



Creative Strategies to Improve Patient Care Experience

**A Webcast Presented by the AHRQ CAHPS User Network
April 18, 2019
12:00 – 1:00 pm ET**

Our Focus Today

- Why are creative ideas needed to improve the patient care experience?
- How did one creative idea, a nurse care coordinator program, affect patient experience in an ambulatory care setting?
- How can health care organizations foster creative ideas among staff to improve patients' experiences of care?
- What challenges can organizations anticipate when they try to implement creative improvement ideas?

Today's Speakers



- **Caren Ginsberg, Ph.D., CPXP**, Director, CAHPS Division, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality



- **Susan Edgman-Levitan, P.A.**, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital; Co-Principal Investigator, Yale CAHPS team



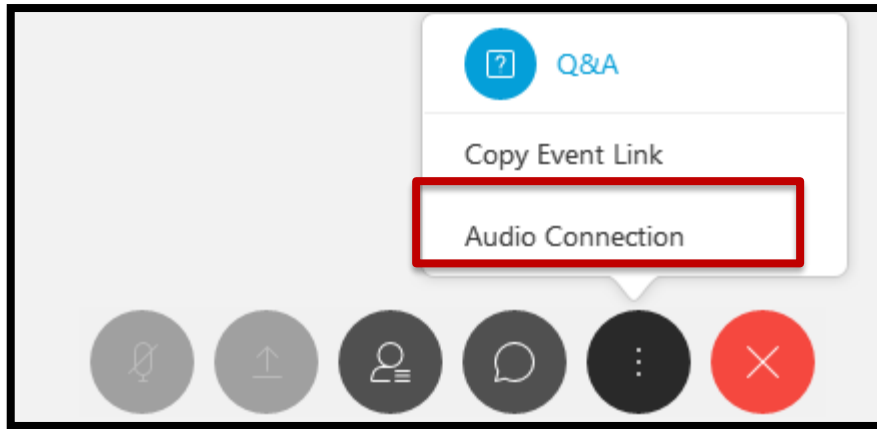
- **Ingrid Nembhard, Ph.D., M.S.**, Fishman Family President's Distinguished Professor, Associate Professor of Health Care Management, The Wharton School - University of Pennsylvania



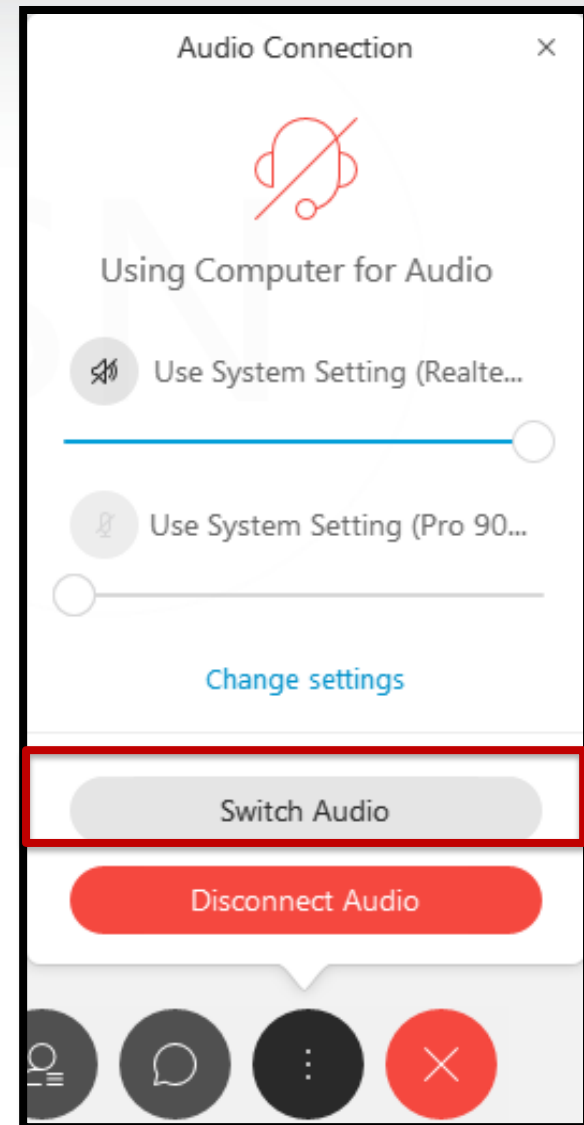
- **Yuna Lee, Ph.D., M.P.H.**, Assistant Professor, Department of Health Policy and Management, Columbia University Mailman School of Public Health

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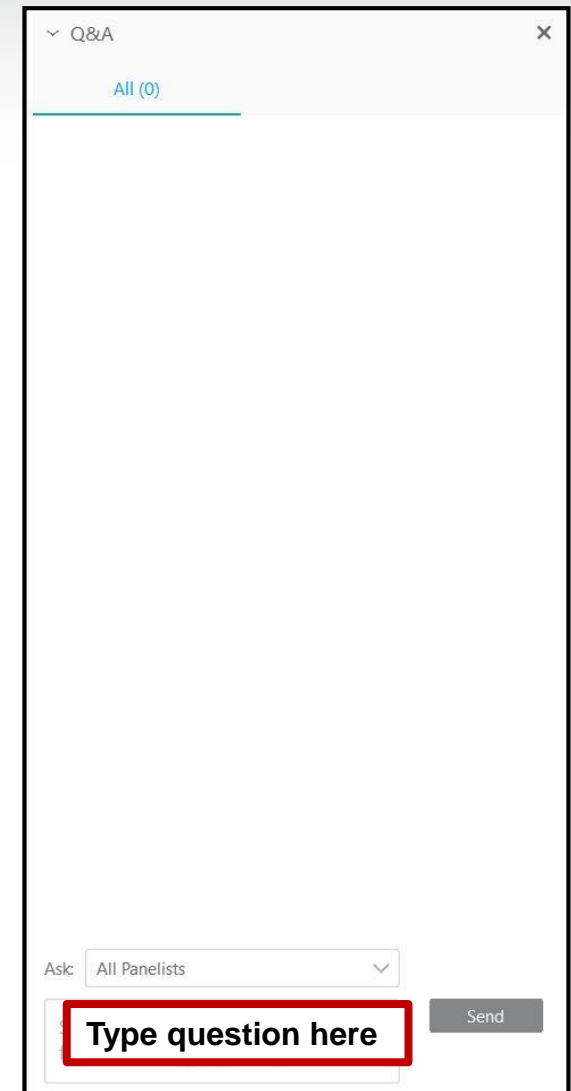
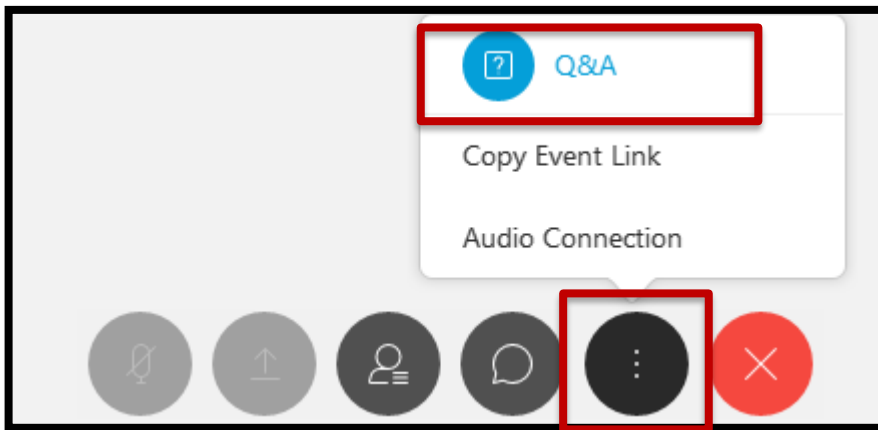


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AHRQ'S CAHPS[®] PROGRAM

**Caren Ginsberg, Ph.D., CPXP,
Director, CAHPS Division**

Center for Quality Improvement & Patient Safety, AHRQ

AHRQ's Core Competencies

- **Research:** Invest in research and evidence to make health care safer and improve quality.
- **Practice 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.

