

The Value of Patients' Creative Ideas for Quality Improvement

The Development and Pilot Test of an Improvement-focused Narrative Item

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The Value of Patients' Creative Ideas for Quality Improvement

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Patients as Sources of Improvement Insights



Challenge: Lack of channels to systematically access patients' perspectives hinders improvement for health care organizations *(Betts et al., 2014; Torpie, 2014)*

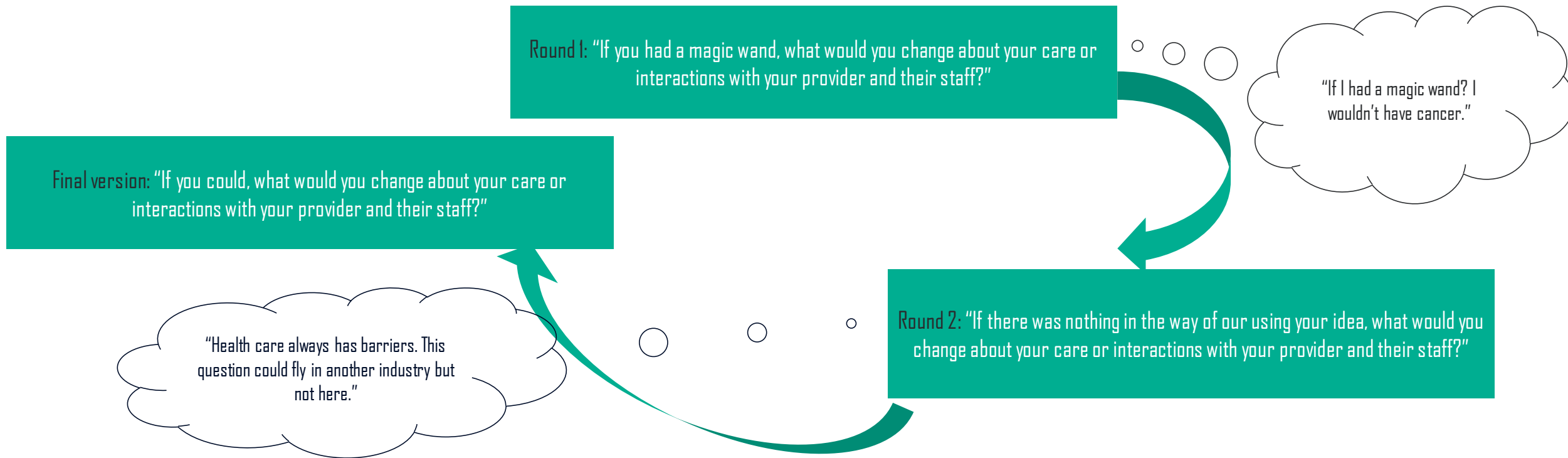


Promise: Inviting patients to share their improvement ideas may generate actionable information for innovation *(Grab, Schlesinger et al., 2019)*

Aim: To develop and test a narrative "improvement" item to supplement the CG-CAHPS NIS, and to examine the relationship between patients' ideas and their closed-ended CAHPS scores

Inviting Patients to Share their Creative Improvement Ideas

- **Item Development** : Service quality, quality improvement, design thinking and user experience lit review, cognitive testing with 8 patients with chronic diseases, focus group with patients and patient advocates
- **Item Testing**: Rank ordering of item alternatives: 20 patients, 2 Chief Experience Officers, 5 patient advocates



Four Alternatives for Improvement Item

①

Draw on past exemplars of excellent experiences

"Now think back to some of the best healthcare experiences you have had: what might your current provider and their staff do to be more like these experiences?"

②

Draw on past exemplars of excellent experiences + emphasize system impact

"Now think back to some of the best healthcare experiences you have had: what might your current provider and their staff do to be more like these experiences? Hearing from you is important to improving the care we deliver"

③

Induce creativity

"If you could, what would you change about your care or interactions with your provider and their staff?"

④

Induce creativity + emphasize system impact

"If you could, what would you change about your care or interactions with your provider and their staff? Hearing from you is important to improving the care we deliver"

Survey administered to representative sample



Clinician & Group Survey

Questions in English

C-PN1. What are the most important things that you look for in a healthcare provider and their staff?

C-PN2. When you think about the things that are most important to you, how do this provider and their staff measure up?

