



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Lessons From Healthcare Organizations on Improving Patient Experience

A Webcast Presented by the AHRQ CAHPS User Network
January 28, 2021
2:00 – 3:00 pm ET

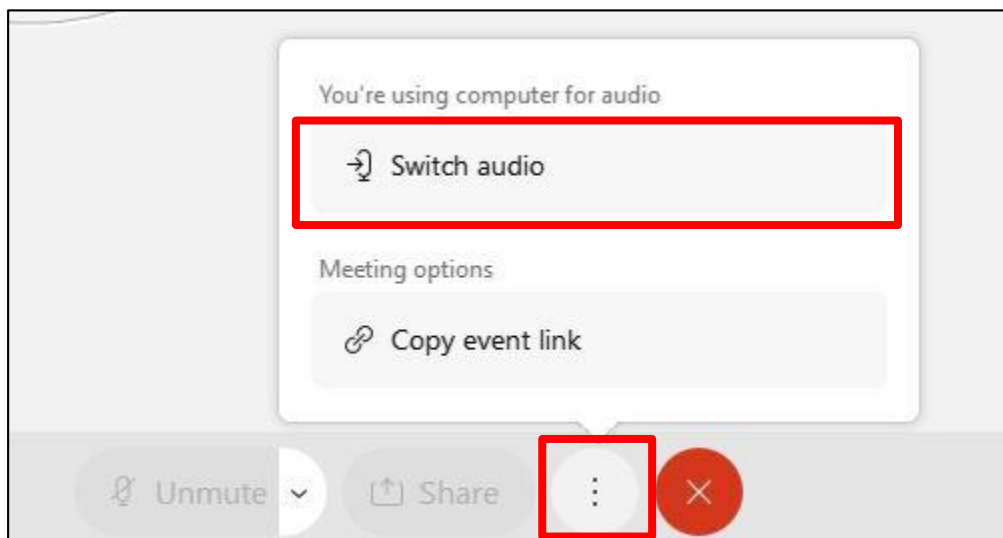
Our Focus Today



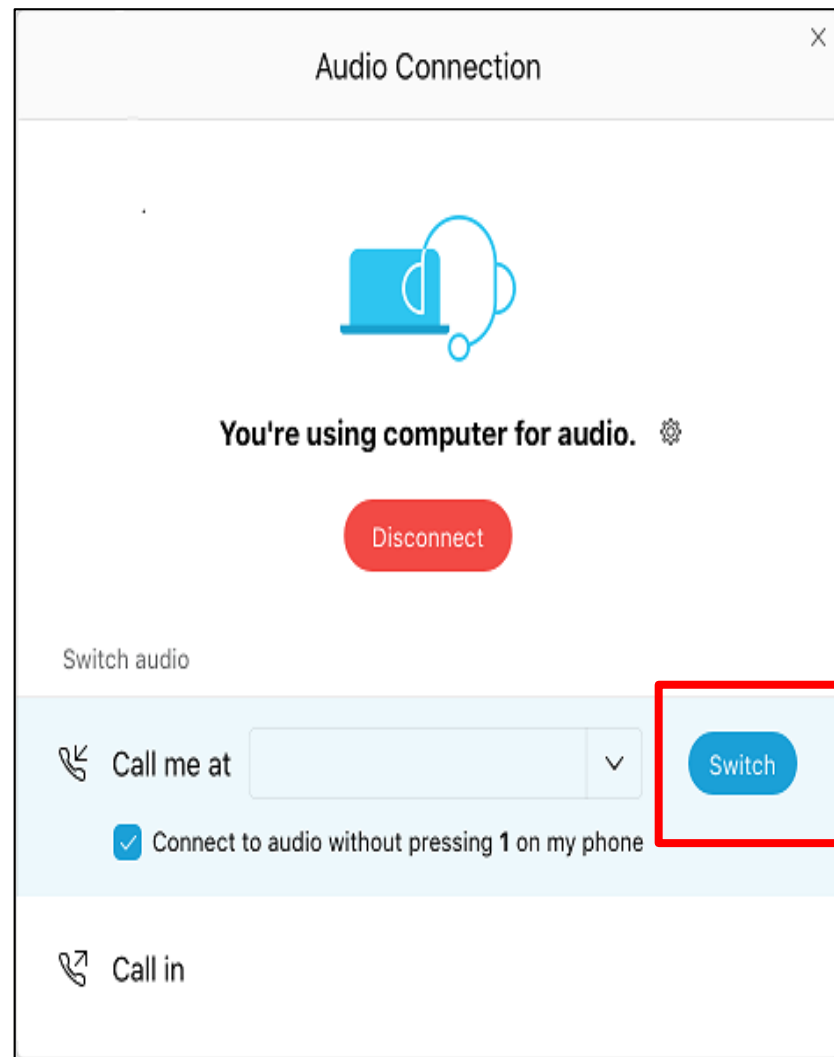
- Overview of AHRQ's CAHPS program
- Foundational elements of patient experience improvement
- Two case examples:
 - ▶ Improving health plan customer service
 - ▶ Improving patient-provider interactions in a large medical group
- CAHPS improvement resources

Need Help?