What is CAHPS?

- 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, RAND, Yale, and Westat

CAHPS Surveys

- CAHPS surveys are the gold standard for patient experience measurement.
- 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 trademark.

Uses of CAHPS Surveys

- Value-based purchasing
- Public reporting
- Accreditation
- Quality improvement
- Health services research

Patient Experience of Care Research at AHRQ

- Active research program in patient experience and its measurement
- Current research topics:
 - ▶ Patients' experiences with care coordination, shared decision-making, patient engagement, and patient safety
 - ▶ Collecting patient experience data using narrative protocols for purposes of facilitating quality improvement
 - ▶ Effectiveness of different survey administration modes for collecting CAHPS data

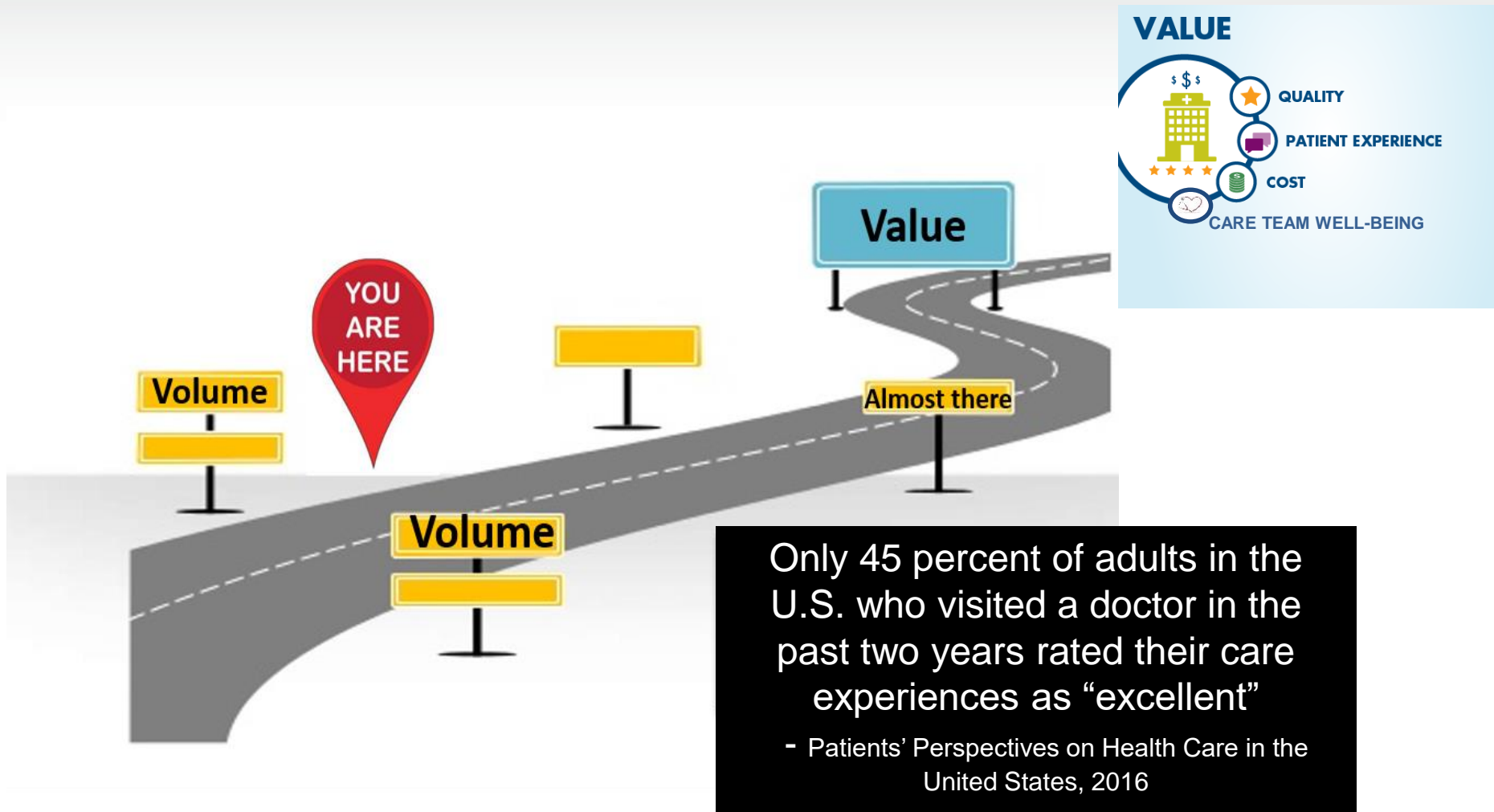
Creative Strategies to Improve Patient Care Experience

Presenters (from the Yale Team)

Ingrid Nembhard, PhD, MS
Associate Professor
The Wharton School
University of Pennsylvania

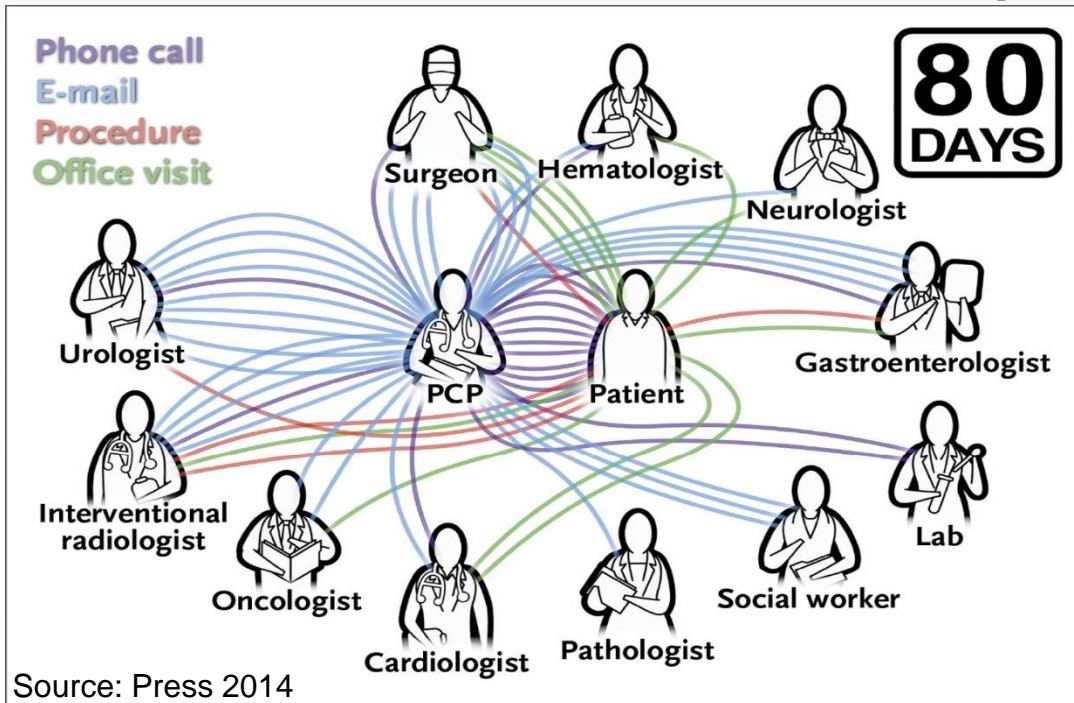
Yuna Lee, PhD, MPH
Assistant Professor
Mailman School of Public Health
Columbia University

