



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Improving Patient Experience in Large Organizations

A Webcast Presented by the AHRQ CAHPS User Network
March 24, 2021
2:00 – 3:00 pm ET

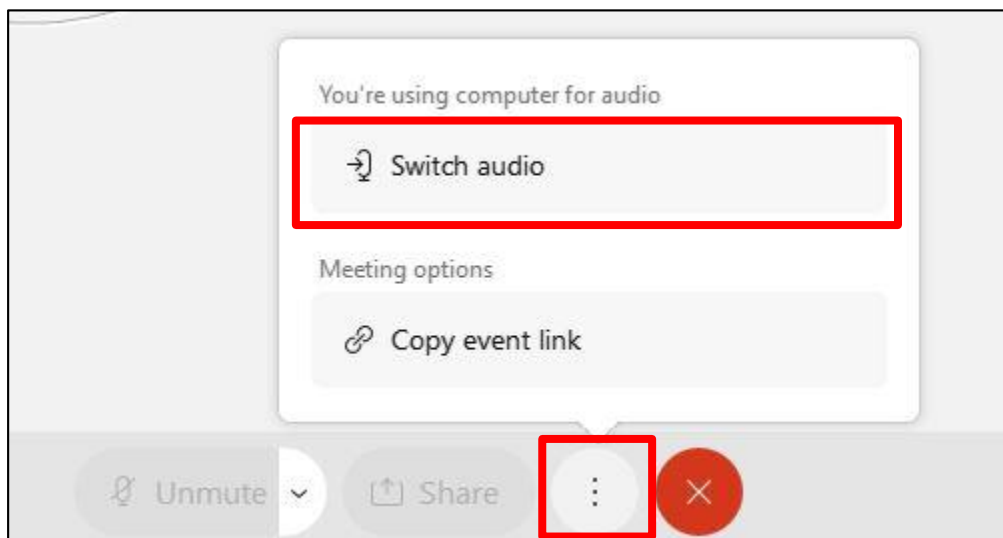
Our Focus Today



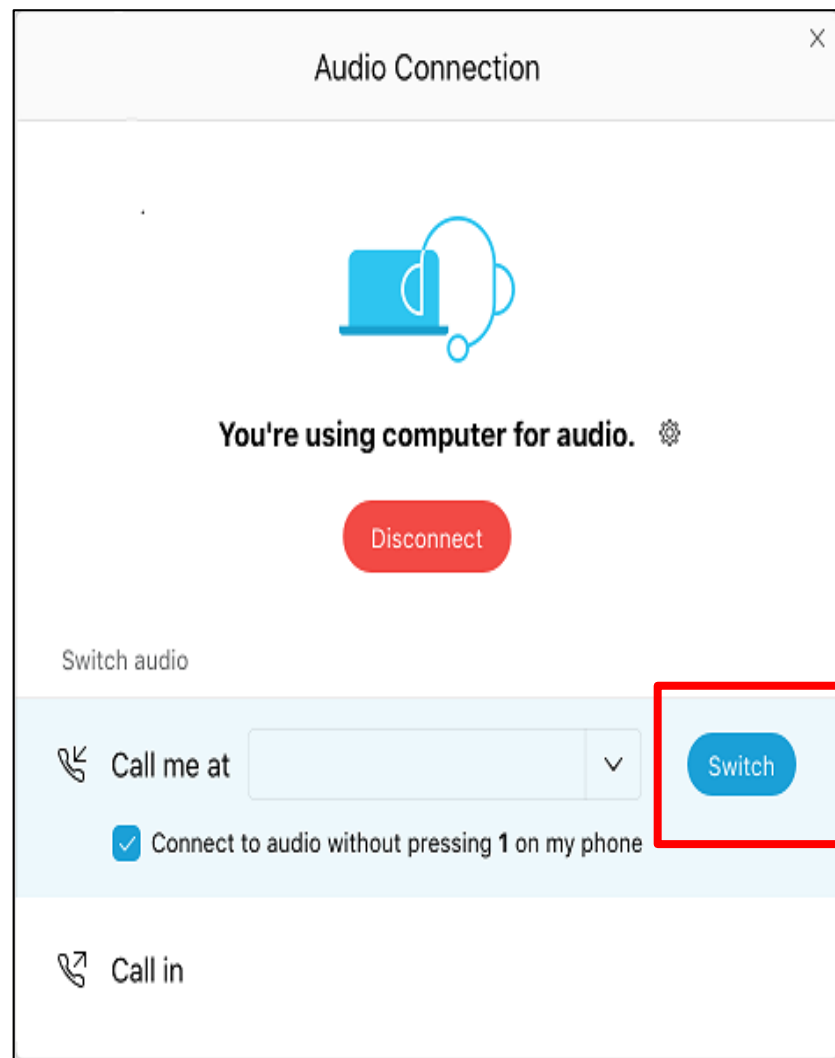
- Overview of AHRQ's CAHPS program
- Foundational elements of patient experience improvement
- Two case studies:
 - ▶ Improving patient experience with communication about medications in Kaiser Permanente hospitals
 - ▶ Improving patient experience with ambulatory care in UCLA Health medical practices
- CAHPS improvement resources

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 - ▶ Type question in the box that opens
 - ▶ Make sure “All Panelists” is selected



Q&A

All (0)

Ask: All Panelists

Type Question Here

Send

Participants QA

Today's Speakers



- **Caren Ginsberg, Ph.D.**
Director, CAHPS & SOPS Programs
Agency for Healthcare Research and Quality



- **Stephanie Fishkin, Ph.D.**
Principal Consultant
Kaiser Permanente



- **Samuel A. Skootsky, M.D.**
Chief Medical Officer (CMO)
UCLA Faculty Practice Group and Medical Group
Professor of Medicine at the David Geffen School of Medicine at
UCLA



- **Dale Shaller, M.P.A. (Moderator)**
Principal
Shaller Consulting Group

AHRQ'S CAHPS® PROGRAM

**Caren Ginsberg, Ph.D., CPXP,
Director, CAHPS & SOPS
Center for Quality Improvement & Patient Safety, AHRQ**

AHRQ's Core Competencies



- **Health Systems Research:** Invest in research and evidence to make health care safer and improve quality.
- **Practice & Quality Improvement:** Create tools for health care professionals to improve care for their patients.
- **Data & Analytics:** Generate measures and data to track and improve performance, and evaluate progress of the US health care system.