- No sound from computer speakers?



- Trouble with your connection or slides not moving?
 - ▶ Log out and log back in
- Other problems?
 - ▶ Use Q&A feature to ask for help



Using the Webcast Console to Submit Questions

- Question and Answer
 - ▶ Select Q&A
 - ▶ Type question in the box that opens
 - ▶ Make sure “All Panelists” is selected



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Today's Speakers



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



- **Lisa Franchetti, MA, CPHQ**
Customer Experience Manager
Neighborhood Health Plan of Rhode Island



- **Denise Quigley, Ph.D.**
Health Policy Researcher
Professor at the Pardee RAND Graduate School
RAND



- **Dale Shaller, MPA (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



- 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 the trademark.

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.



Lessons on Improving CAHPS® Scores

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



Agenda

- How does CAHPS fit into Neighborhood's quality improvement (QI) efforts?
- Common challenges
- Opportunity identification
- Interventions
- Results
- Ongoing QI efforts

CAHPS and Neighborhood

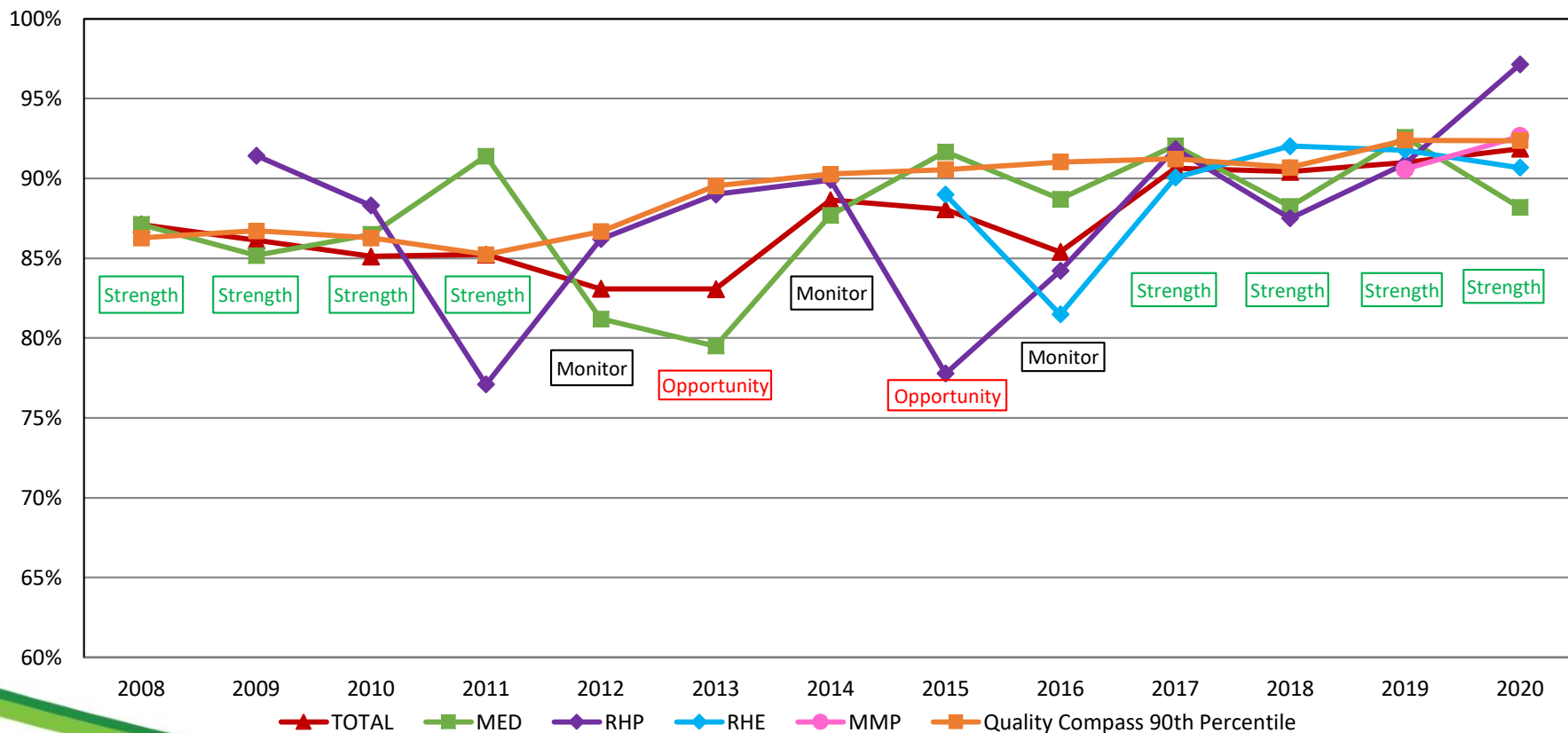
- Plan Membership: Over 204,000 members
 - About 109,000 Medicaid and Dual-eligible Adults (53%)
- Medicaid: ‘Excellent’ NCQA Accreditation status for 19 consecutive years (2001 – 2019)
- CAHPS Medicaid Adult results used for NCQA Accreditation and Health Plan Rating
- Results reviewed by Member Advisory Committees, Quality and Operations Committees, Clinical Affairs Committee, Rhode Island Executive Office of Health and Human Services (EOHHS)

