Use of Patient Experience of Care Data to Drive Patient-Centered Improvements in a Community

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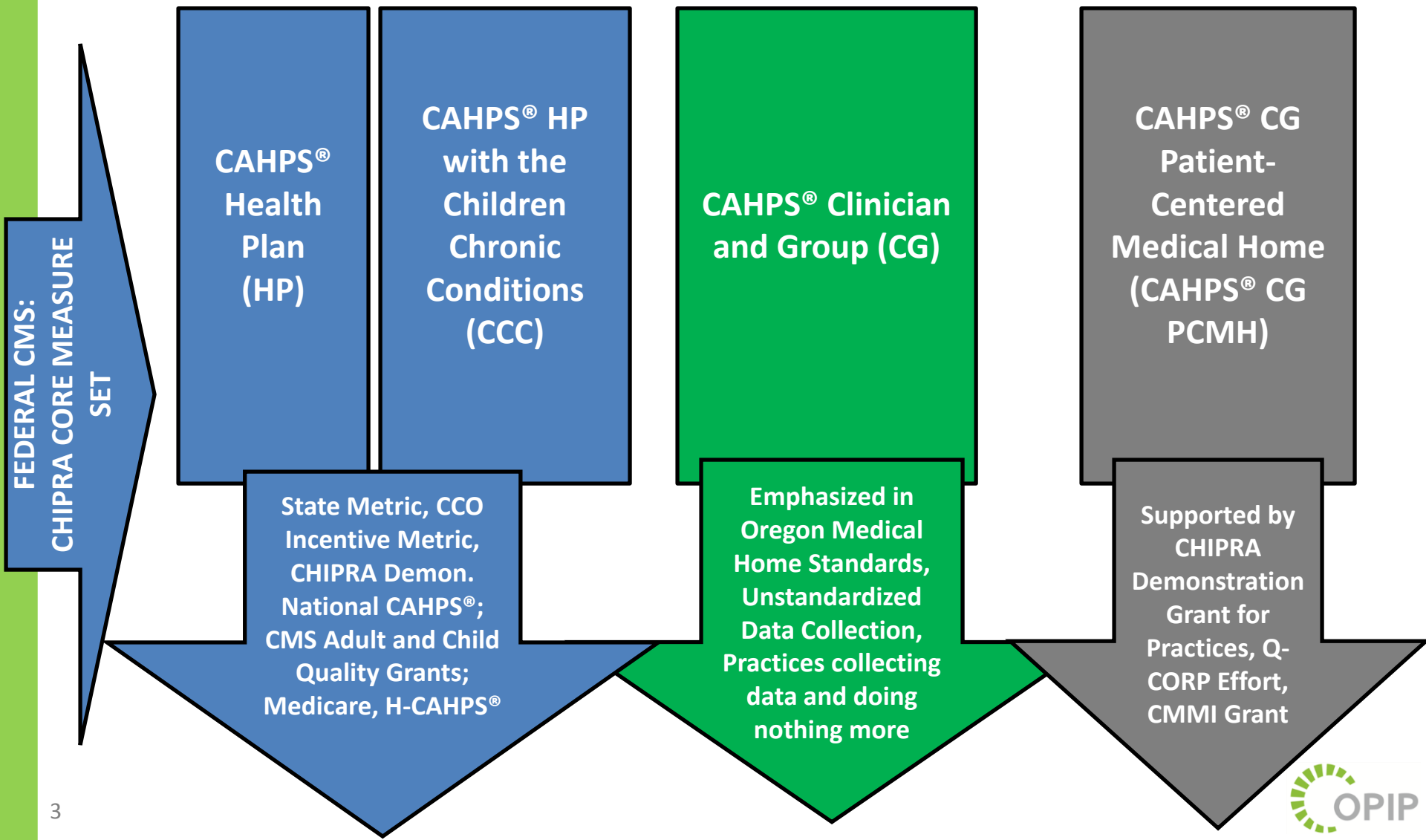
GOALS for TODAY

1. To provide an overview **how front-line health care providers** and **system-level leaders** within Willamette Valley Community Health (WVCH) were engaged in **USING** the **Consumer Assessment of Healthcare Providers & Systems® (CAHPS®)** data

2. To highlight key learnings from these efforts in how to **engage and use the CAHPS® data**

3. To highlight **patient-centered areas of improvement** identified and implemented

CAHPS®, CAHPS® Everywhere!
But is Any of it Used to Improve Care?