The AHRQ CAHPS Program



- CAHPS = Consumer Assessment of Healthcare Providers and Systems
- Program advancing the understanding, measurement, and improvement of patients' experiences with their health care
- Initiated and funded by AHRQ since 1995
- CAHPS Consortium – AHRQ, Yale University, RAND Corporation, Westat

CAHPS Research and Products



- The CAHPS program...
 - ▶ Conducts research to further...
 - our understanding of patient experience of care
 - our knowledge of measuring patient experience and collecting relevant data
 - informative reporting of patient experience data
 - quality improvement involving CAHPS
 - ▶ Develops surveys and related materials to assess patient experience in health care settings and with health plans and providers

CAHPS Surveys



- Surveys measure patient experience, not patient satisfaction.
- The CAHPS program captures the patient's voice.
- Surveys measure patient experience of care in different settings.
- Surveys are developed using standardized methodology and research findings.
- Trademark is held by AHRQ; all surveys must adhere to CAHPS design principles to earn the trademark.

CAHPS Surveys are considered the gold standard for patient experience measurement!

What We Learned 20 Years Ago



Evaluating the use of a modified CAHPS® survey to support improvements in patient-centred care: lessons from a quality improvement collaborative

Conclusion: Small measurable improvements in patient experience may be achieved over short projects. Sustaining more substantial change is likely to require organizational strategies, engaged leadership, cultural changes, regular measurement and performance feedback, and experience of interpreting and using survey data.

Davies E, Shaller D, Edgman-Levitan S, Safran DG, Oftedahl G, Sakowski J, and Cleary P (2008). *Evaluating the Use of a Modified CAHPS Survey to Support Improvements in Patient-Centered Care: Lessons from a Quality Improvement Collaborative*, Health Expectations, 11(2), 160-176.

Foundational Elements of Patient Experience Improvement



- Leadership and governance
- Partnerships with patients and families
- Focus on the workforce
- Systematic measurement and feedback
- Supportive technology and infrastructure
- Built environment

Shaller D. "Patient-Centered Care: What Does It Take?" New York: The Commonwealth Fund.
Publication No. 1067, November 2006.

Effective Implementation of Patient Experience Improvement

Stephanie Fishkin, PhD
Principal Consultant, Center for Healthcare Analytics, Kaiser Permanente

AHRQ-CAHPS: Improving Patient Experience in Large Organizations
March 24, 2020

Overview of Kaiser Permanente

We are one of America's leading health care providers and not-for-profit health plans.

23K+
physicians
deliver high-quality
care to Kaiser
Permanente
members



12.4M
people
get care + coverage
from Kaiser Permanente



\$88.7B
revenue



217K +
employees
improving the health
of people + communities



39
Hospitals

+



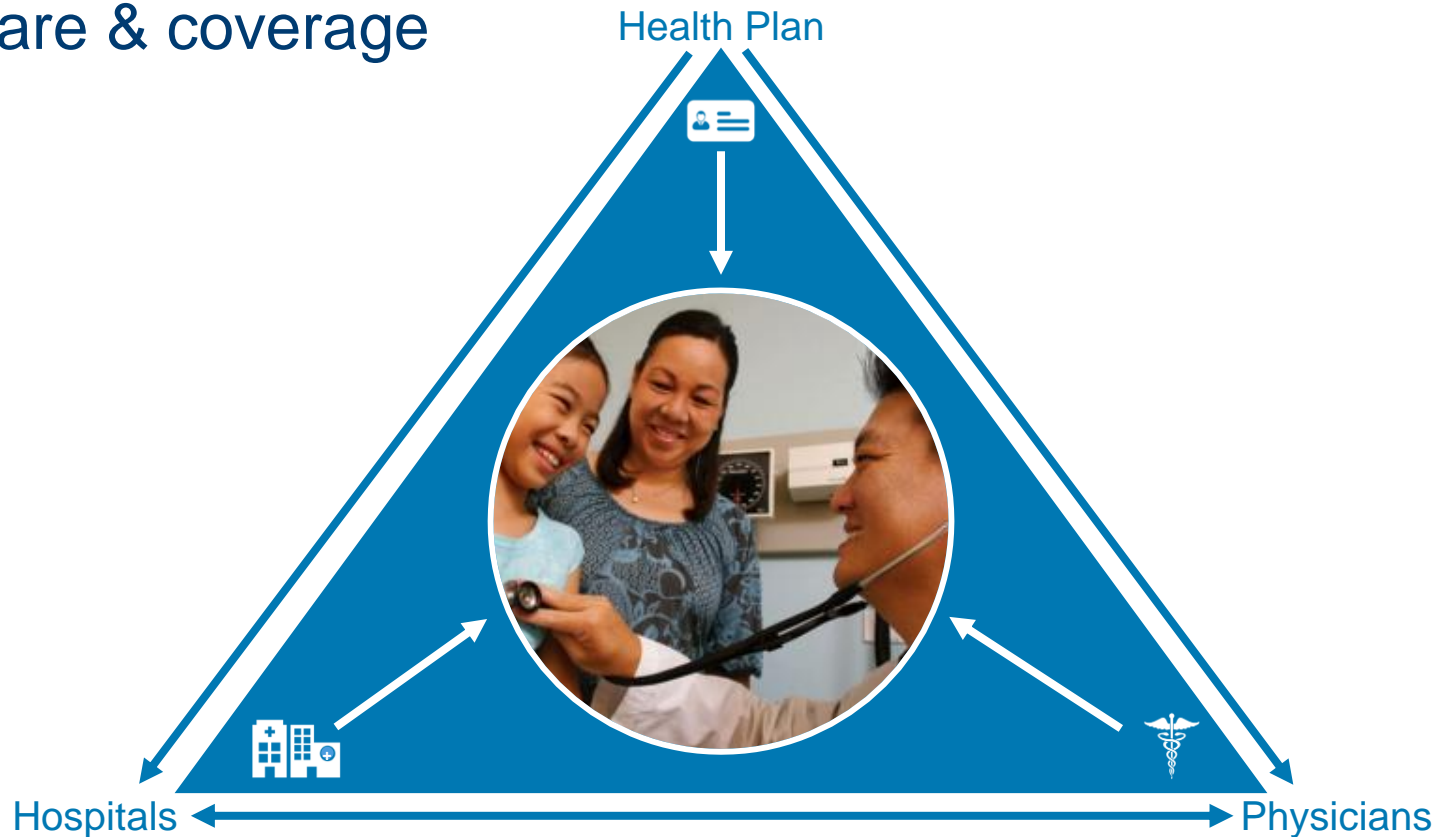
723
medical offices

63K +
nurses
are at the center
of our care



Source: 2019 Annual Financial Results ([Link](#))

