

Patient Experience Matters



**A Webinar convened by
the Dirigo Health Agency's
Maine Quality Forum**

March 28, 2012

Goals for Today



- Review purpose of patient experience surveys
- Discuss lessons from a Maine pilot
- Describe plans for voluntary statewide implementation and public reporting
- Solicit your input, support & participation

Role of the Dirigo Health Agency's Maine Quality Forum



- MQF is statutorily charged with responsibility to monitor and improve the quality of health care in Maine.
- LD 1444 further requires the MQF to:
 - Collect quality of care data on health care organizations and practitioners.
 - Publicly report quality data for use by consumers
- Patient experience is a core element of quality.

Why Patient Experience Matters



- Patients with positive experiences are **more likely to seek preventive care** and to follow instructions for better managing their health.
- Good patient experience of care is related to **more activated and engaged patients** who are more adherent to advice and treatment plans.
- Better care experiences lead to **better outcomes** of care.
- Physicians cannot improve unless first measure.

Business Case for Patient Experience



- Patient loyalty
- Reduced malpractice claims
- Employee satisfaction
- Improved financial performance

Questions???



Please enter your questions
via chat on your screen

Experience from AF4Q Pilot

Lisa M. Letourneau MD, MPH

Maine Quality Counts

March 2012



Maine AF4Q Patient Experience Pilot

- 3 AF4Q communities (ME, Detroit, WI) selected by RWJF in 2010 to “jump-start” public reporting
- Communities used “leveraged” strategy, using existing survey vendors
- In ME, primary care practices statewide invited
- 6 practices using Avatar volunteered:
 - EMMC – 3 practices
 - Redington Fairview – 3 practices
- Fielded CG-CAHPS survey June-Sept 2010 (replacing usual Avatar survey)

Public Reporting of Results

- Used Maine's existing site for public reporting of clinical quality data for Maine PCPs – i.e. MHMC: Pathways to Excellence / GBM
 - www.mhmc.info
 - www.getbettermaine.org
- Report results at practice level
- Report results when practices reach 250+ completed survey per practice

Public Reporting of Results

- Report results using ‘top box’ scoring – i.e. % patients whose responses indicated excellent performance for a given measure
- Report on 6 measures from CG-CAHPS survey
 - 3 individual survey questions:
 - Overall doctor rating
 - Willingness to recommend
 - Follow up test results
 - 3 composite measures:
 - Access to care; dr communication; staff courtesy & respect

Maine Doctor Ratings

What Patients Say:

A survey of patient experiences when visiting their doctor's office

[« Ratings Explained](#)

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Six primary care doctor offices volunteered to be the first in Maine to publicly report the result of patient surveys.

Patients were surveyed about their experience with things that should happen during every visit, such as getting timely care and information, having doctors communicate well, and having office staff treat them with courtesy and respect.

The scores below indicate how often patients reported good experiences and how highly they rate their doctors.

Participating Physician Groups

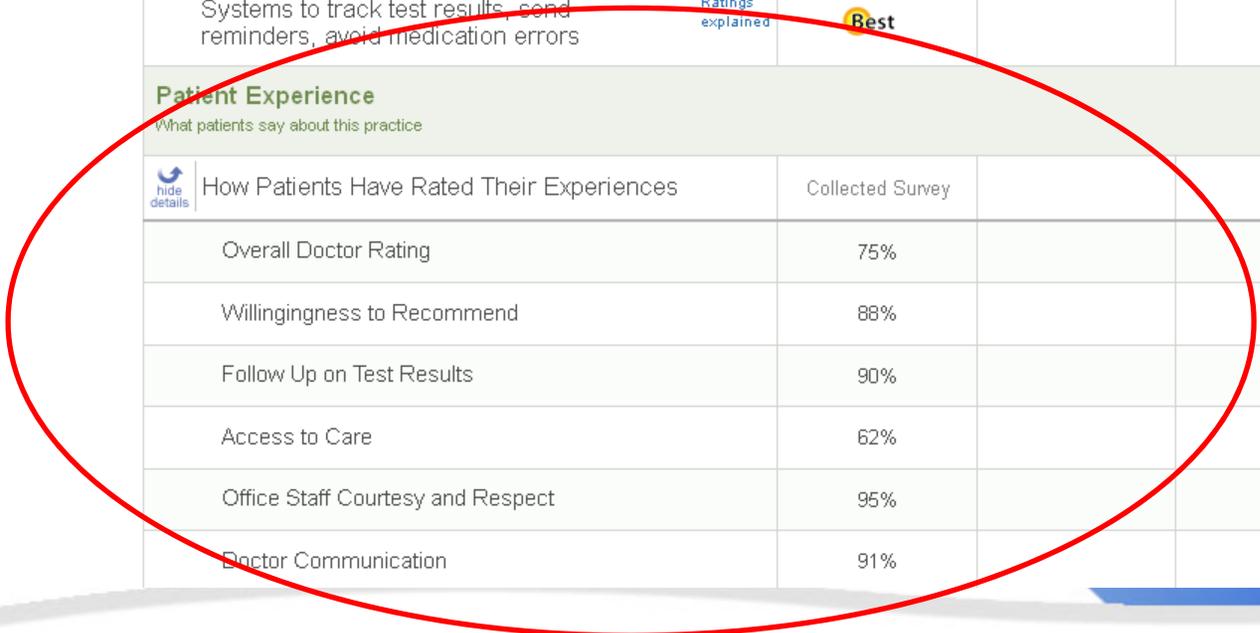
- Husson Family Medicine
- Husson Internal Medicine
- Family Medicine of Brewer
- Norridgewock Health Center Internal Medicine
- Redington Family Practice
- Redington Medical Primary Care