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CCO CAHPS® HP TOPICS

- Getting Needed Care
- Getting Care Quickly

Incentive Measure
Access to Care

- How Well Doctors Communicate
- Customer Service
- Rating Questions

Incentive Measure
Satisfaction with Care

- Shared Decision Making
- Access to Specialized Services
- Access to Prescription Medicine
- Experience with Personal Doctor
- Coordination of Care (Child Only)
- Assistance with Smoking Cessation (Adults Only)

Performance Measure

- Children with Chronic Conditions
- Cultural Competency
- Health Literacy

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Over 60 Pts within PCPCH Standards Relate to Patient Experience of Care Surveys and USE of Data

Standard 1.A – In-Person Access

- **1.A.2 -** PCPCH surveys a sample of its population using one of the CAHPS® survey tools on patient satisfaction with access to care. *(10 points)*
- **1.A.3 -** PCPCH surveys a sample of its population using one of the CAHPS® survey tools, and meets a benchmark on patient satisfaction with access to care. *(15 points)*

Standard 6.C – Experience of Care

- **6.C.2 -** PCPCH surveys a sample of its population at least annually on their experience of care using one of the CAHPS® survey tools. *(10 points)*
- **6.C.3 -** PCPCH surveys a sample of its population at least annually on their experience of care using one of the CAHPS® survey tools and meets benchmarks on the majority of the domains regarding provider communication, coordination of care, and practice staff helpfulness. *(15 points)*

Strategy to Enhance Meaningful USE of the CAHPS® Data to Inform Patient-Centered Improvements in a Community

Part 1: Support Efforts with **Front-Line Health Care Providers** in a Community to Use the CAHPS® Clinician and Group (CG), Patient-Centered Medical Home Version (PCMH) – **CAHPS® CG PCMH**

Part 2: Facilitate a Community-Level Conversation - Convene these **Front-Line Health Care Providers with Health System Leaders** to review the CAHPS® Health Plan (HP) Findings - **CAHPS® HP**

Part 3: Leveraging the learnings from Part 1 and Part 2, Support Efforts for Meaningful Dissemination of the **CAHPS® HP** Findings to **Inform System-Level Activities**

Part 1: Supporting Front-Line Health Care Providers to Implement & Use the CAHPS® CG PCMH

- Partnership with OHA and Quality Demonstration Grants, Patient-Centered Primary Care Institute (PCPCI)
- Supported administration of the CAHPS® CG PCMH for practices
  - Practice pulled sample file of all patients seen in last year
  - Standardized survey administration, allows for comparability
  - Reports included comparison information
- OPIP led a Learning Curriculum and Practice-Level Support to aid meaningful use by using methods:
  1) **BEFORE and DURING** survey administration to engage practice staff and patients
  2) **AFTER they get the survey data**- inform QI, report to patients
     - Practice-level coaching and supports to implement QI to address the areas identified, MOC credit provided
     - Smaller cohort of practices participated in two administrations, used the CAHPS® to evaluate their QI efforts

Tools to Enhance Practice and Patient Engagement on CAHPS® CG PCMH BEFORE Survey Administration