Our integrated model includes
both care & coverage



HCAHPS Case Study: Medication Communication

HCAHPS Case Study: Medication Communication Composite

12. During this hospital stay, were you given any medicine that you had not taken before?

¹ ☐ Yes

² ☐ No ➔ If No, Go to Question 15

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

¹ ☐ Never

² ☐ Sometimes

³ ☐ Usually

⁴ ☐ Always

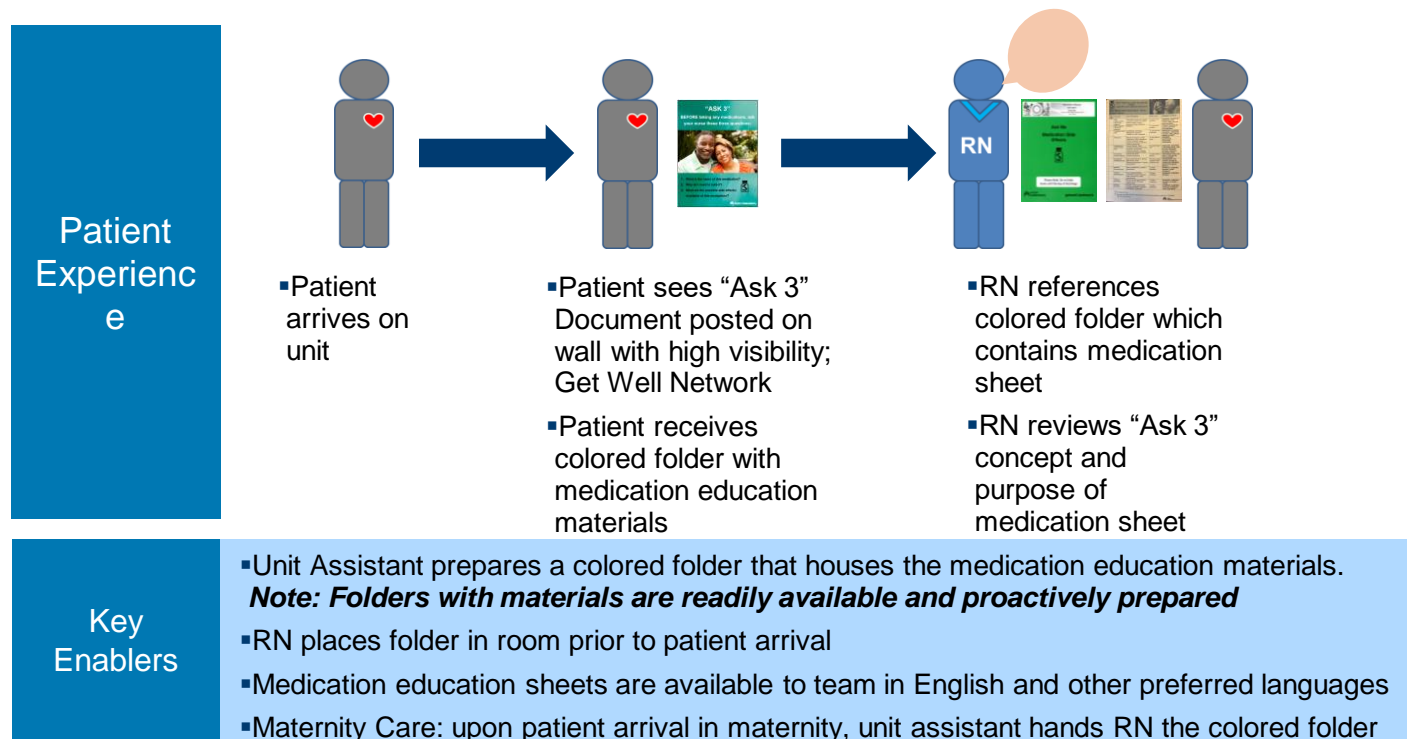
Processes for Quality Improvement

- Gap analysis
- Interdisciplinary, multi-site team
- Informed by industry *and* internal insights
- Pilot study
- Playbook with workflow