	Rating of Doctor	Willingness to Recommend	Follow Up on Test Results	Getting Timely Appointments, Care, and Information	Doctor-Patient Communication	Courteous and Helpful Office Staff
National Comparison*	77%	88%	86%	54%	91%	90%
Family Medicine of Brewer	Data collection in process					
Husson Family Medicine <small>Number of patient surveys: 357</small>	77%	90%	86%	62%	92%	95%
Husson Internal Medicine <small>Number of patient surveys: 487</small>	75%	88%	90%	62%	91%	95%
Norridgewock Health Center Internal Medicine	Data collection in process					
Redington Family Practice	Data collection in process					
Redington Medical Primary Care	Data collection in process					

Higher scores are better.

www.getbettermaine.org

<p>See how your selected Practices compare for Quality ratings:</p> <p> <input type="radio"/> Good <input checked="" type="radio"/> Better <input type="radio"/> * Best </p> <p>* Practices can only receive a "Best" rating in the Safe category</p> <p>> Where do these ratings come from?</p> <p>Adult Care ratings for your selected practices (Last updated on Thu, 02/23/2012 - 12:20)</p>		<p>Eastern Maine Medical Center - Husson Internal Medicine</p> <p>302 Husson Ave Ste. 1 Bangor, ME 04401 (207) 947-8141 > See details</p>	<p>Add / change selections</p>	<p>Add / change selections</p>	<p>Add / change selections</p>
<p>Effective Provides the care that experts recommend</p>					
<p>Diabetes Care Download a diabetes checklist for your doctor</p>	<p>Ratings explained</p>	<p>Better</p>			
<p>Heart Disease Care Download a heart disease checklist for your doctor</p>	<p>Ratings explained</p>	<p>Better</p>			
<p>Safe Has systems to prevent medical errors</p>					
<p>Systems to track test results, send reminders, avoid medication errors</p>	<p>Ratings explained</p>	<p>Best</p>			
<p>Patient Experience What patients say about this practice</p>					
<p> How Patients Have Rated Their Experiences</p>	<p>Collected Survey</p>				
<p>Overall Doctor Rating</p>	<p>75%</p>				
<p>Willingness to Recommend</p>	<p>88%</p>				
<p>Follow Up on Test Results</p>	<p>90%</p>				
<p>Access to Care</p>	<p>62%</p>				
<p>Office Staff Courtesy and Respect</p>	<p>95%</p>				
<p>Doctor Communication</p>	<p>91%</p>				



Ratings Explained: What Patients Say:

A survey of patient experiences when visiting their doctor's office

[Return to Ratings](#)

This is the specific questions and rating methods used to create the patient experience survey:

Category	Questions That Make Up the Score	Top Box Scoring
Rating of the Doctor	Rating of the doctor on a scale from 0 to 10, where 0 is the worst doctor possible and 10 is the best doctor possible	% with score of 9 or 10
Willingness to Recommend	Would you recommend this doctor's office to your family and friends?	% patients who scored "Yes, definitely"
Follow up on Test Results	<ol style="list-style-type: none">1. During your most recent visit, did this doctor order a blood test, x-ray, or other test for you? (If yes,)2. Did someone from this doctor's office follow up to give you those results?	% patients who scored "Yes, definitely"
Doctor-Patient Communication	<ol style="list-style-type: none">1. Doctor explained things in a way that was easy to understand2. Doctor listened carefully to patient/[respondent]3. Doctor gave easy to understand instructions about taking care of health problems or concerns4. Doctor knew important information about patient's/ medical history5. Doctor respected patient's/[respondent's] comments	Mean % patients who scored "Yes, definitely" for the 5 questions in this composite
Courteous and Helpful Office Staff	<ol style="list-style-type: none">1. Clerks and receptionists were helpful2. Clerks and receptionists were courteous and respectful	Mean % patients who scored "Yes, definitely" for the 2 questions in this composite
Getting Timely Appointments, Care, and Information	<ol style="list-style-type: none">1. Patient got appointment for urgent care as soon as needed [for the child]2. Patient got appointment for non-urgent care as soon as needed3. Patient got answer to medical question the same day he/she phoned doctor's office4. Patient/[Respondent] got answer to medical question as soon as he/she needed when phoned doctor's office after hours5. Patient saw doctor within 15 minutes of appointment time	Mean % patients who scored "Always" for the 5 questions in this composite

Questions???



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Overview of Statewide Survey Design



- Target population and practices sites
- Survey instrument
- Modes of survey administration
- Sample size

Statewide Survey Design



- Voluntary
- Target population/practice sites:
 - Adult patients of primary care and specialty care practice sites
 - Parents of children served by pediatric practice sites
- Survey conducted at practice-site level

Use of CAHPS Survey Instruments



- Endorsed by the National Quality Forum
- Growing use of CAHPS as nationally accepted instrument for assessing patient experience (e.g., Medicare Compare, ACOs, Medical home demos)
- Availability of regional and national benchmarks

Selected CAHPS Instruments



- **Primary Care Adult:** Adult PCMH 12-month Survey, version 2.0
- **Primary Care Child:** Child PCMH 12-month Survey, version 2.0
- **Specialist Adult:** Core questions from CG-CAHPS 12-month survey, version 2.0 with subset of PCMH items to be determined with stakeholder input

CG-CAHPS PCMH Survey Instrument

CG-CAHPS Core Composites

- Access to care
- Communication
- Office staff
- Global rating

PCMH Composites

- Comprehensiveness
- Self Mgmt support
- Shared decision making
- Coordination of care
- Information on care and appointments
- Access to care

CG-CAHPS PCMH Survey Item Count



	Adult Survey	Pediatric Survey
CG-CAHPS Core	34	55
PCMH Item Set	18	11
CG-CAHPS +PCMH Items	52	66

Modes of Survey Administration*



- Mail only
- Mixed mode of mail with telephone follow-up
- Mixed mode of e-mail with mail follow-up
- Mixed mode of e-mail with telephone follow-up