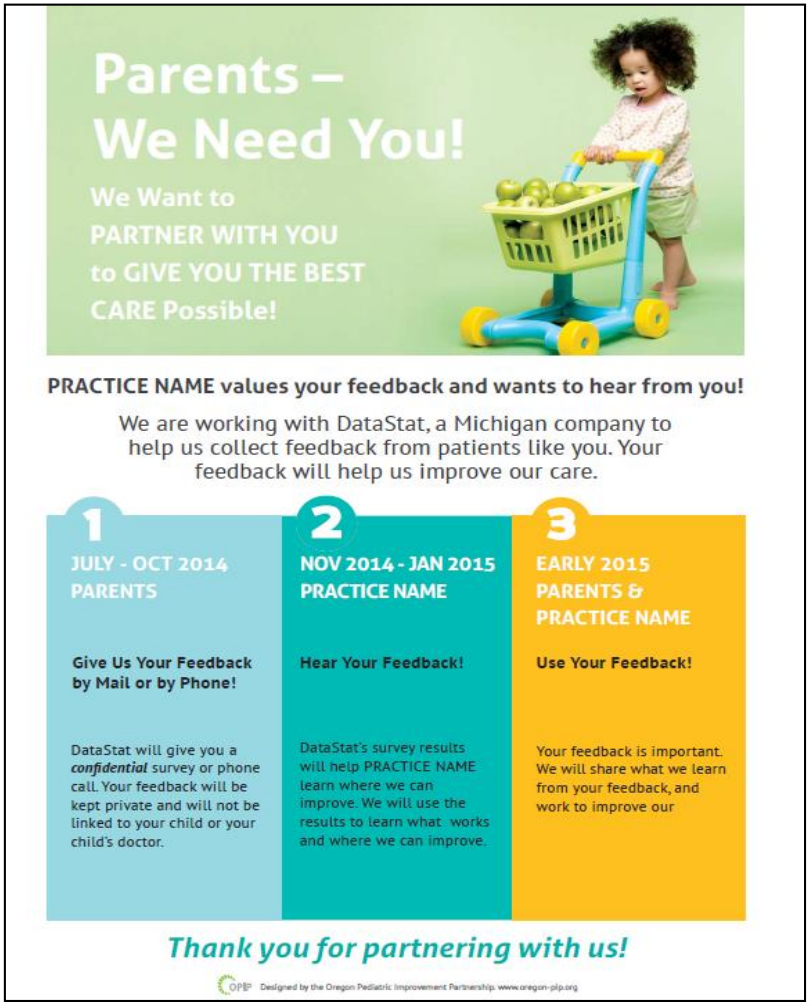
1. Elevator Speech to Engage the Rest of the Practice: Overview materials on the CAHPS® CG PCMH to explain the survey to your office generally
2. Posters to put up in the office and share publicly to give patients a heads up
    - This poster could also be distributed through website or Facebook.

Materials to give to staff before the survey to answer questions they may receive:

3. Scripts for office staff to use
4. Text for emails from providers to patients
5. Frequently asked questions you may get and their answers

Materials to Engage Patients in the CAHPS® CG PCMH

Poster to Educate Patients about Survey



Support to Practices in Using the CAHPS® CG PCMH

AFTER the Survey is Collected:

1. Analysis of the data into "bite size" pieces
   - Roll up of the item-level data into composite measures that give a "Flag" about what it means
   - Analyzing the data by groups of patients
   - Distilling the data into strengths and opportunities for improvement
2. Methods to meaningfully engage the practice in examining the data and what it MEANS
3. Methods for reporting the findings back to patients and to engage patients as partners in QI
4. Implementing QI to address areas of need
   - Methods intentionally address PCPCH **Standards**
     - **2.C -** Patient and Family Involvement in QI
     - **2.D -** Quality Improvement