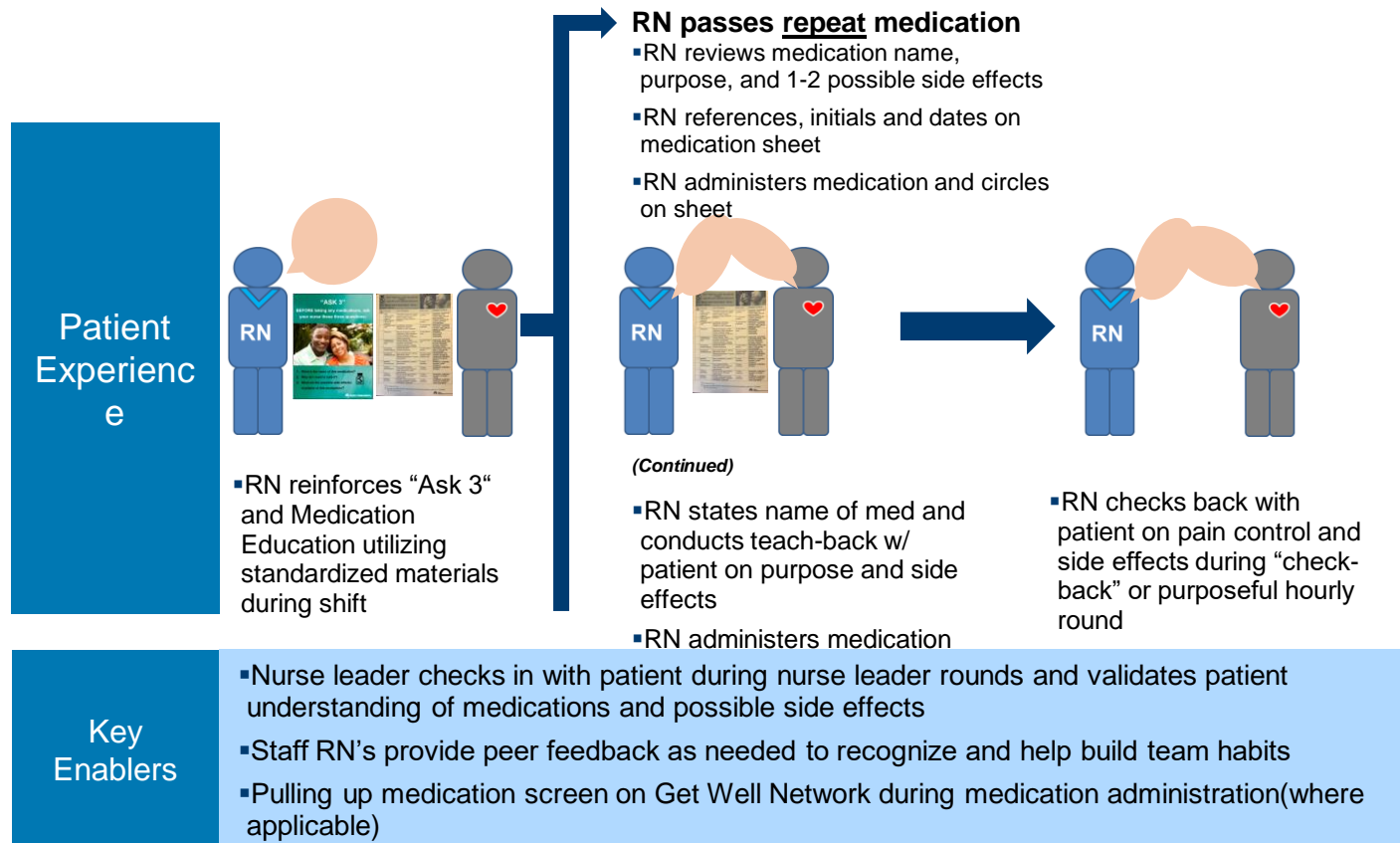


Practice Workflow: Unit Arrival

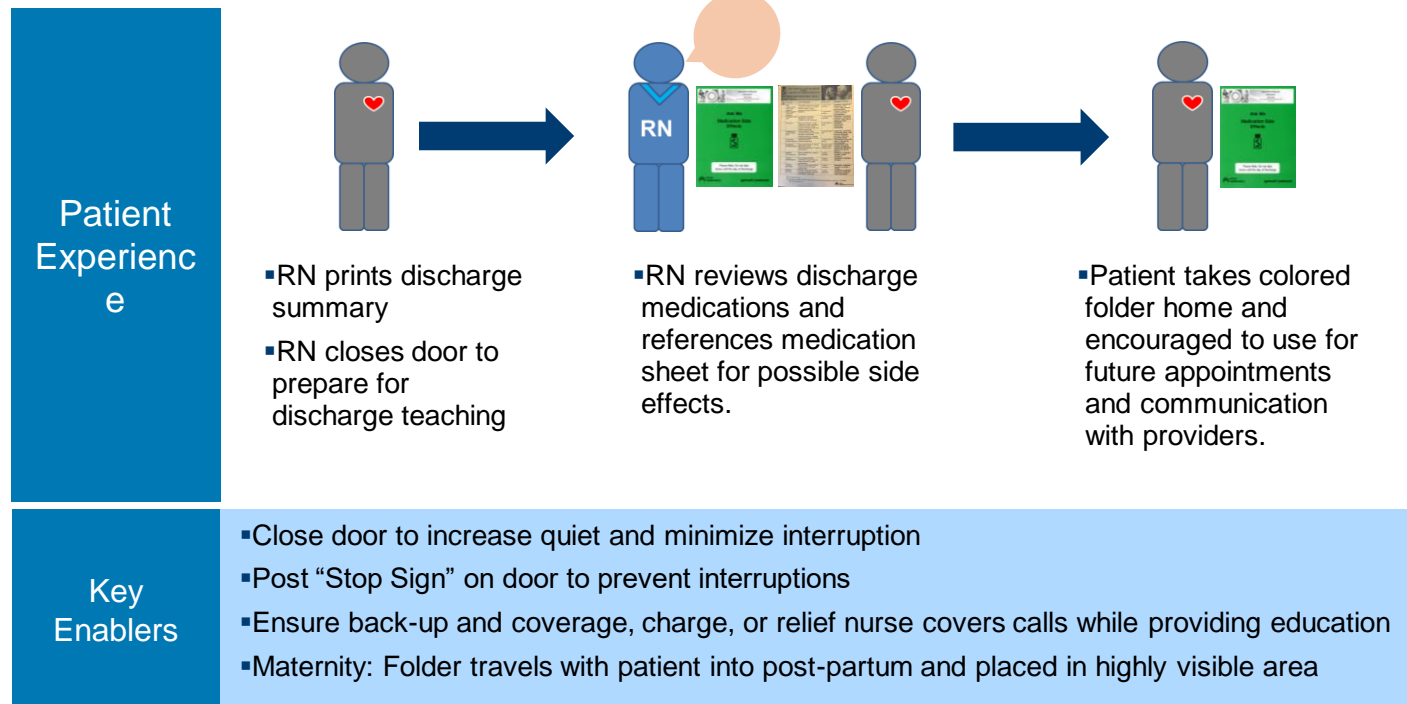
This diagram highlights the specific touchpoints where patients are impacted by the practice while the actions themselves can be easily incorporated into existing workflows such as medication passes, and hourly rounding.