Why Creative Ideas Are Needed



The Imperative For Care Coordination

Interactions within care team for 1 patient in 80 days



The Imperative For Care Coordination

Interactions within care team for 1 patient in 80 days

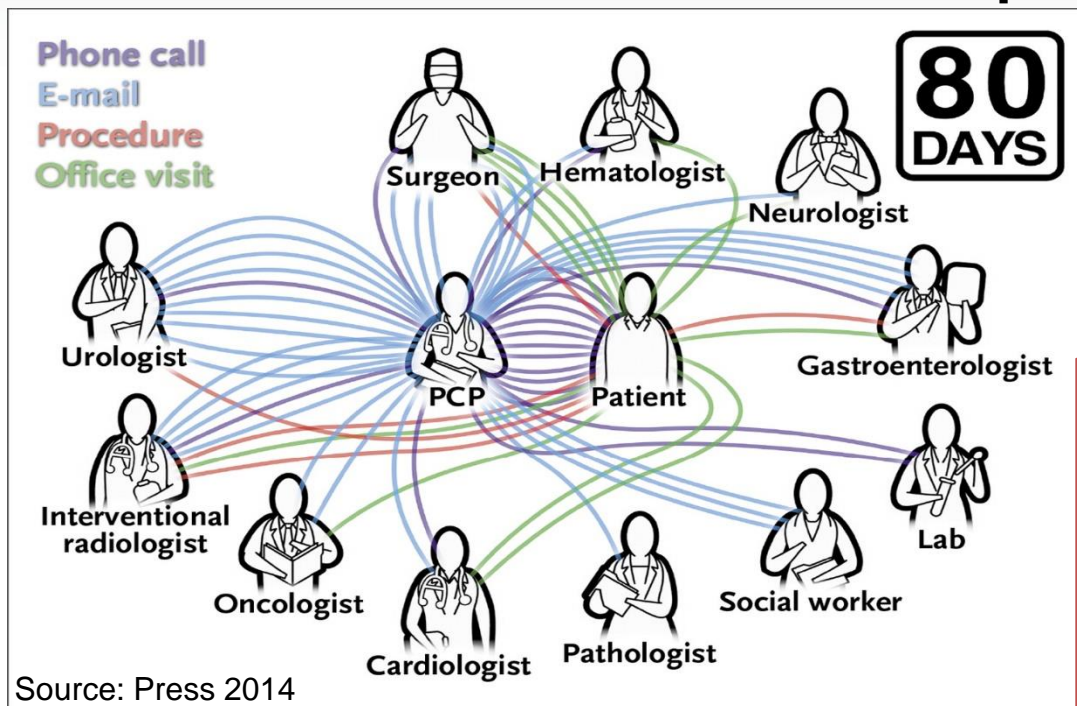
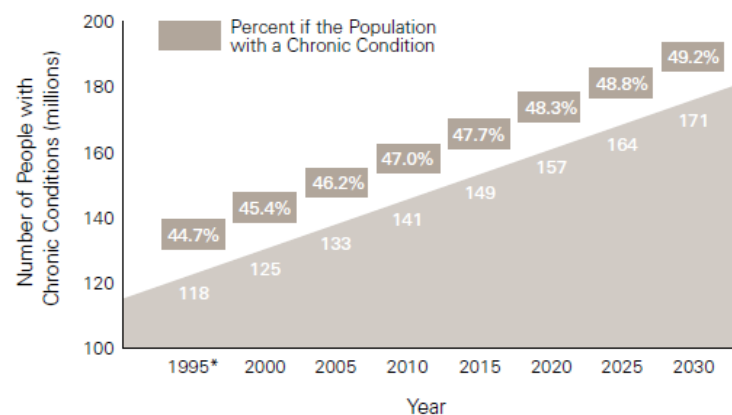


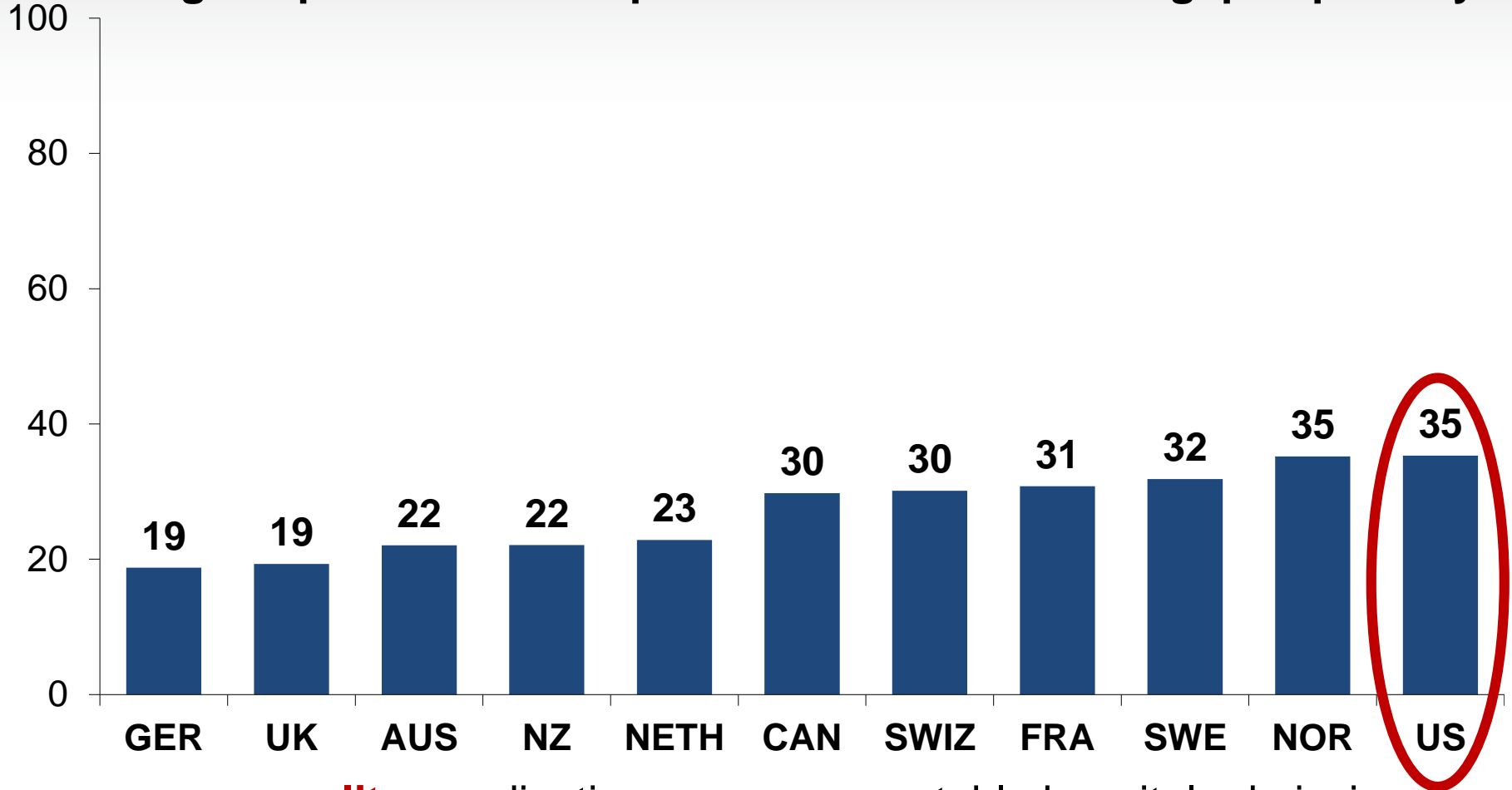
Chart 1: The Number of People with Chronic Conditions is Rapidly Increasing



Source: Wu, Shin-Yi, and Green, Anthony. *Projection of Chronic Illness Prevalence and Cost Inflation*. RAND Corporation, October 2000.