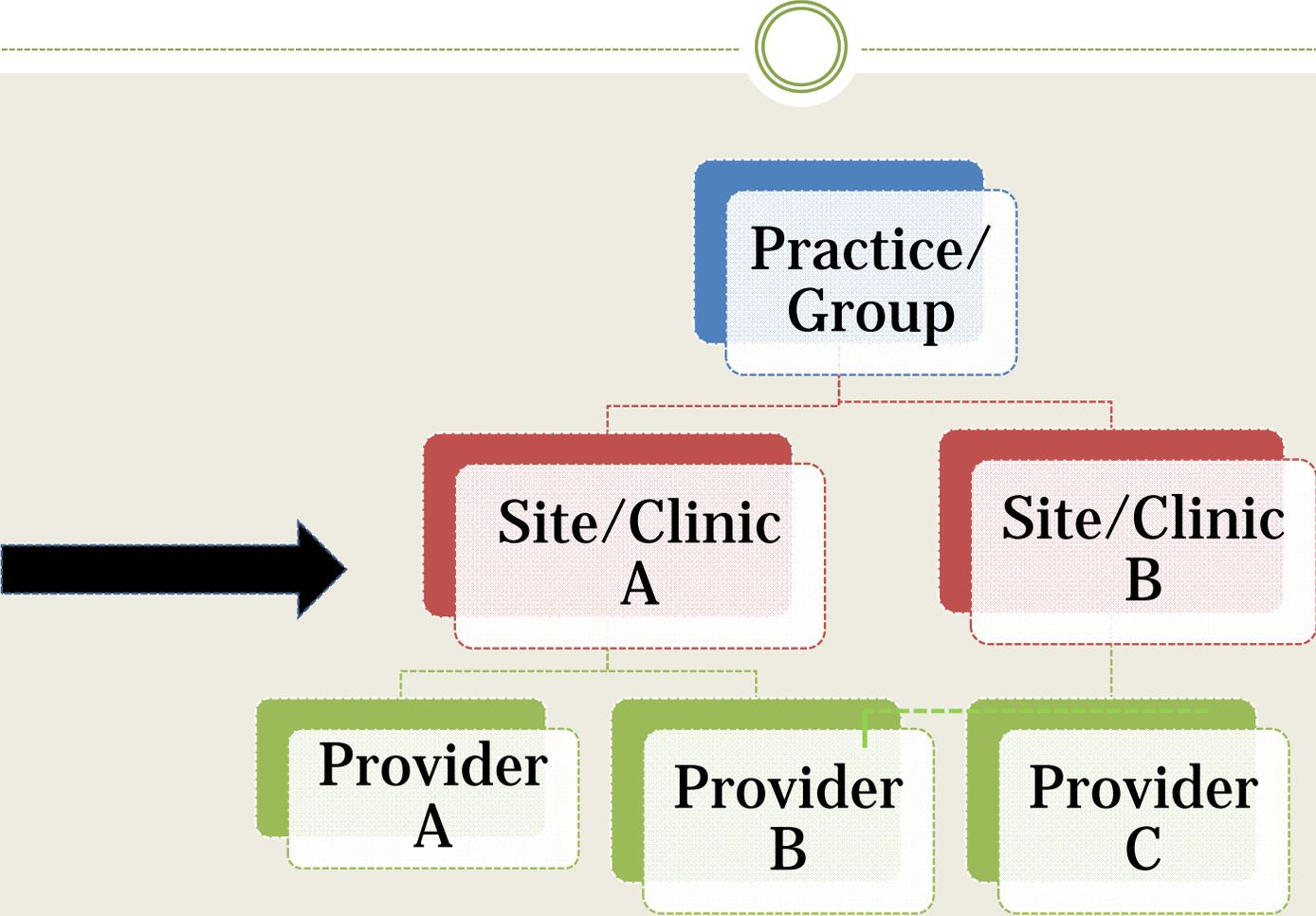
* Selected mode for centralized vendor
TBD

Sample Frame



- Sample will be based on patients seen by a **practice site** over the prior 12-month period.
- Size of random sample based on number of providers per **practice site** and expected response rate.
- Number of required completed surveys per **practice site** based on guidelines developed by AHRQ.

Practice Site Sample



Estimated Sample Size



# Providers at Practice Site*	Required # of Completed Surveys per Practice Site**	Estimated Sample Size per Practice Site***
1	50	143
2	100	286
3	150	429
4-9	175	500
10-13	200	571
14-19	250	714
20+	300	857

*Providers include physicians, nurse practitioners and physician assistants who independently manage a patient caseload.

**Based on AHRQ guidelines for practice site sampling

*** Based on an estimated 35% response rate

Questions???



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Survey Administration



- Leveraged strategy
- Central vendor
- Subsidy
- Registration

Survey Administration: 2 Approaches



- Health systems/practice sites with existing patient survey in place
 - Leverage existing efforts by working with vendors to replace/supplement current survey with common instrument for limited period.
- Practice sites without existing survey
 - DHA will competitively bid for a single vendor to administer the survey at preferred rate

Central Vendor



- DHA to issue RFP for qualified vendor:
 - NCQA certified or approved by CMS for H-CAHPS or Medicare Advantage
 - Preference to vendor with experience administering CG-CAHPS
 - Must agree to conditions of DHA Survey Guidelines
- Practice sites with no current vendor relationship are requested to use central vendor
- Contract will be between central vendor and practice site

Subsidy



- Available to **practice sites** agreeing to:
 - Use selected CG-CAHPS instruments
 - Administer survey at the **practice site** level between Sept-Nov 2012
 - Follow specifications of DHA Participation Guidelines
 - Submit **practice site** level results to CAHPS Database
 - DHA publicly reporting findings at the **practice site** level