Common Challenges

- Increasing benchmarks
- Growth
 - membership, lines of business, staff
- Technology
 - multiple systems
- Research challenges
 - collection of timely & actionable member feedback
 - declining survey response rate

Opportunity Identification

CAHPS® Customer Service Composite (% Usually or Always)



Intervention: Measurement

- Customer Service deep dive: needed more information that was timely and actionable
 - ✓ **Supplemental weekly IVR survey (2016-2020)**
 - What? 3-question automated IVR survey using 5-point scale (courtesy, information, overall experience with health plan)
 - When? 24 weeks between August and January
 - How? Maximized existing contract outreach attempts
 - ~ 800 Member calls weekly with 10% - 20% response
 - Weekly results reviewed in Excel; shared poorly-rated calls with Member Services Quality Analyst
 - **Listened to the poor-rated calls**

Intervention: Process Improvements

Customer Service (100% within Health Plan's control)

New hires surveyed post-30 days identified need for additional training

Feedback loop between Quality Analyst and Call Center Supervisors

Supervisors began monitoring one call out of the five per Rep per month

Modified call monitoring tool and scoring sheet (Rudeness = 0%)

Member Advocate training module roll-out

Getting Care Quickly (YES – health plans can impact this)

Began using the same On-line Provider Directory members use

Urgent Care Center search functionality defect identified and improved

Implemented Provider Directory generator (by town and/or specialty)