Care Coordination Failures Are Prevalent

Percentage of patients who experienced a coordination gap in past 2 years



poor quality: medication errors, preventable hospital admissions, mortality, etc.

high cost: \$25-45 billion in wasteful spending due to failures (Burton 2012)

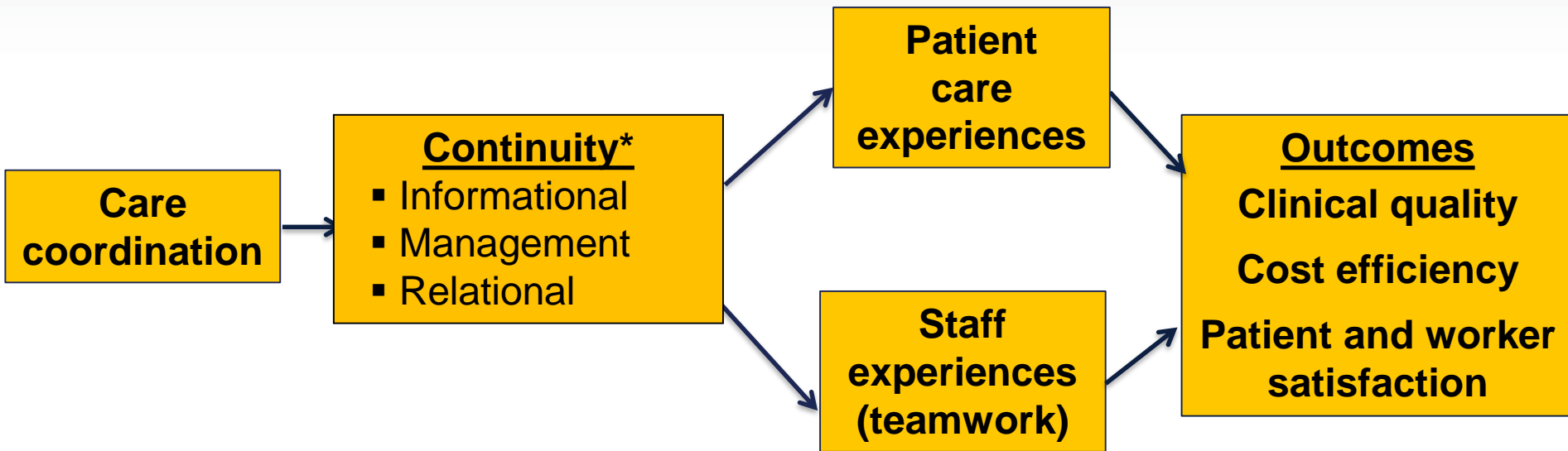
Care Coordination Defined

“the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services” (AHRQ, McDonald et al., 2007)

► **right place, right time, right person**

Source: McDonald KM, Sundaram V, et al. Care Coordination. Rockville, MD: AHRQ, 2007

The Benefits Of Coordinated Care: The Theoretical Model



*Types of continuity (Haggerty et al. 2003)

- Informational: use of information on past events and personal circumstances to make current care appropriate
- Management: a consistent care management plan across professionals
- Relational: an ongoing relationship between patient and provider(s)

Potential Solution: Nurse Care Coordination

- Nurse engages with *patient* and *providers*, manages care process (development and communication of care plan), and ensures all care needed is arranged and delivered
(Nutt & Hungersford 2010)

- **Two approaches:**

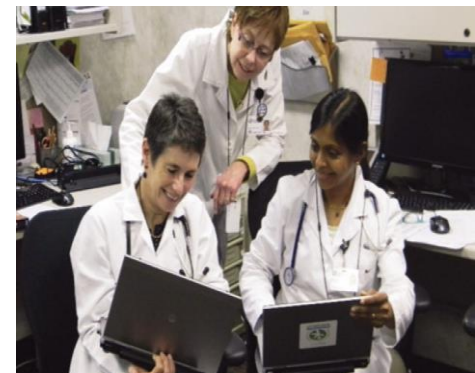
1. Exclusive-role: sole role is coordination

- ▶ Evidence: mixed but growing positive*

(Bosch et al. 2009; Conway et al. 2017)

2. Added-role: maintains other roles

- ▶ Evidence: missing



A Central Question

What is the impact of the added-role approach to nurse care coordination on:

- patient care experiences of high-risk patients and
- clinician experiences of teamwork?

Source: Nembhard et al. 2019. A Quasi-Experiment Assessing the Six-Months Effects of a Nurse Care Coordination Program on Patient Care Experiences and Clinician Teamwork in Community Health Centers. *Working Paper*. Funding provided by AHRQ

Research Setting: Community Health Centers

- 12 centers in one state-wide federally qualified health center (FQHC)
- ~ 140,000 patients use as their medical home
 - ▶ Primary Care Medical Home by the Joint Commission
 - ▶ Level 3 Patient-Centered Medical Home by the National Commission on Quality Assurance
- 410,000 health visits per year
- ~200 health care providers
- Special commitment to the uninsured, underinsured, and special populations, e.g., patients with HIV/AIDS, diabetes, and chronic mental health issues
- Sample of innovations implemented:
 - ▶ Fully integrated Electronic Medical Record
 - ▶ E-Consults



The New Role for Nurses

- **Role:** care coordination for adults with complex care needs
 - ▶ given responsibility for a key patient group (cost & need)
- **Task: ensure** coordinated care for these patients
- **Task: lead** a weekly panel management session held with the PCP and mental health staff
- **Implementation:**

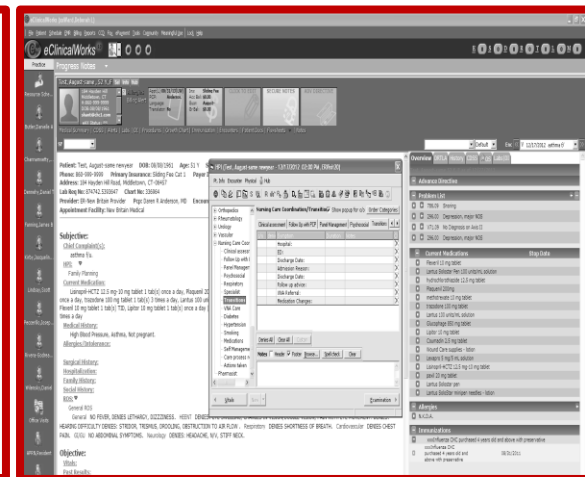
23 Hours of Training + “The Playbook” + Dashboard

	Agenda Item	Duration
Topic 1	Review of the CC project and playbook	1 hour
Topic 2	Care Coordination Documentation	1 hour
Topic 3	Panel Management	1 hour
Topic 4	Transition Care Part 1	2 hours
Topic 5	Transition Care Part 2	2 hours
Topic 6	Transition Care Part 3/Medication reconciliation	2 hours
Topic 7	Chronic disease management: HTN management	1 hour
Topic 8	Chronic Disease Management: Diabetes care part 1	1 hour
Topic 9	Chronic Disease Management: Diabetes care part 2	1 hour



Care Coordination Playbook

2014



Study Design: Quasi-Experiment

- **Design** Clustered, pre-post study comparing intervention and control groups, i.e., centers that implemented CC program versus centers yet to implement (6 vs. 6) after 6 months of program use
 - ▶ **Participation:** All nurses were *required to participate*
- **Survey of patients about care experiences** using the CAHPS Clinician & Group Visit Survey (CG-CAHPS) and PCMH Supplemental Item Set, mailed to a random sample of program-eligible adult patients who had had at least one visit with a primary care provider at a center during the prior 6 months
 - ▶ Baseline: 3,209 patients (58%) replied; 3,007 met inclusion criteria
 - ▶ Follow-up: 2,306 patients (49%) replied; 2,101 met inclusion criteria
 - ▶ 113 program enrollees replied (78% of 145 enrollees)
- **Survey of clinic employees about teamwork** using existing scales
 - ▶ Baseline: 96 employees (51%) returned usable surveys
 - ▶ Follow-up: 135 employees (72%) returned surveys
 - ▶ 60 employees with data in both periods

Measuring Patient Care Experiences And Teamwork

For patient care experiences: Sample items (“In the last 6 months, ...”)