Subsidy Levels



- DHA has committed funds to subsidize **up to 500 practice sites** for 2012 survey effort.
- First come, first served basis.
- Exact amount of subsidy will be based on:
 - DHA final budget allocation
 - Number of participating practice sites
 - Vendor bid
- DHA currently estimates that subsidy would cover 60-90% of survey costs.
- Practice sites responsible for balance of all survey costs

Estimated Subsidy Levels



Number of Providers per Practice Site	Required # Completed Surveys	Estimated Total Survey Costs*	Estimated DHA Practice-Site Subsidy**	Estimated Balance to be Paid by Practice Site
1	50	\$600	\$540	\$60
2	100	\$1200	\$1080	\$120
3	150	\$1800	\$1620	\$180
4-9	175	\$2100	\$1890	\$210
10-13	200	\$2400	\$2160	\$240
14-19	250	\$3000	\$2700	\$300
20 +	300	\$3600	\$3240	\$360
*Estimate based on \$12 per completed survey				
** Assumes 90% DHA contribution				

Registration



- Survey Monkey to be sent to webinar participants
 - Determine current survey activities at practice site level
 - Assess interest in (1) leveraging effort with an existing vendor or (2) using a central vendor
 - Identify practice sites by number of providers
 - Findings to inform (1) RFP for central vendor; & (2) practice site subsidy level
- Weblink Registration (May'12)
 - Practice sites commit to participate and identify vendor
 - Track status of conditions necessary for subsidy

Questions???



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Data Collection and Reporting



- DHA Participation Guidelines
- CAHPS Database for Benchmarking
- Public Reporting on DHA Website

DHA Participation Guidelines



- Online manual of specifications related to:
 - Survey instrument
 - Target population
 - Sampling procedure
 - Modes of survey administration
 - Vendors
 - Timeline
 - Survey administration
 - Submission of survey results to CAHPS database
 - Subsidy determination and payment
 - Public reporting at practice site level



CAHPS Database



- National repository of data for selected CAHPS surveys
- Two major applications
 - **Benchmarking** to evaluate health system performance and support quality improvement
 - **Research** on consumer assessments of quality
- Funded by AHRQ and administered by Westat through the CAHPS User Network

CAHPS Online Reporting System



- Supports **selected CAHPS surveys maintained by CAHPS Database**
 - CAHPS Health Plan Survey
 - CG-CAHPS Survey (PCMH to be included in 2012)
- **Public portal** available to everyone
 - Ability to view summary-level data only
- **Password-protected portal** accessible only to participants who contribute data
 - Ability to view your own results compared to selected benchmarks

Maine's Use of CAHPS Database



- DHA plans to use the CAHPS Database to analyze and aggregate comparative practice site-level results and national benchmarks for state-level reporting.
- Benefits –
 - Minimizes costs of analyzing and aggregating survey data
 - Streamlines data submission
 - Allows practice sites to view their own practice site data against national/regional benchmarks
 - Composite measures available through CAHPS database for public reporting

How It Will Work



- Signed agreement between practice and DHA to authorize DHA to have access to site-level information for statewide reporting.
- Vendors will submit survey results to the CAHPS Benchmarking Database following submission guidelines.
- Practice or vendor notifies CAHPS Database through DUA or at data submission that DHA is authorized to access practice-site survey findings.

DHA Public Reporting



- Practice sites must agree to have practice site-level survey results publicly reported as a condition of receiving a subsidy.
- Practice site level survey data will be publicly reported on the DHA website.
- Design a DHA public reporting website will be developed with input from Maine Quality Forum Advisory Council and stakeholders.

Questions??



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Next Steps



- Timeline
- Survey Monkey
- Follow-up meetings
- Registration

Estimated Timeline



Apr'12	May'12	Jun'12	Ju'12l	Aug'12	Sep'12	Oct'12	Nov'12	Dec'12	Jan/Feb 2113	Mar/Apr 2013	May/Jun 2013
Survey Monkey											
	Meetings with Providers										
	Registration										
	Vendor Selection										
				Public Awareness Campaign							
					Survey Administration						
								Data Submission to CAHPS Database			
										Preliminary Findings	
											Public Reporting

Next Steps



- **Survey Monkey** – sent to webinar registrants by April 1, 2012.
- **Provider Meetings** - during April and May, meetings will be held with health systems and practice sites to determine how to leverage existing survey efforts.
- **Registration** - Health systems and practice sites commit to participate and receive survey (by May 31).
- **DHA Website** - under development

Final Questions??



Please enter your questions
via chat on your screen