Began to collect member emails to distribute requested Provider Directory

New JIRA process for staff to submit Provider Directory updates

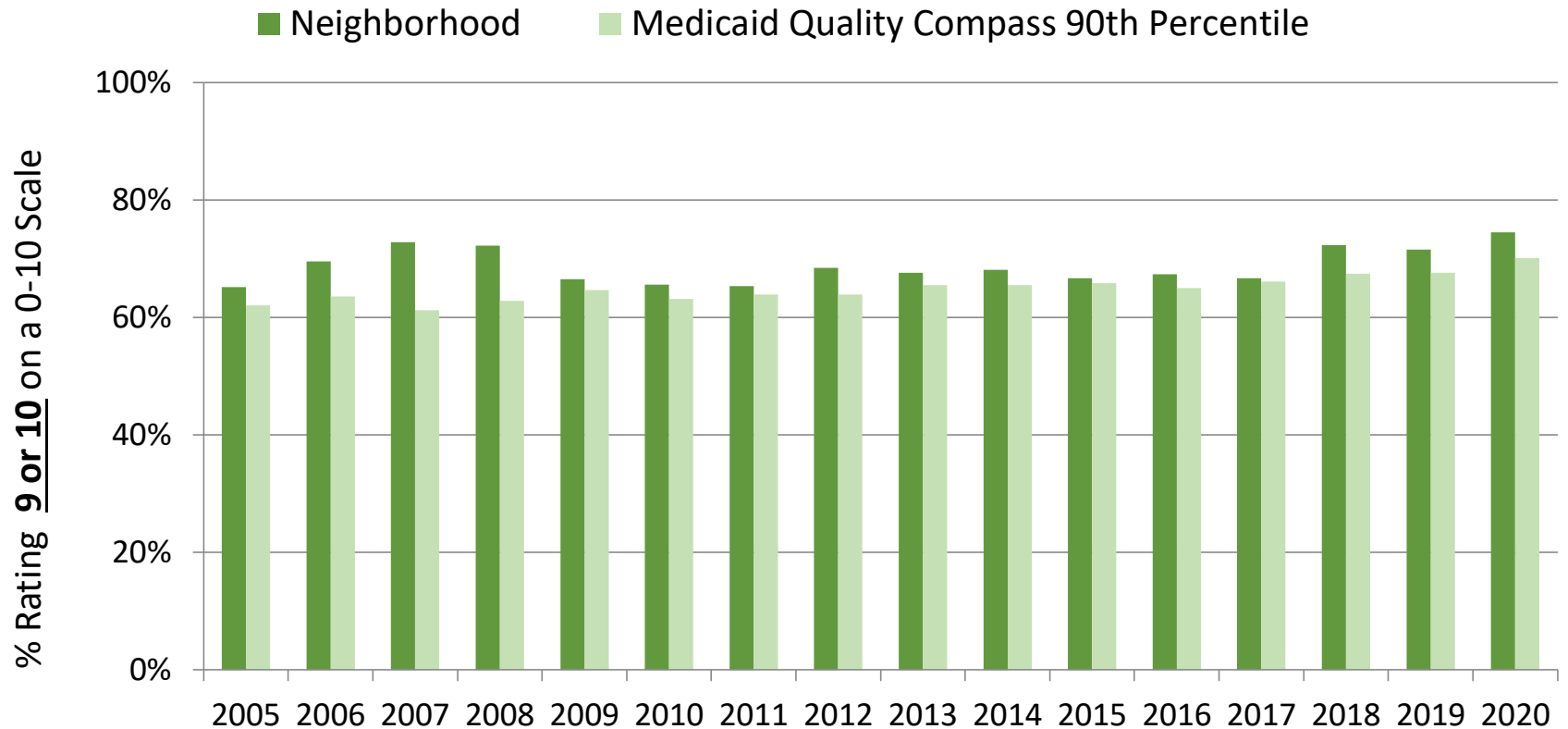
Results: Customer Service

Measure	2016	2017	2018	2019	2020
Customer Service Composite	85.40%	90.65%	90.42%	91.01%	91.86%
• Get help and information you need	78.83%	84.02%	83.83%	85.44%	87.70%
• Treated with courtesy and respect	91.97%	97.27% *	97.01%	96.59%	96.02%
Customer Service Accreditation 3-point Score (90 th Percentile = 2.61)	2.50	2.60	2.62	2.68	NA

* Increase from 2016 to 2017 is statistically significant ($p < 0.05$).

❖ CAHPS Customer Service 2017 improvements have held and grown through 2020

Results: Rating of Health Plan



- Neighborhood rates above the 90th percentile for 16 consecutive years

Ongoing Quality Improvement

- Repeated supplemental weekly IVR surveys through Jan. 2020
- Medicaid member journey-mapping in 2019
- Customer Experience (CX) program development and brand promise work 2020:
 - Joint focus = Members + Providers + Employees
- **NEW! Switch to SMS text messaging** in October 2020, from weekly to **daily**, with an analytic **dashboard**
- Deploying Salesforce Customer Relationships Management (CRM) software in 2021 to ensure staff can efficiently access information and enable first call resolution
- Getting closer to First Call Resolution

Lessons Learned

- Annual CAHPS surveys scratch the surface in identifying opportunities and supplemental data collection is necessary to target interventions
- Oversampling is a necessity to ensure actionable CAHPS results
- Health plans can impact more than the Customer Service and Rating of Health Plan CAHPS measures
- Strong cross-departmental relationships in an organization are a key to success
- CAHPS analysis leads should listen to actual member calls
- Start somewhere in your journey to “First Call Resolution” – don’t wait until you can do an immediate after-call survey

Contact Information

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AltaMed's Shadow Coaching and Pay-for-Performance (P4P) Efforts to Improve Patient-Provider Interactions Using the Clinician and Group CAHPS® Survey: LESSONS ON IMPROVING PATIENT EXPERIENCE

**Denise D. Quigley,
Marc N. Elliott, Mary E. Slaughter, Ron D. Hays**

RAND

January 28, 2021

Virtually via Rockville, MD

Context about Shadow Coaching & Pay-for-Performance to Improve Patient Experiences



