Clinical Practice Improvement Activities Showcase: Patient Experience Measurement and Improvement

Allyson Weaver Bunker

Director of Medical & Ambulatory Services
Information and time lines presented herein are based solely upon Press Ganey's experience with other CAHPS initiatives and our interpretation of CMS rulemaking and policy statements. The information presented herein does not reflect the views or policies of CMS or any other governmental agency. Official CMS policy is distributed as part of their normal rulemaking process.

Information regarding the use of a visit-specific survey for targeted performance improvement is Press Ganey’s recommendation based on our experience and expertise. The information herein does not represent the views or policies of CMS or any other governmental agency.
Important timelines to note, upcoming dates, etc.

Changes and/or updates to the existing medical group programs

Items that will remain the same in the new MIPS program

Implications for your organization and/or action items
Agenda

- Why Patient Experience Feedback?
- Current State – This Year
- Future State – MIPS
  - Focus On: MIPS CAHPS
  - Spotlight on Patient Experience CPIA
- Research and Next Steps
Why Patient Experience Feedback?
Consumer Assessment of Healthcare Providers and Systems (CAHPS) measurement captures feedback **only patients can provide**.

Coupled with *patient comments* and input, this feedback is critical to deliver key information to help physicians/providers drive change and improve care, especially their interactions and communication with patients.
Current Medical Group Programs

- Physician Quality Reporting System*
- Value Based Payment Modifier
- Meaningful Use
- Alternate Payment Models*
Future State
A Consolidation

- PQRS
- VBPM
- EHR MU
- MIPS
2017 Performance Category Weighting

MIPS Weights

- Advancing Care Information: 25%
- Clinical Practice Improvement Activity (CPIA)*: 15%
- Quality*: 60%

*Areas impacted by CAHPS
PQRS CAHPS Survey = MIPS CAHPS Survey

Survey contains topics from the CGCAHPS survey, plus additional questions selected by CMS.

<table>
<thead>
<tr>
<th>CGCAHPS</th>
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<tbody>
<tr>
<td>▪ Core Clinician and Group CAHPS Survey</td>
</tr>
<tr>
<td>▪ Getting Timely Care, Appointments, &amp; Information</td>
</tr>
<tr>
<td>▪ How Well Your Providers Communicate</td>
</tr>
<tr>
<td>▪ Patient’s Rating of Provider</td>
</tr>
<tr>
<td>▪ Courteous &amp; Helpful Office Staff</td>
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<table>
<thead>
<tr>
<th>Additional PQRS Domains</th>
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<tbody>
<tr>
<td>▪ Supplemental Domains</td>
</tr>
<tr>
<td>▪ Care Coordination</td>
</tr>
<tr>
<td>▪ Between Visit Communication</td>
</tr>
<tr>
<td>▪ Helping you Take Medications as Directed</td>
</tr>
<tr>
<td>▪ Access to Specialists</td>
</tr>
<tr>
<td>▪ Health Promotion and Education</td>
</tr>
<tr>
<td>▪ Shared Decision Making</td>
</tr>
<tr>
<td>▪ Health Status &amp; Functional Status</td>
</tr>
<tr>
<td>▪ Stewardship of Patient Resources</td>
</tr>
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MIPS CAHPS Details

- PQRS CAHPS will be replaced with MIPS CAHPS
- Most aspects of the program will remain the same
  - Only available to those participating as groups
  - Must register to participate by June 30th
  - Administration conducted by a CMS-certified vendor based on a sample selected by CMS
  - Survey administered between November and February
  - Survey to remain the same
- Differences between PQRS CAHPS and MIPS CAHPS
  - All groups can participate voluntarily
  - Counts as only 1 measure
## Spotlight On: Patient Experience CPIAs