C-PN3. What has **gone well** in your experiences with this provider and their staff in the last 6 months? Please explain what happened, how it happened, and how it felt to you.

C-PN4. Was there anything you wish had **gone differently** in your experiences with this provider and their staff in the last 6 months? If so, please explain what happened, how it happened, and how it felt to you.

C-PN5. Please describe your interactions with this provider and how you get along.

1. Draw on past exemplars of excellent experiences (n=150)
2. Draw on past exemplars of excellent experiences plus emphasize system impact (n=150)
3. Induce creativity (n=150)
4. Induce creativity plus emphasize system impact (n=150)

- Global Visit Rating
- Provider Communication
- Office Staff



Original 5-Question Clinician and Group
Narrative Item Set



4 Alternatives for 6th item to supplement
Clinician and Group Narrative Item Set

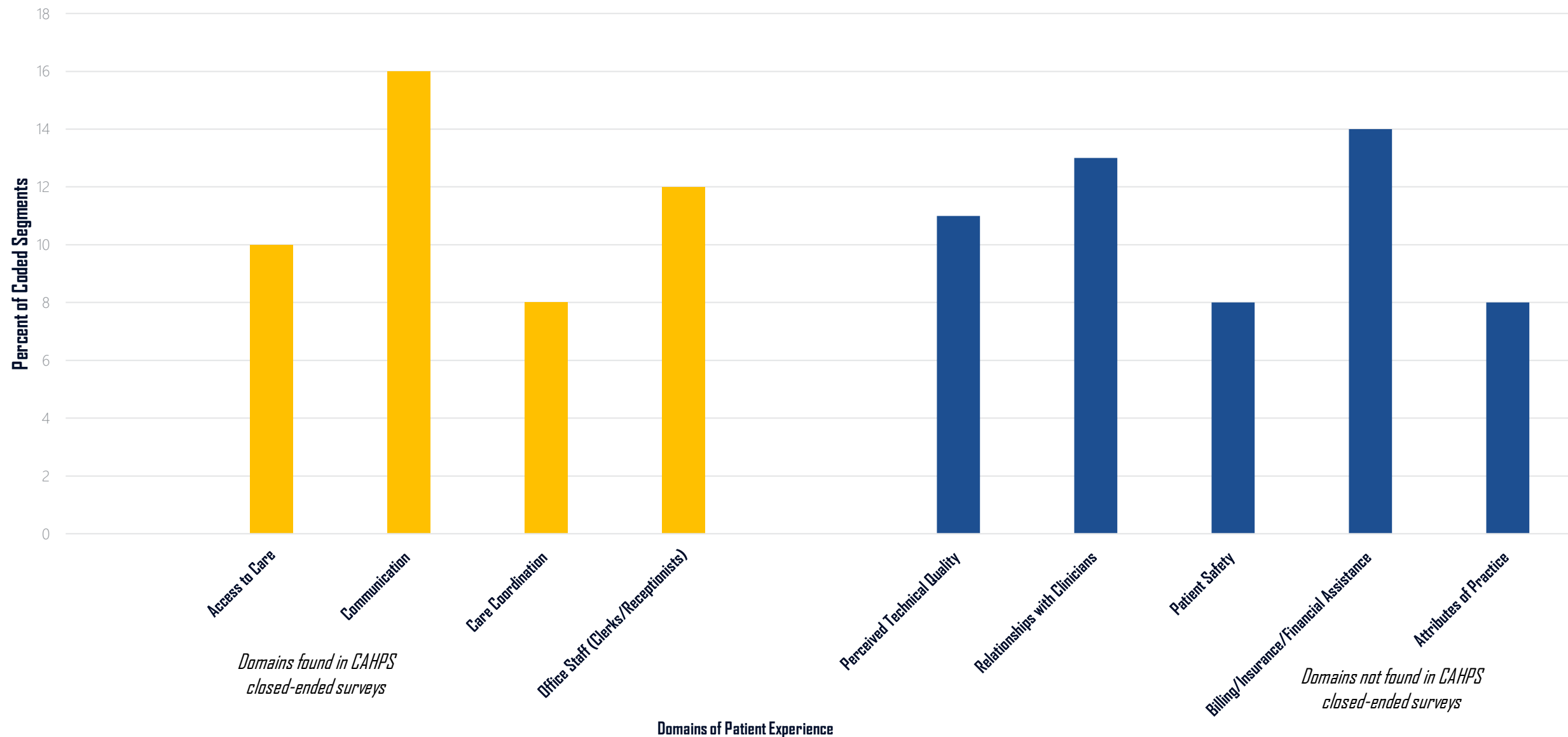
4th Alternative Generates Most Actionable and Creative Responses