- Shadow coaching is effective for providers in:
 - ▶ Building and maintaining competencies
 - ▶ Increasing compliance with practice guidelines
- Providers' response to pay-for-performance (P4P) incentives is unclear
- Evidence is mixed whether incentives improve provider behaviors and /or patient experiences

AltaMed's Patient Experience Quality Monitoring System



- AltaMed is a large, urban Federally Qualified Health Center in CA
- To improve patient experience, AltaMed needed to identify and target modifiable provider behaviors
- July 2012:
 - ▶ Administered Clinician and Group CAHPS survey
 - ▶ Included custom items to trend Press Ganey items
- October 2014:
 - ▶ Provided P4P incentives based on Clinician and Group CAHPS every 6 months

AltaMed's Shadow Coaching



- Identified “medium performers” based on CG-CAHPS scores every 6 months
- 2015—2016: Shadow coaching pilot
- Shadow coaching included:
 - ▶ Half-to full-day of shadowing by a coach during patient visits
 - ▶ Verbal and written feedback from a coach focused on goal setting and personal improvement
- 2017—2018: Shadow coaching implementation
 - ▶ Coached about 30 providers every 6 months
 - ▶ 98 coached providers

Study Objectives



- To evaluate whether:
 - ▶ **coaching** improves patient experience scores
 - ▶ **incentives** improve patient experience scores
 - ▶ **re-coaching** has different effects than coaching
 - Planned for 2021

Evaluation Study Design

- Analyze CG-CAHPS patient experience trends comparing coached vs uncoached providers
- Analyze influence of P4P incentive payments
- 2019: Re-coaching implementation
 - ▶ Selection:
 - As usual identified eligible providers (n=39)
 - Used wait-list control design to assign re-coaching
 - ▶ May–August 2019: Re-coaching
 - 20 re-coached providers; 19 controls

Collected CAHPS Performance and Incentive Payment Data



- CG-CAHPS performance data
 - ▶ First phase: July 2012 - June 2019
 - 322 providers across 44 clinics with 46,452 completed surveys
 - 8,332 child surveys
 - 38,120 adult surveys
 - ▶ Second phase: July 2019 - July 2021
 - *In process to receive data up through end of Jan 2020*
- P4P incentive payment data
 - ▶ Available for two years
 - January 2017 – December 2018

Collected Provider Perceptions and Coach Feedback Reports



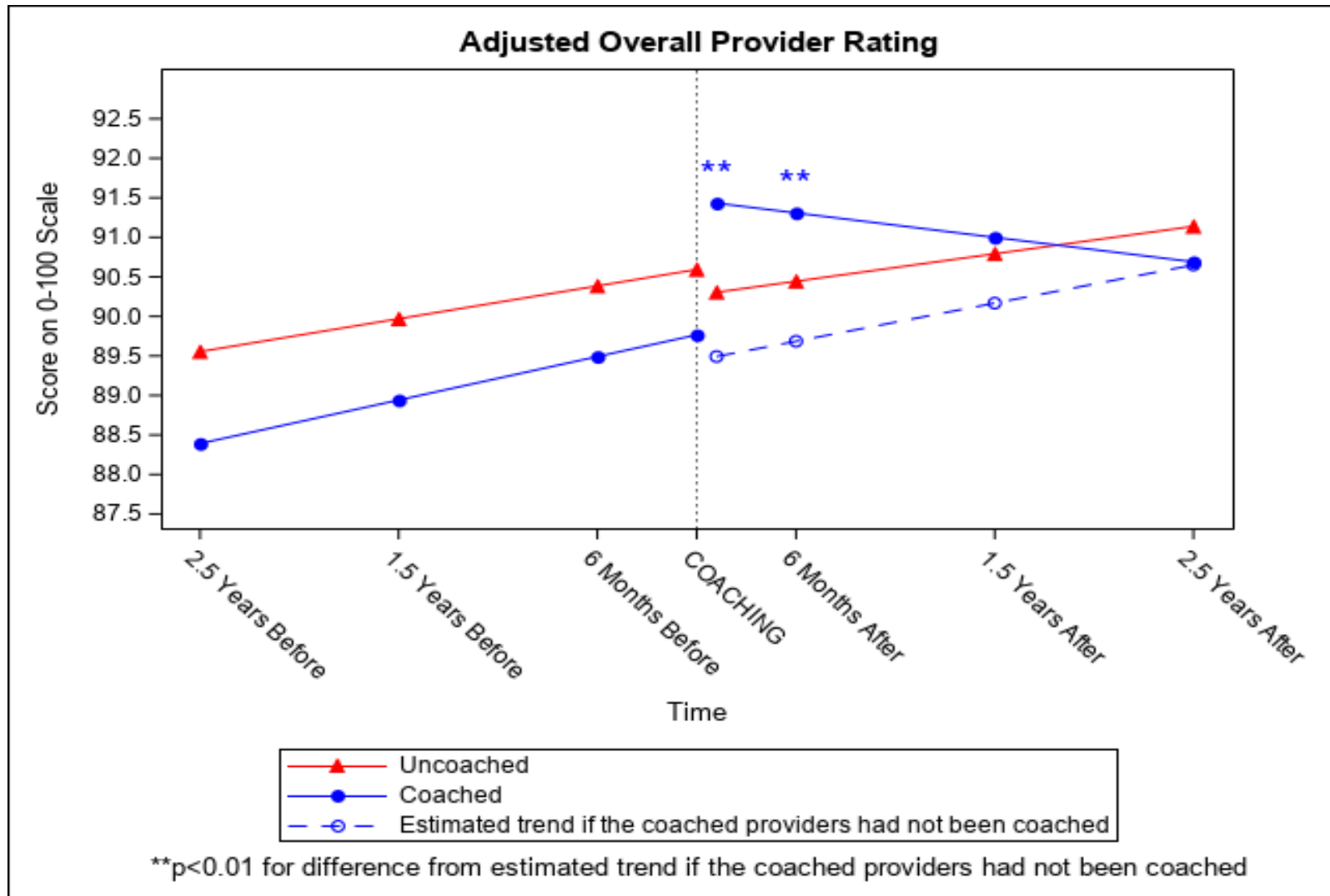
- Provider perceptions
 - ▶ Administered provider survey
 - To all providers (n=320):
 - August 2018 and January 2020
 - To re-coached and control providers (n=39):
 - Before and after re-coaching: January and June 2019
 - ▶ Conducted provider interviews
 - Re-coached and control providers (n=39):
 - After re-coaching: July through August 2019
- Coach feedback reports
 - ▶ Contained recommendations to providers made by coaches
 - ▶ 92 coaching reports from 2015-2019