- **Timeliness of care**
 - Did you see this provider within 15 minutes of your appointment time?
 - Did you get an answer to your medical question that same day?
- **Care coordination**
 - Did you get the help you needed from this provider’s office to manage these different providers and services?
 - Did the provider named seem informed and up-to-date about the care you got from specialists?
- **Support for patient self-management**
 - Did anyone in this provider’s office talk with you about specific goals for your health?
 - Did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your health?
- **Care for mental health**
 - Did you and anyone in this provider’s office talk about things in your life that worry you or cause you stress?
 - Did you and anyone in this provider’s office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

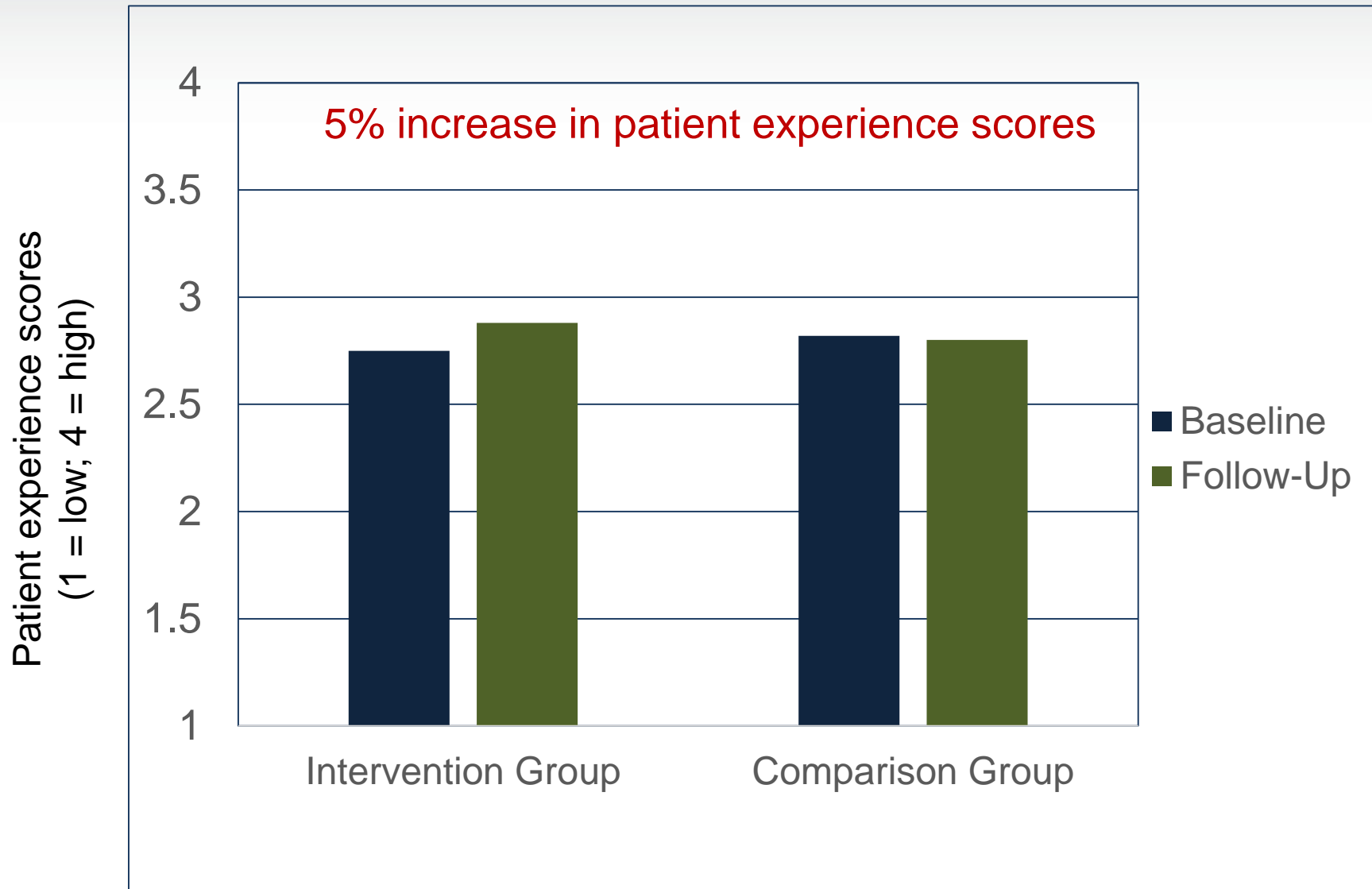
For staff experience of teamwork: Sample items from Nembhard & Tucker 2011; Gittel 2001

- Nurses and physicians plan together to make decisions about care for complex patients.
- Open communication between care providers takes place as decisions are made for complex patients.
- The people on this team share my goals for the care of patients.
- The people on this team communicate with me in a timely way about the status of patients.

Measuring Implementation And Contextual Factors

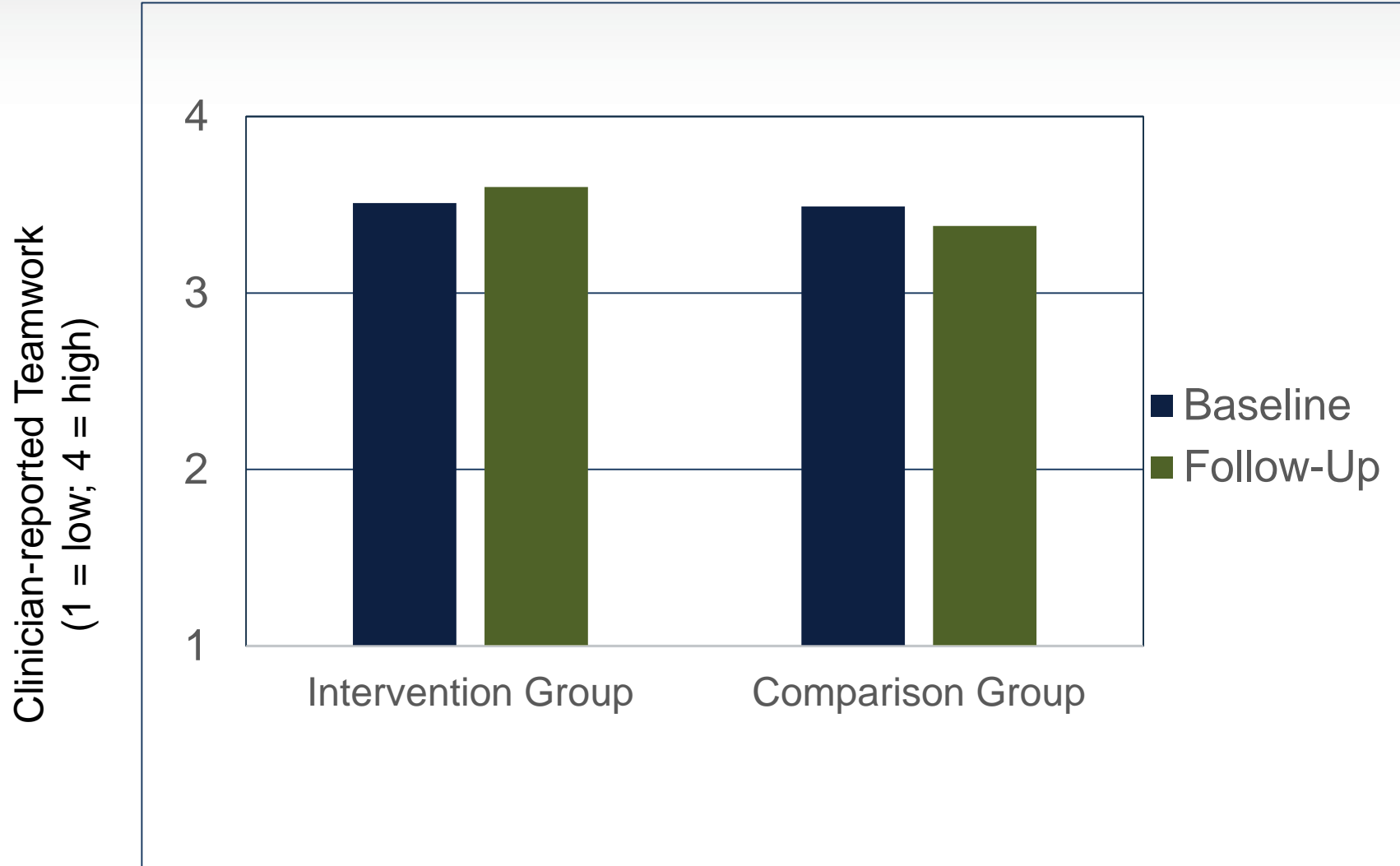
- **Implementation: Office visit frequency**
 - ▶ CG-CAHPS survey question: “In the last 6 months, how many times did you visit this provider to get care for yourself?”
 - ▶ Proxy for accessibility of care, engagement with patients, monitoring, and follow-up to achieve care plan goals
 - ▶ Should increase in program’s early months to address outstanding care needs and self-management training
- **Contextual factors**
 - ▶ Resources: I have the resources necessary to coordinate care for complex patients
 - ▶ Training: I have the knowledge necessary to coordinate care for complex patients
 - ▶ Compatibility with current work: Coordinating care for complex patients is not compatible with other tasks that I’m required to perform