Practice Workflow: During Stay

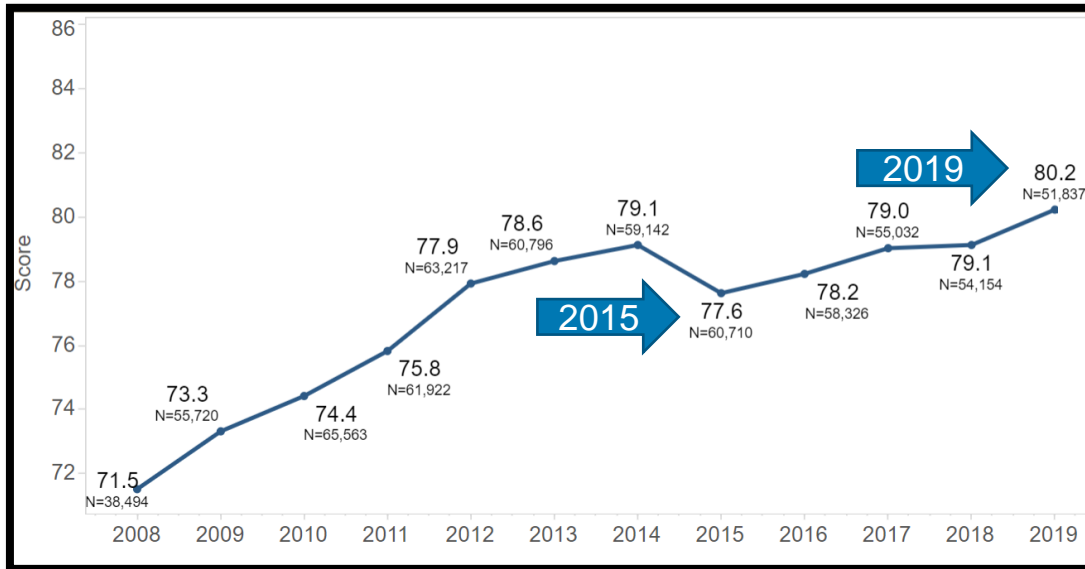


Practice Workflow: Discharge



Impact of Playbooks and Workflow on the Medication Communication Composite

Enterprise Annual Composite Linear Mean Raw Score



CMS Star Score by Hospital

2015 →

	Oct 16 KPH	Oct 17 KPH	Oct 18 KPH	Oct 19 KPH	Oct 20 KPH
	4	4	4	4	4
	3	2	2	3	3
	3	2	2	3	3
	2	2	2	2	2
	2	2	2	2	3
	2	2	2	2	3
	2	3	2	2	2
	3	2	3	2	3
	3	3	3	3	3
	2	2	2	3	3
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	3	3	3	3	3
	3	3	3	3	3
	2	2	3	4	4
	3	2	3	3	4
	3	3	3	4	4
	3	3	3	3	3
	3	3	3	4	5

← 2019

Thank you

Questions:

Stephanie.A.Fishkin@kp.org



Ambulatory Patient Experience Improvement

Samuel A. Skootsky, MD

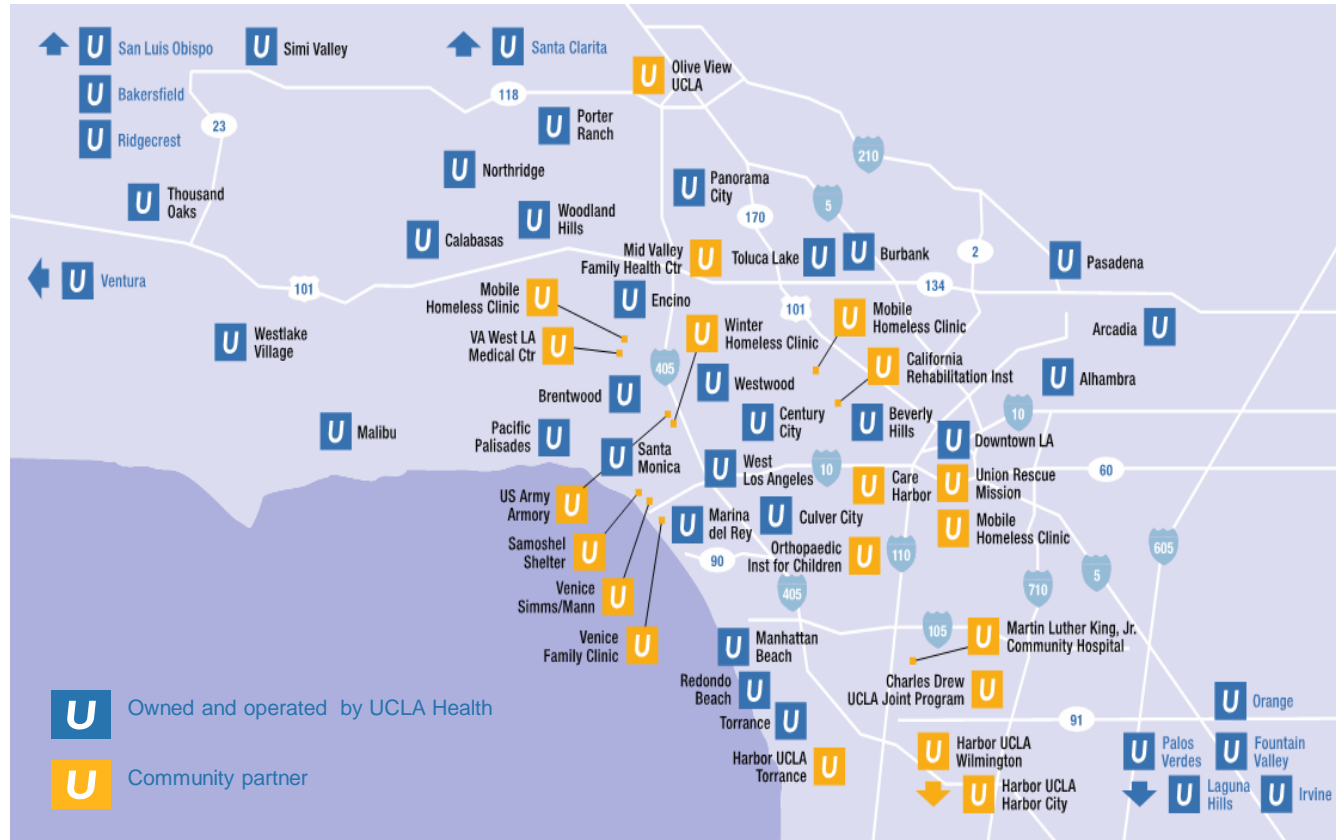
Chief Medical Officer

UCLA Faculty Practice Group and Medical Group

UCLA Health

March 2021

UCLA Health Ambulatory Care Locations

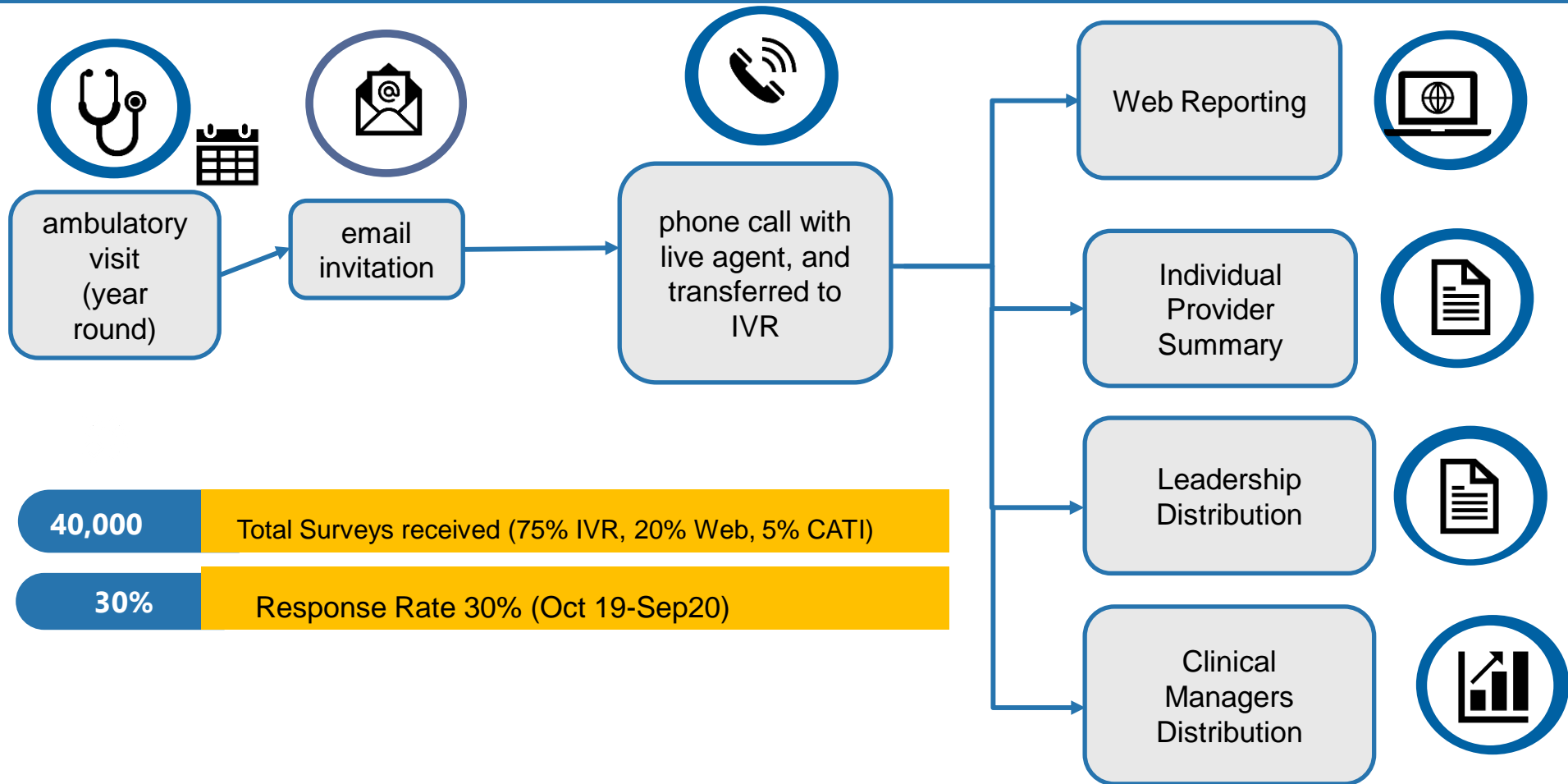


190 Ambulatory Community Practice Sites

Scope of UCLA CG-CAHPS Survey

	(counts are approximate per year)
Survey Version	CG-CAHPS 3.0 (Adult and Child)
Verbatim Responses	3 prompts (staff, provider, improvement areas)
# Surveys (95% Adult, 5% Child –All active PCP and All Specialists)	40,000
# Verbatim Comments	45,000
# Physicians (individual reports)	900
Year Initiated	2006
All Visit Types (as of April 2020)	In-Office, Televideo, Telephone
Standard Approach to Analysis	Case-Mix Adjusted.
Layered Reporting	MD, Site, Clinical Department, Whole Practice

Multimodal Email-Web and Telephone & Standardized Reporting



UCLA Health Interventions & Strategies to Improve the Patient Experience

← Newer Initiatives

Focused Quality Improvement

Review CG-CAHPS performance with each Clinical Director individually.

Service Recovery

All patients receive a text-based survey 15 minutes after their clinic visit (1-5 rating)

Physician Communication Workshop

Focused on doctor-patient communication for new providers and as “refresher”

Ambulatory Resource Team (ART)

Scorecard for clinics; assessment of actions affecting CG-CAHPS Office Staff scores.

CI-CARE™ Online Training Module

Standardized behaviors for staff and providers.

Focused Quality Improvement Work

Agenda for Discussion

- Review objectives of improvement project
- Provide an overview of the survey background
- **Review of practice site CG-CAHPS Survey results**
- Share clinical department survey data results
- Review “Top Five” items that drive patient loyalty

Action Planning

- Identify domain focus and using an A3 process conduct a current state and root cause analysis
- Develop action plan based on results found from current state and root cause analysis
- Communicate action plan to project manager for tracking purposes

Patient-Physician Communication Workshop



Patient – Physician Communication Workshop Descriptions:

- Two workshops, each 2 hours in length, taken two separate months.
- Rated highest by your peers as ‘most enjoyable sessions’
- *You will also receive 3 hours CME credits upon completion!*

Session A – In this 90 minute workshop, we describe, demonstrate and practice the strategies that we see providers utilize who are able to accomplish the following three goals:

(1) Create the most satisfying visits or encounters, (2) use time efficiently and (3) develop mutually agreed upon treatment plans or solutions with high levels of adherence.

Session B – 90 minute continuation of session A (one month or more later), build on the habits taught in the first workshop and apply them to the encounters that most providers describe as among the most difficult and least satisfying.

- To get the most value of these programs, each participant should come prepared to share interactions they have had with patients in clinic and at the hospital, in person and by phone or email, which they find are not as effective as they would prefer.