Modeled Patient Experience Trends Before and After Coaching

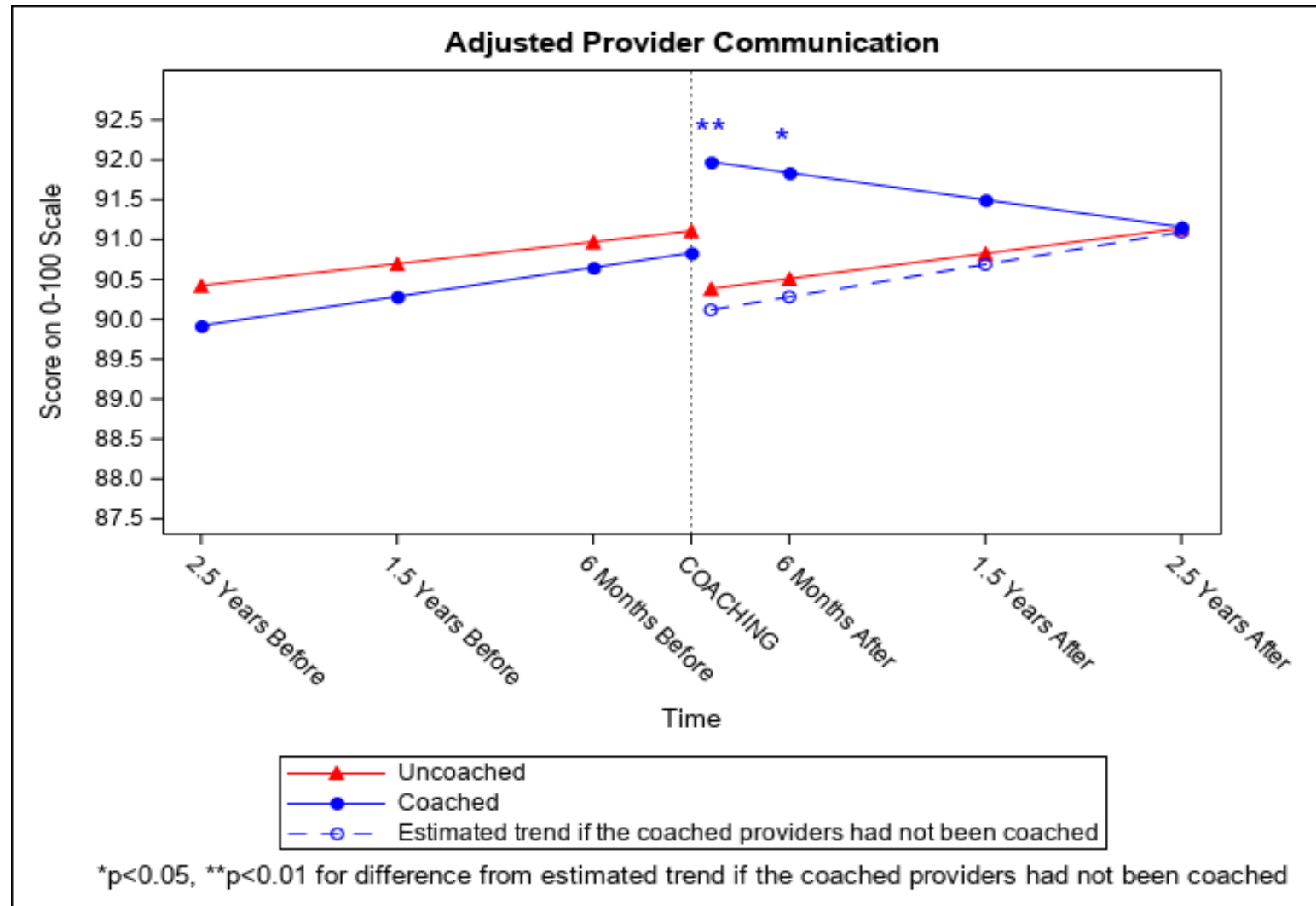


- Modeled trends of CAHPS measures over time
 - ▶ Overall provider rating
 - ▶ Provider communication composite
- Compared coached and uncoached providers before and after coaching
- Spline models with a knot and a possible jump at coaching date, adjusted for:
 - ▶ Patient characteristics
 - adult/child, age, gender, race/ethnicity, language, health status, education
 - ▶ Site indicator
 - ▶ Provider random effect

Coaching Improved the Overall Provider Rating (OPR)



Coaching Improved Provider Communication



Coaching Improved Patient Experience, But Faded Over Time

- Small-to-medium jump (2 points) for both CAHPS measures at time of coaching
 - ▶ Uncoached providers did not change
- Gains in scores faded 40% per year
- Important to assess re-coaching effect
 - ▶ *Planned for 2021*
- *Recommend coaching “boosters”*

Similar Analysis to Evaluate Influence of P4P Incentives on CAHPS Scores



- Modeled trends of 2 CAHPS measures
- Compared coached and uncoached providers before and after incentive existed
- Spline models with a knot and a possible jump at coaching date, adjusted for:
 - ▶ Patient characteristics,
 - ▶ Site indicator, and
 - ▶ Provider random effect
- Incentives had no influence on the trend of either patient experience measure

Coaching Increased Desire to Improve and Provided Tangible Feedback



- Providers reported that coaching:
 - ▶ Increased their desire to improve behaviors, primarily in:
 - Interactions with patients
 - Communication with care team
 - Coordination of information external to the clinic