Finding: Modest Improvement In Patient Experience For Program Enrollees



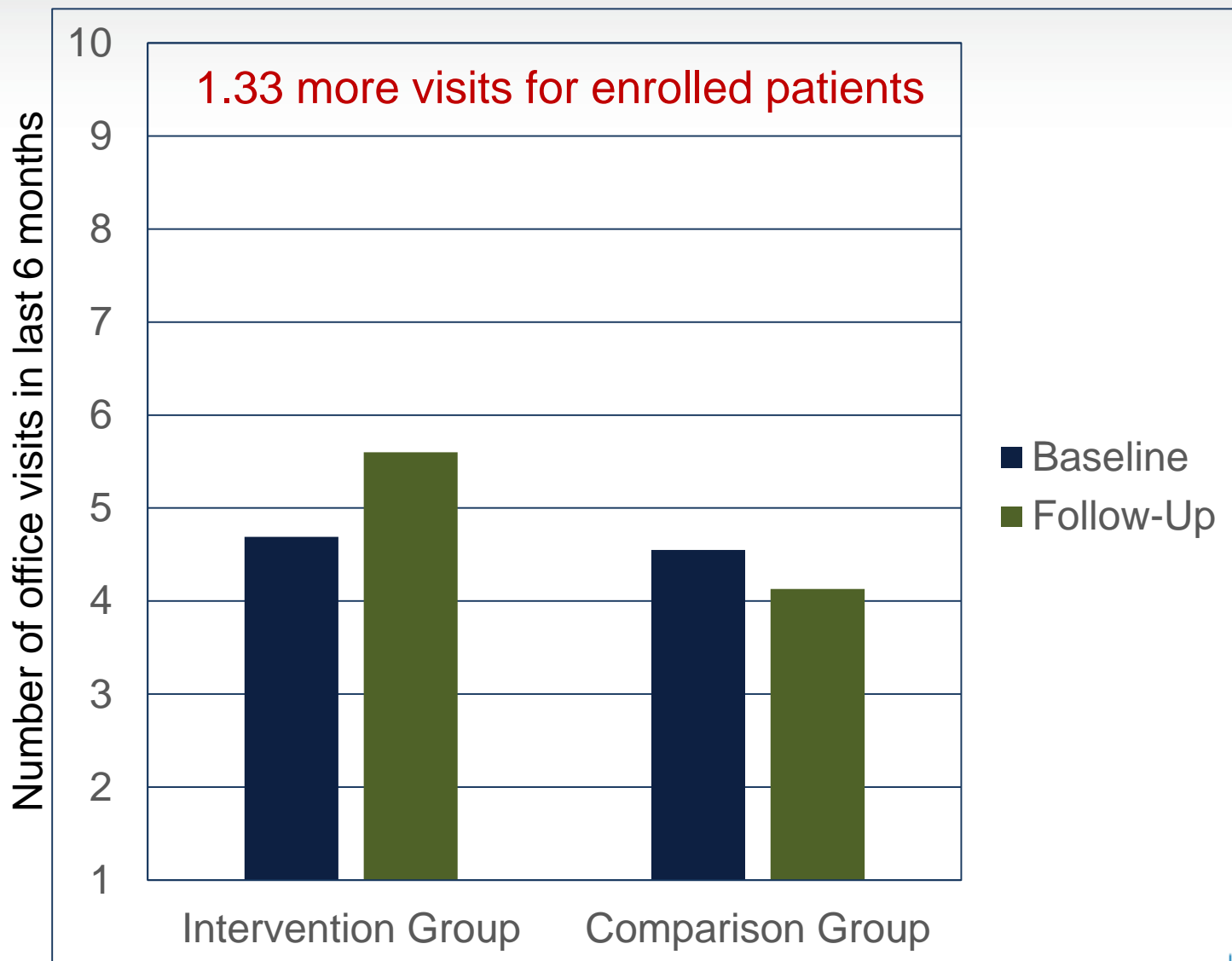
P = 0.07

Finding: No Significant Improvement In Clinician-reported Teamwork



P=0.12

Finding: Office Visits Increase For Enrolled Patients



$P < 0.001$

Getting Greater Improvement In Patient Care Experiences

Contextual factors	Evidence: % of nurse respondents agreed or strongly agreed that
Resources	75% have the resources necessary 79% have adequate authority to perform the work required
Training	87% have the knowledge necessary
Role compatibility (able to perform care coordination and other job demands)	59% report “Coordinating care for complex patients is not compatible with other tasks that I’m required to perform”