	Actionable Items (number per idea)	Idea Creativity (out of 5)
Q6 Alternatives		
1. Past exemplars	-	-
2. Past exemplars + Impact	0.03 (0.09)	1.02 (0.88)
3. Induce Creativity	0.20 (0.09) **	1.67 (0.83)**
4. Induce Creativity + Impact	0.69 (0.09) **	3.34 (0.77) **

**If you could, what would you change about your care or interactions with your provider and their staff?
Hearing from you is important to improving the care we deliver.**



Actionable Items Span both CAHPS and non-CAHPS Domains



Actionable information related to CAHPS and non-CAHPS domains is negatively associated with CAHPS scores

	Visit Rating (out of 10)	Provider Communication (out of 5)	Office Staff (out of 5)	Interpretation
1. Actionable items per idea	-0.25 (0.08)**	-0.11 (0.03)**	-0.07 (0.19)**	Leaders should attend to all actionable PX information to impact CAHPS scores
2. Actionable items per idea related to CAHPS domains	-0.24 (0.15)*	-0.14 (0.05)**	-0.09 (0.03)**	
3. Actionable items per idea related to non-CAHPS domains	-0.23 (0.09)**	-0.07 (0.04)**	-0.06 (0.02)**	

"The main improvement involves the check-in process. There should be seating for those elderly patients that arrive early, with clear instructions as to where the seating is. I was hobbling and NO ONE tried to help me"

"I really like my Health Care provider, but the new office lacks any signs of humanity. Color, plants or smiles would sure help!"

Interpersonal ideas are negatively associated with CAHPS scores

	Visit Rating (out of 10)	Provider Communication (out of 5)	Office Staff (out of 5)
Organizational-level idea	-0.05 (0.16)	-0.11 (0.06)	-0.04 (0.03)
Interpersonal-level idea	-0.31 (0.15)*	-0.20 (0.06)**	-0.10 (0.03)**

"Often the language feels coded or vague. I would like much more direct language. For example, if you decide this, here is what will happen. Here are the benefits of choice A and here are the drawbacks"

"I was informed that I need a total hysterectomy. Too much information for something new to me and hard to understand. I wish they had a model or picture to show me what they're trying to explain. I had to consult YouTube after."

Who is more likely to share an improvement idea?

DV= Shared an idea/did not share an idea

Individuals who may systematically encounter poor care experiences (Black, female, low income) are more likely to share improvement ideas

Variable	Odds Ratio (Confidence Interval)
In last twelve months, have you had some other long-term medical condition that required medical monitoring or treatment? (ref: no)	1.31 (0.93-1.84)
Education (ref: less than high school)	
High School	4.49 (0.95-21.12)
Some College	4.86 (1.04-22.26) *
Bachelor's Degree or Higher	5.88 (1.28-27.08) **
Race/Ethnicity (ref: White)	
Black	2.27 (1.24-4.15) **
Other	1.62 (0.92-2.82)
Hispanic	2.04 (0.82-5.08)
Gender (ref: Female)	
Male	0.52 (0.38-0.78) **
Household Income (ref: Low Income Less than \$40,000)	
Medium Income (\$40,000-\$99,999)	0.93 (0.48-1.80)
High Income (\$100,000+)	0.34 (0.14-0.83)**

Insights for Health Care Organizations

- Compared to original NIS, NIS-I doubles number of actionable and creative responses.
- Patient narratives generate actionable information that can be used for improvement and innovation. Patient creativity can be integrated in routine survey and QI operations.
- Leaders should attend to actionable information related to both CAHPS and non-CAHPS domains to impact scores and should focus on interpersonal ideas.
- Narratives serve as a tool to access important voices in health care system (e.g., Black, female, low income) that are currently undervalued or overlooked.
- Integrating patient voices for improvement into routine health care operations may help orient organizational cultures towards patient-centeredness.