 - ▶ Provided tangible recommendations, primarily for communication:
 - Engaging and spending time with patients
 - Providing information that is easy to understand
 - Listening to the patient

Recommendations Aligned with Behaviors Captured in Patient Experience Surveys



- Half of recommendations encouraged existing behaviors, other half identified new behaviors
- Recommendations mapped to behaviors identified in CAHPS & Press Ganey survey items:

CG-CAHPS items:

- Engaging and spending time with patients
- Listening to patients
- Easy to understand explanations
- Know patient medical history

Press Ganey items:

- Concern provider shows
- Received instruction for follow-up care
- Protecting patient safety

Providers Wanted More Support

- Providers wanted more actionable input on how to:
 - ▶ Listen carefully
 - ▶ Be friendly and engaging
 - ▶ Have a relaxed and calm demeanor
- Providers wanted additional coaching and training
 - ▶ Handling specific types of patients
 - “Difficult, complex” patients
 - Elderly patients
 - Patients with multiple needs
 - ▶ Communication for specific clinic settings
 - Urgent care clinic
 - Obesity clinic

Providers Pointed to Several Other Areas of Need



- To improve patient experiences:
 - ▶ Time pressure during patient visits limits their ability to develop good patient relationships
 - ▶ Need tools and best practices to:
 - Communicate lab/test results to patients
 - Discuss best practices with other providers
- For quality monitoring system:
 - ▶ Focus on improving providers' perceptions of CAHPS' ability to reflect patient experiences
 - ▶ More QI orientation and training
 - ▶ Comprehensive leadership support