Conclusions

About The Added-role Approach

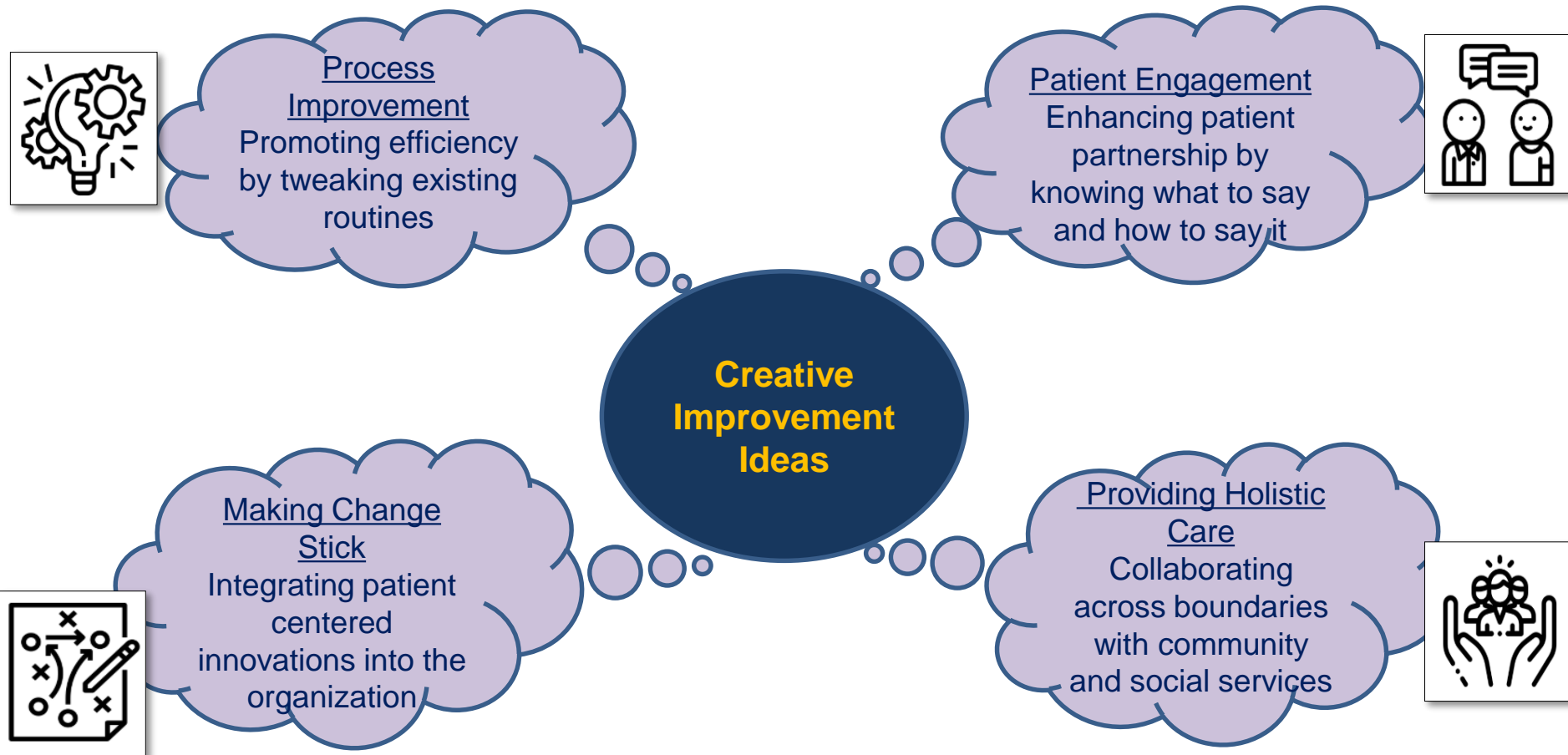


- Some improvement for program enrollees
 - ▶ Modest improvement in patient-reported care experiences
 - ▶ Increase in access and engagement with providers (visits)
 - ▶ No significant improvement in clinician-reported teamwork
- Added-role approach to nurse care coordination holds promise for improving patient care experiences but:
 - ▶ Need to address role compatibility for greater gains
 - ▶ Need to adjust operations to absorb more office visits

More creative ideas to improve patient experience needed

What Is A Creative Idea?

Creative idea: An idea that is novel and useful



Innovation That Starts At Home: Fostering Staff's Creative Ideas



Why organizations are starting with their staff:

- ▶ Close to patient care experiences
- ▶ Experienced at customizing care to patients' needs
- ▶ Tend to generate simple, low-cost, effective solutions

Two Key Questions

- Is the implementation of staff's creative ideas associated with improvement in patient care experiences (e.g., CAHPS Clinician and Group survey scores)?
- What are key challenges to using staff's creative ideas as a source of improvement?

Research On Staff Creativity And Patient Experience

- **Sample:** Quality improvement teams involved in an 18-month improvement initiative focused on improving patient experience



220 improvement
ideas
generated



72 improvement
team members
from 12 CHCs



2,201 patients
cared for by these
individuals

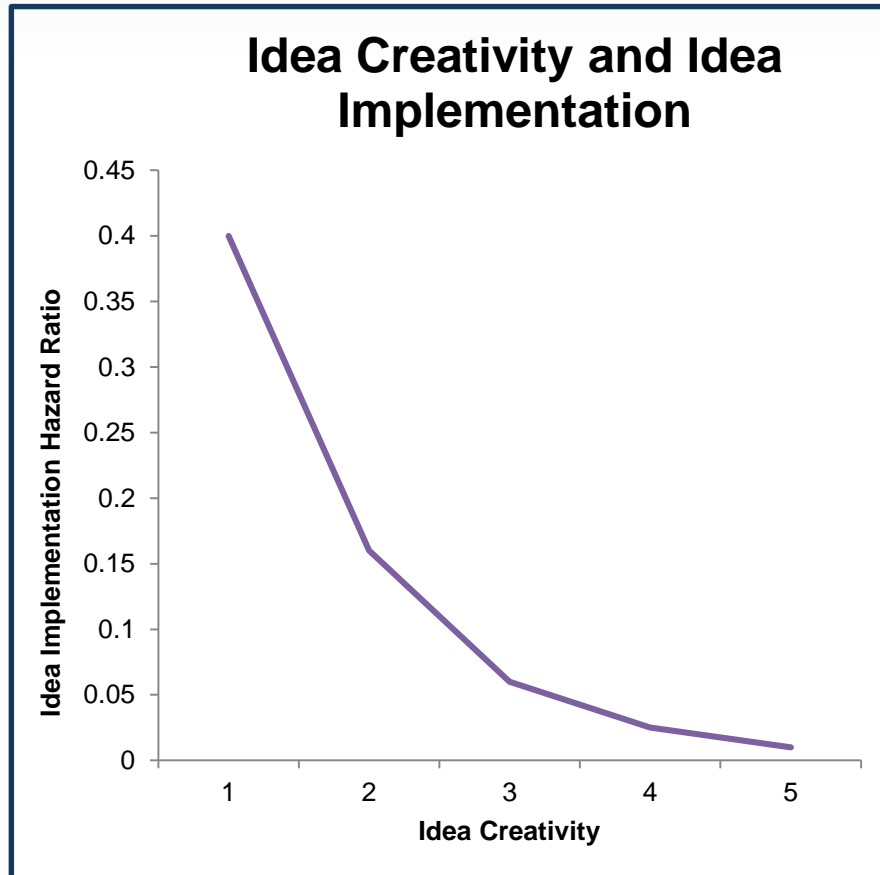
- **Data Sources for:**
 - ▶ Patient care experience: CAHPS Clinician & Group surveys
 - ▶ Staff idea creativity: Meeting transcripts
 - ▶ Staff and organizational characteristics: Staff survey

Key Finding: Implementing Creative Ideas Matters

The implementation of creative ideas is associated with better patient care experiences in primary care settings, measured by CG-CAHPS

	Dependent Variable	
	Care Coordination (out of 5)	Provider Rating (out of 10)
Independent Variable	β (SE)	β (SE)
Proportion of high-creativity, implemented ideas per center	1.33 (0.56) **	2.15 (0.96) **

A First Challenge of Fostering Creativity for Patient Experience Improvement

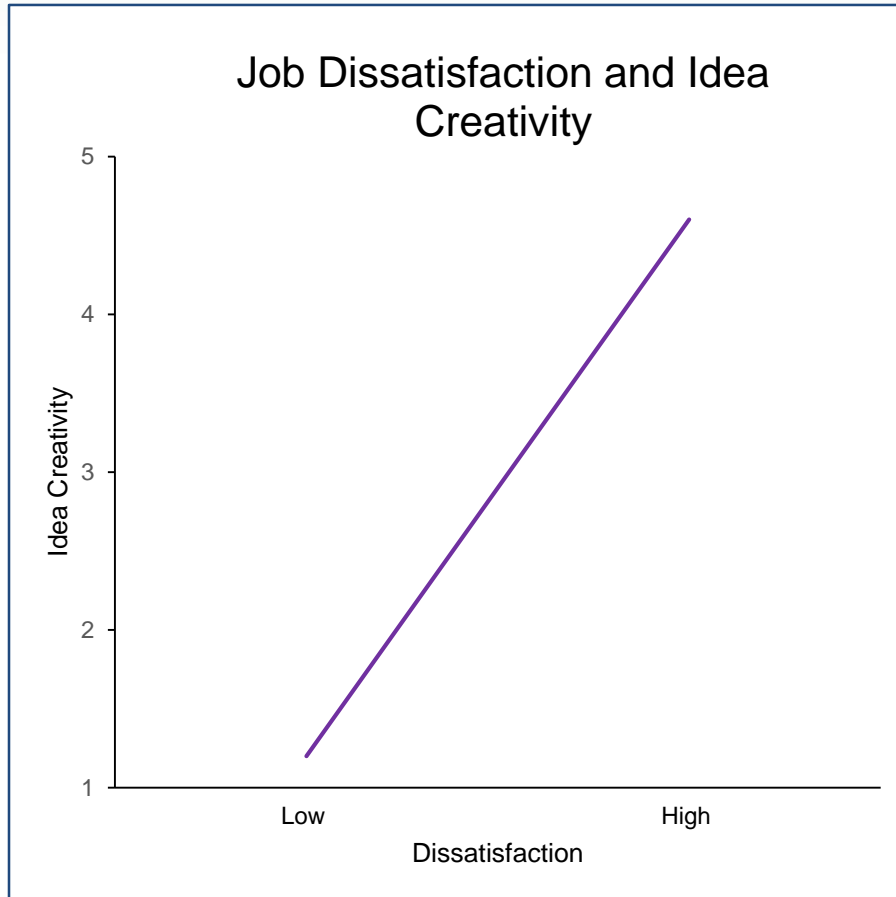


More creative ideas are less likely to be implemented by organizations

Barriers to implementation:

- Limited time due to workloads
- Stifling organizational cultures
- Professional hierarchy that discourages initiative by lower-status individuals

A Second Challenge of Fostering Creativity for Patient Experience Improvement



More dissatisfied staff are associated with higher creativity ideas

Issue:
No organization wants to cultivate dissatisfaction

Strategies to Foster Creativity to Improve Patient Experience

- Embrace, don't dismiss creative ideas
 - ▶ Incentivize creative idea implementation in organizations
 - ▶ Encourage collaborative development of ideas
 - ▶ Enlist influential staff to pursue idea implementation (e.g., experienced staff and those central in the organization's social network)
- Encourage dissatisfied workers to share their creative ideas
 - ▶ Recruit staff who are dissatisfied to participate in patient experience improvement and care co-design
 - ▶ Don't overlook those with divergent perspectives, especially new recruits and those who interact with patients or other teams frequently
- Using CG-CAHPS or other tools, measure patient care experiences to demonstrate the effect of creative ideas and motivate further sharing

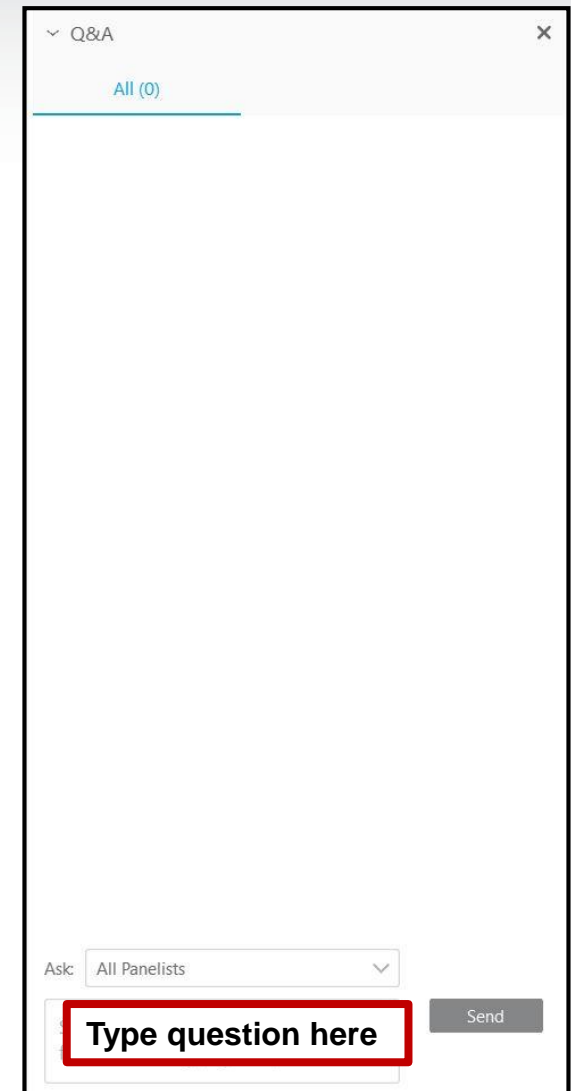
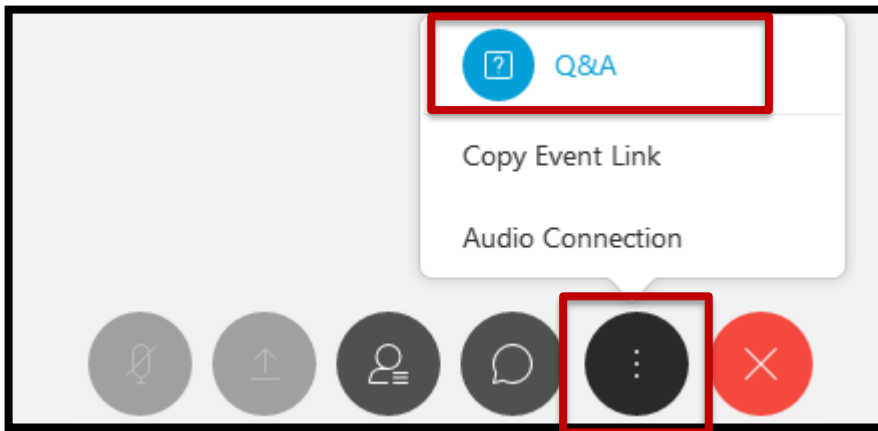


Conclusion: Pursue Creative Ideas

- Creative ideas for patient experience improvement abound
- Health care professionals can be rich sources of creative ideas (and patients can be too)
- Successful patient experience improvement requires careful attention to work, implementation, and organizational dynamics (e.g., compatibility between change and existing work, job dissatisfaction)
- Implementation of staff's creative ideas is associated with better patient care experiences so organizations should foster creativity

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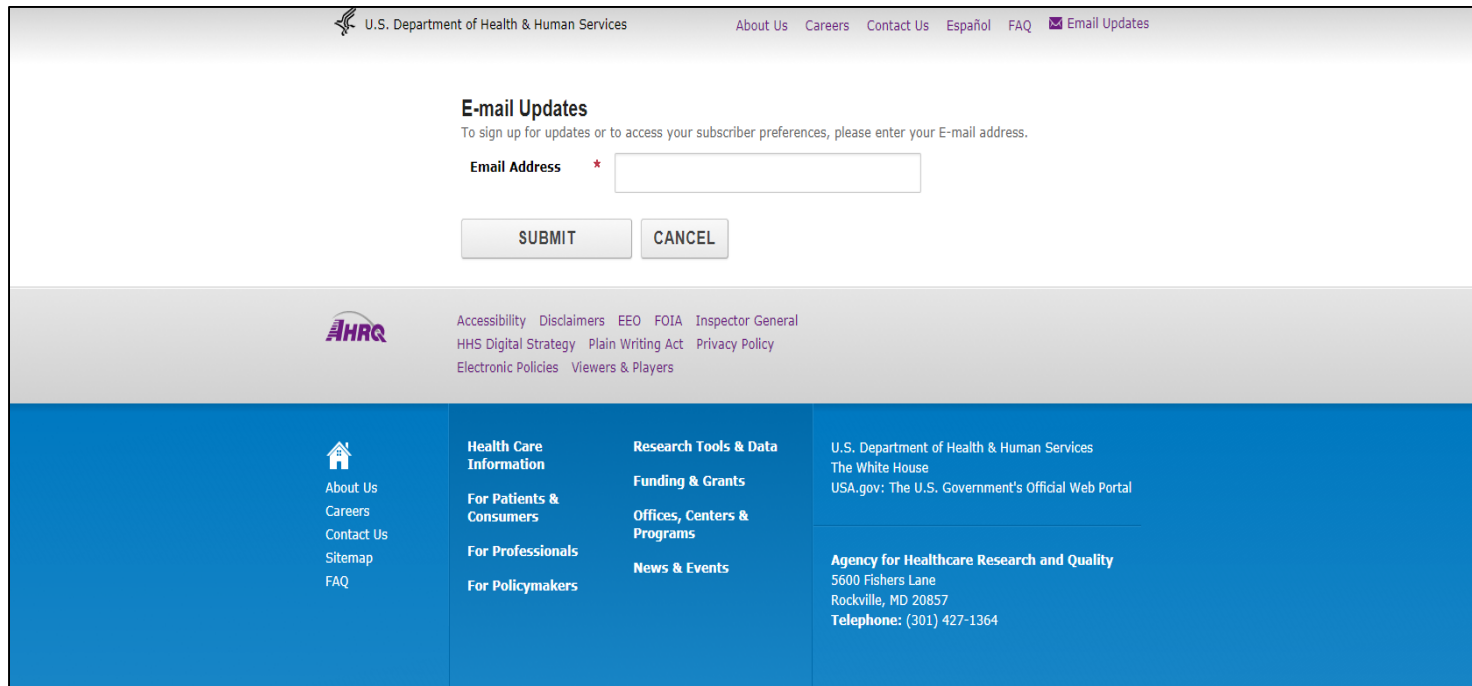


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