<table>
<thead>
<tr>
<th>CPIA Category</th>
<th>Activity</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Practice Access</td>
<td>Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.</td>
<td>Medium</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.</td>
<td>High</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>Regularly assess the patient experience of care through surveys, advisory councils, and/or other mechanisms.</td>
<td>Medium</td>
</tr>
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Early Findings: Research Overview

ONGOING SURVEYING IS BENEFICIAL

- Research study compared survey results from Accountable Care Organizations (ACOs) in two groups:
  - Press Ganey administered the official ACO CAHPS survey
  - Press Ganey administered the official ACO CAHPS survey and on-going CGCAHPS or the Press Ganey Medical Practice survey

- ACOs that utilized on-going surveying with Press Ganey, on average, performed **better on the official ACO CAHPS survey** than the average system that did not utilize ongoing surveying with Press Ganey
Considering Your Options

Your Strategy for Patient Experience

1. Decide whether you are going to participate as an individual or a group
2. Choose your path to participate
3. Review what patient experience measurement you are doing today
4. Evaluate measure selection
5. Continue to participate in MIPS CAHPS (Used within Quality and CPIA)
6. Consider your improvement goals and creating an improvement plan
Next Steps

Best Practices Across the Market

- Ongoing surveying at the provider level following a visit
- Collection and analysis of comments for different key themes – Access, Moving Through Your Visit, Care Provider, Personal Issues, Overall Care
- Understand the WHY behind your scores
- Goal setting and implementation of an improvement plan
- Assess readiness to share data patient experience internally
Appendix
MIPS: Pick Your Pace

Three Different Paths to Participate in MIPS

Submit Something – Neutral Payment Adjustment

- Submit one quality measure or one improvement activity for any point in 2017

Submit a Partial Year – Neutral or Small Positive Payment Adjustment

- Submit 90 days of 2017 data

Submit a Full Year – Moderate Positive Payment Adjustment

- Submit a full year of 2017 data
## Official ACO CAHPS: Top Box Score Performance

<table>
<thead>
<tr>
<th>Item/Domain</th>
<th>ACOs Not Using Press Ganey On-going Surveying</th>
<th>ACOs Using Press Ganey On-going Surveying</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Top Box %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rating of Provider</td>
<td>77.88</td>
<td>80.67</td>
<td>2.79**</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>74.02</td>
<td>76.31</td>
<td>2.29**</td>
</tr>
<tr>
<td>Courteous/Helpful Office Staff</td>
<td>78.27</td>
<td>80.55</td>
<td>2.29**</td>
</tr>
<tr>
<td>Getting Timely Care</td>
<td>58.25</td>
<td>60.07</td>
<td>1.81*</td>
</tr>
<tr>
<td>Provider Communication</td>
<td>81.14</td>
<td>82.86</td>
<td>1.72**</td>
</tr>
</tbody>
</table>

**Key:**

** P<.01
* P<.05
Sample Improvement Ideas

**Office Staff Quality**
Clerks/receptionists helpful
Clerks/receptionists treat with courtesy/respect

**Access**
How often got urgent appointment as needed
How often see provider within 15 minutes
Office Staff Quality

- Train all staff members to schedule patient appointments.
- At the practice level, conduct reviews of the patient check-in process to identify redundancies.
- Publicly recognize staff that exemplify the behaviors we want to promote.
- Give front-line staff members the authority to say "yes" to patients.
Access

Ensure the task management guidelines are adopted by all staff; stress review of tasks and expected response times.

Have someone review messages received at the start of every day and assign follow up items at the daily morning huddles, with the expectation that the patient should receive a response within X hours.

Providers should share in accountability for being behind schedule; norm should be to start appointments on time.

Be ready for the patient when he/she arrives for the appointment, especially the first visit of the day.

Consider the practice of the “Daily Huddle” and use to discuss any scheduling issues in advance (overbooks, etc.); manage overbooks proactively.

Have patients arrive 15 minutes early for their appointment.

Inform patients about delays, and continue to keep them updated every 10-15 minutes.