Lessons Learned

- CAHPS data is effective for benchmarking, measuring change, counseling and evaluating providers' efforts
- But needs to be supplemented with tangible, actionable recommendations to encourage behavior change
 - ▶ Items are not always specific enough for tangible behavior change recommendations
- Focus on incrementally improving culture and system
 - Market efforts for all providers to improve
 - Gain provider buy-in
- Embed provider education and coaching into organization's long-term professional development

Contact Information



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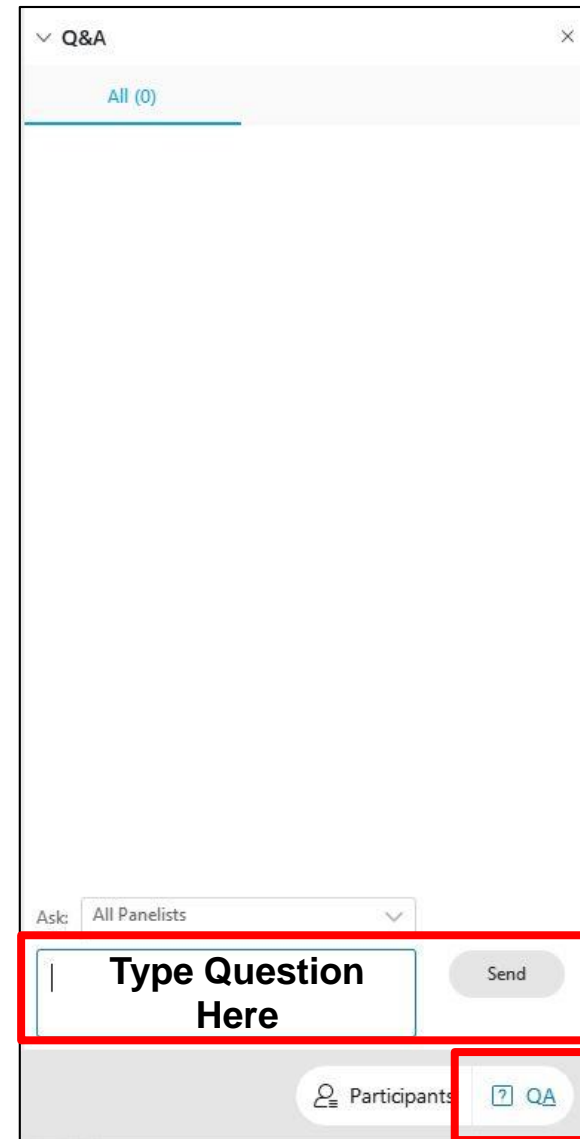
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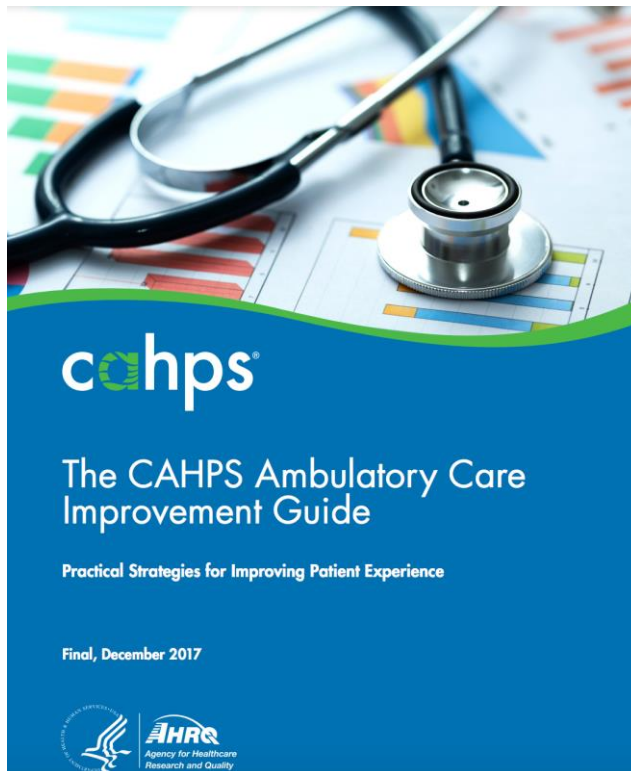
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CAHPS Improvement Resources



- CAHPS Improvement Guide
- Reports and case studies

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

- Summary of 2020 research meeting

www.ahrq.gov/cahps/news-and-events/events/2020-meeting-summary.html

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