ART (Ambulatory Resource Team)

- **Development of Criteria to Measure and Monitor**

- Aesthetics (look and feel of practice)
- Check-in (process and interaction with staff)
- Patient Rooming (greeting and approach)
- 7 Project Managers/Coordinators round and provide support for practices
- Spread best practice to “low performers” and work with staff to train on interaction with patients and revenue integrity

- **Recognition and Incentives**

- All Office Managers and Clinical Directors have incentives tied to performance
- Staff receive incentives and formal recognition as they matriculate thru ART program

Investments in Office Staff

Ambulatory Training

- All staff attend a standardized 2-4 week training in a safe environment.
- UCLA Patient Engagement Expectations (behaviors and culture)
- Incorporate CICARE™ into every patient interaction.
- Utilize all learning methodologies by role play and simulated exercises
- Provide new hires an opportunity to demonstrate various proficiencies from an integrated learning approach by combining, Care Connect (EHR), CORE, Ambulatory Nursing, Cash Controls, etc. into one learning environment.

Investments in Office Staff

- Dedicated Training for **Care Coordinators (PSR)** – these staff are responsible for the coordination of care for high risk and complex patients. Improve the overall patient experience by assigning staff to coordinate patient care throughout one's healthcare journey.

Examples of additional training:

- Escalation of patient concerns that require immediate attention
- ensuring patient calls are returned by clinicians
- appointments are scheduled in a timely manner
- authorizations obtained and ancillary services are performed
- test results are reviewed and communicated to patients
- ensuring patients are informed of next steps throughout the process.

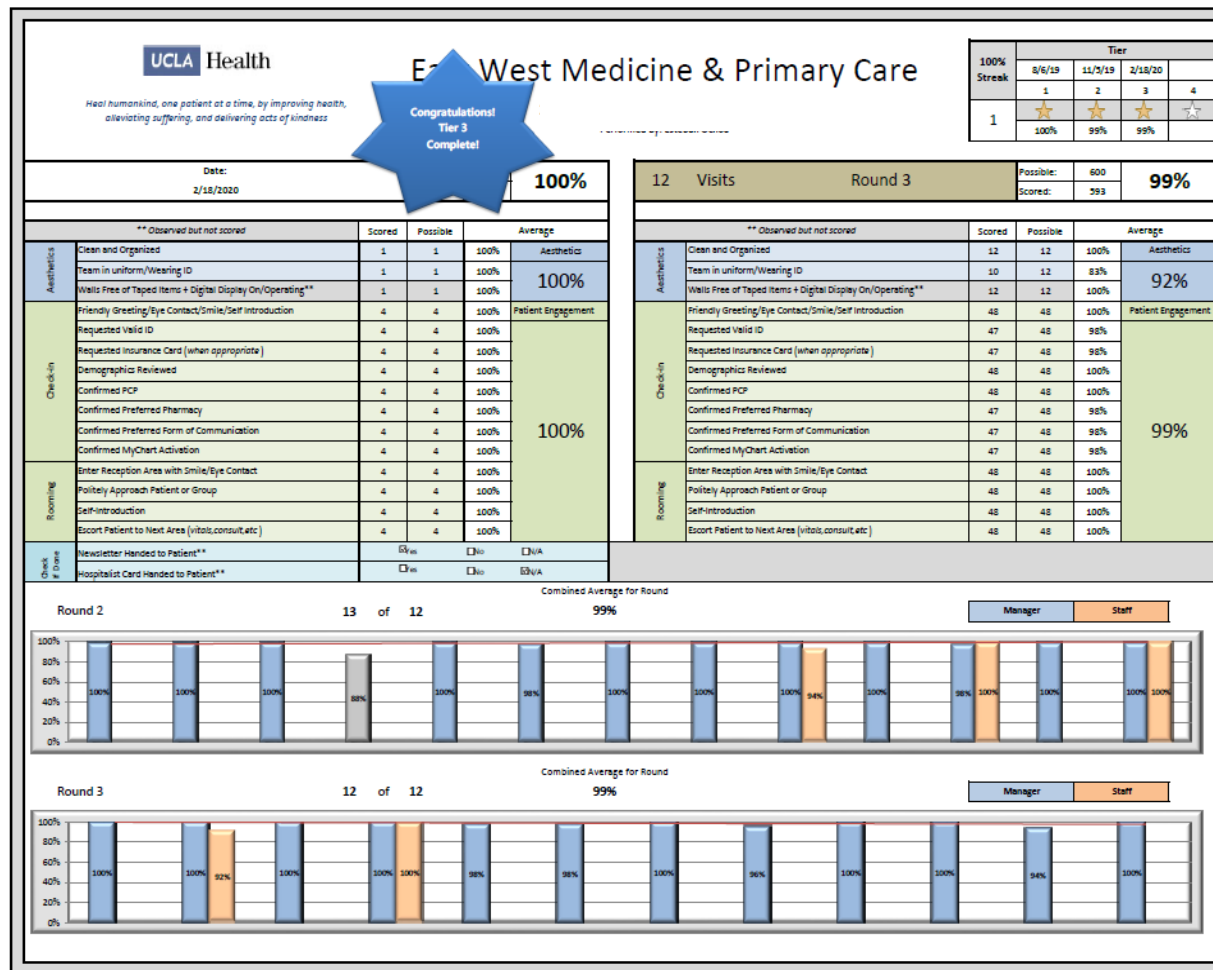
Success Factor – Alignment of Efforts

Practices Established Explicit Goal Align Efforts

- **Drivers of Success**

- Engagement of Clinical Directors and Practice Managers
 - Weekly Meetings
- Weekly Review of Dashboard and Metrics
 - Hold each other accountable
 - All round in each other's practice
 - Sharing of best practices
 - Highlighting staff at various venues
- Centralization of Key Services
 - Nursing, Patient Experience, Safety, Look and Feel Appearance
 - Patient Communication Center (PCC)
 - Employee Training

