG CAHPS Physician Communication Quality Top Box Trend



Displayed by Visit Date and Adjusted Sample



Advancing High Performance Health

AMGA Foundation

One Prince Street
Alexandria, VA 22314-3318

amga.org