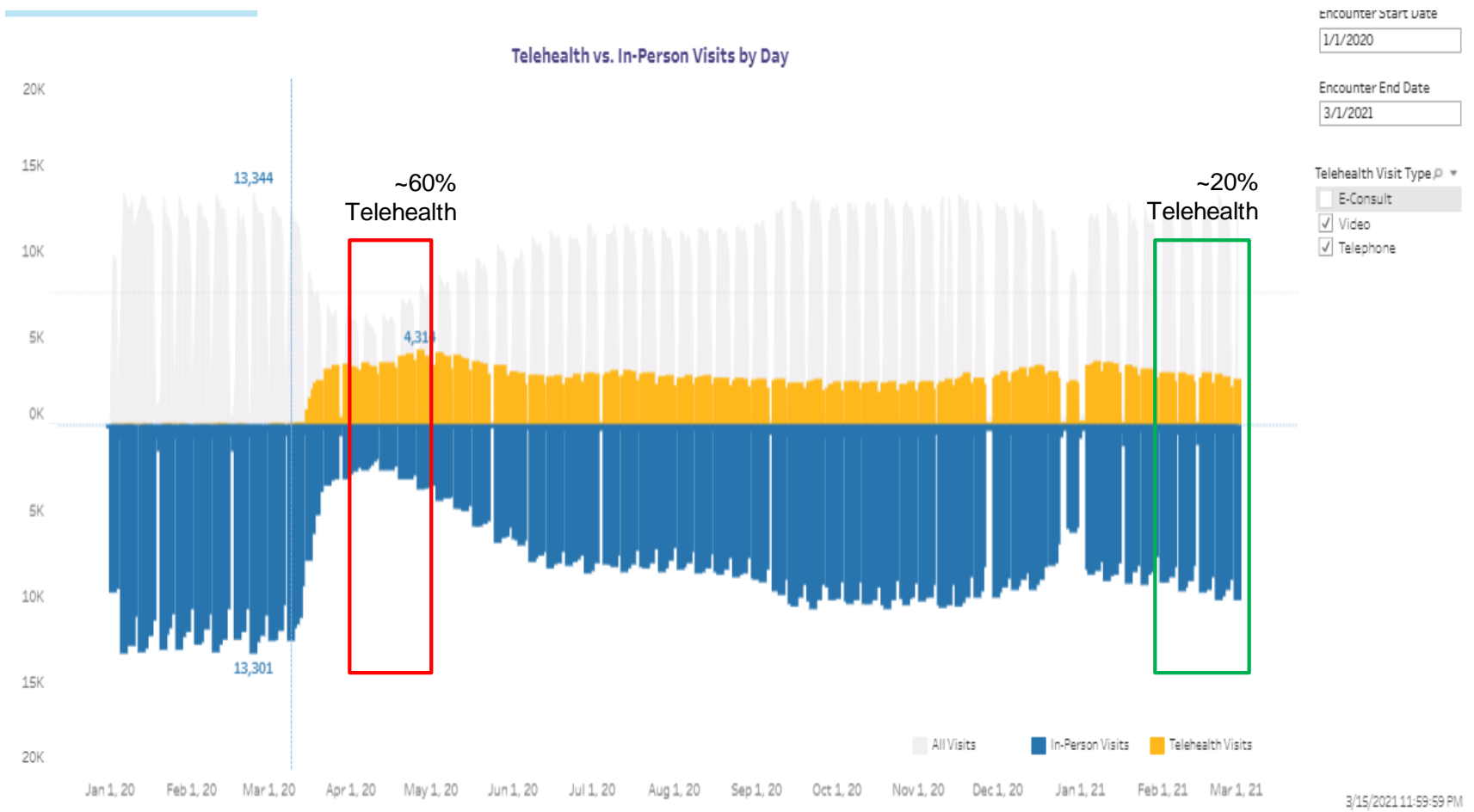
ART Scorecard



Some of the elements that may directly affect CG-CAHPS Office Staff Scores:

- Eye contact, self-introduction, & friendly greeting
- Politely approach patient or group in waiting room
- Escort patient to next area

Persistence of Telehealth Visits



Adaptations due to COVID-19 Pandemic

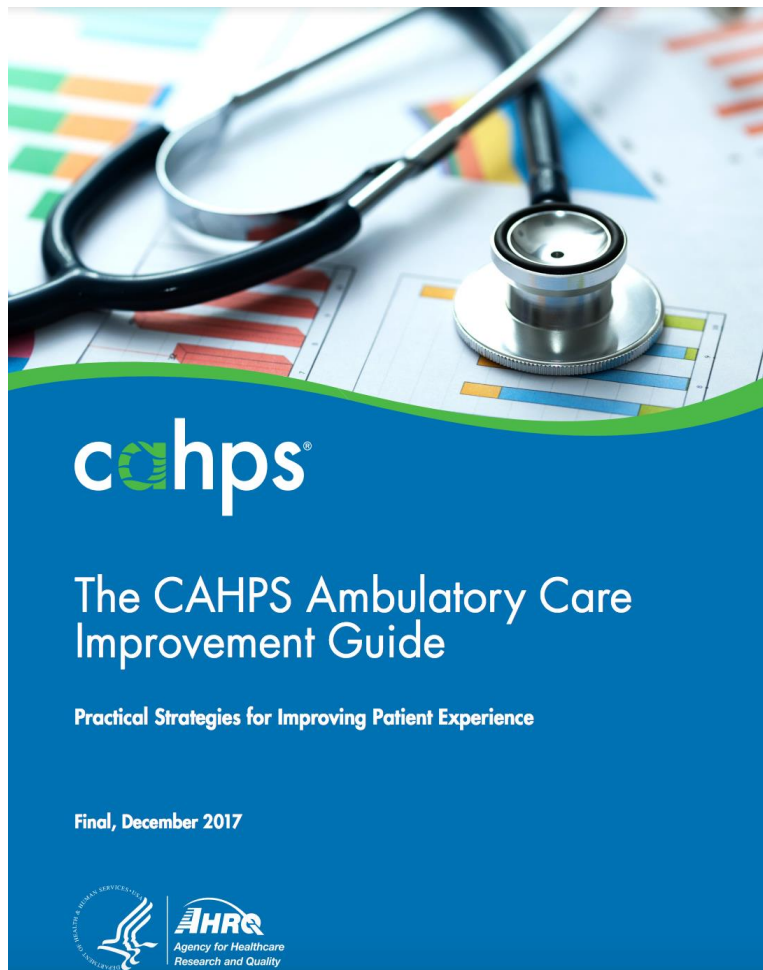
- **TeleVideo and TelePhone visits types included in survey**
- **Conversion to online courses**
 - Physician Communication Course
 - Employee ART training and E-Learnings
- **Restructuring of ART Observations, focused on CDC guidelines for interactions within public settings**
 - Face coverings for employee and visitors / Social distancing
 - Screening visitors for COVID related symptoms prior to entry
 - PPE when appropriate
 - Encouraging patients to complete check-in process (including co-payment collection) via mychart patient portal.

Contact Information

Dr. Samuel Skootsky

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CAHPS Improvement Resources




- CAHPS Improvement Guide
- Research on improving patient experience

www.ahrq.gov/cahps/quality-improvement/index.html

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