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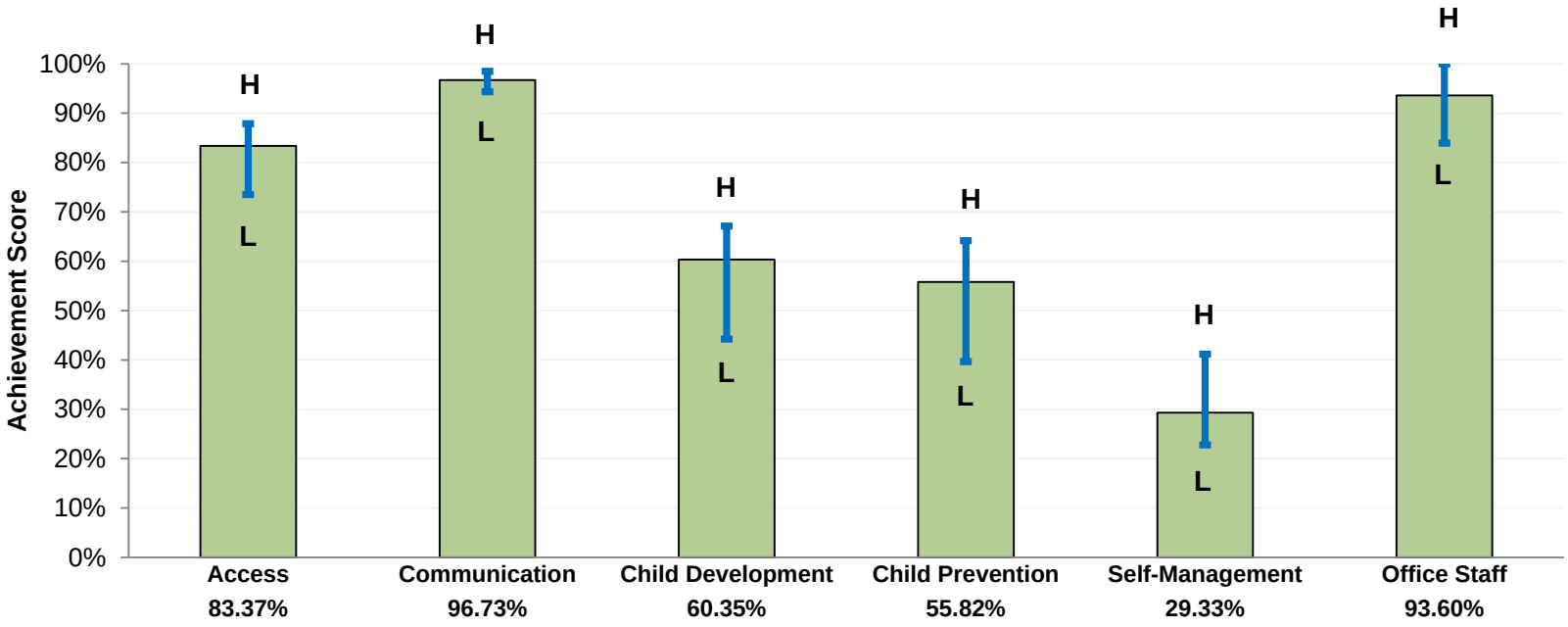
Example of Survey Data Being Rolled Up into "Flags"

Example of OPIP CAHPS® CG PCMH Analysis: Range of CAHPS® CG PCMH Child Quality Domain Achievement Scores across ECHO Practices



H = Highest practice score
L = Lowest practice score

Analysis and Facilitation by the Oregon Pediatric Improvement Partnership (OPIP)

Example of OPIP CAHPS® CG PCMH Analysis: Variation in CAHPS® CG PCMH Self-Management Domain Achievement Scores by Bay Clinic Provider

Self-Management Domain Item	Provider	Average Achievement Score
Q49. Someone at provider's office talked to you about specific goals for your child's health	Provider #1	57%
	Provider #2	68%
	Provider #3	33%
	Provider #4	39%
Q50. Someone at provider's office asked you if there are things that make it hard for you to take care of your child's health	Provider #1	34%
	Provider #2	35%
	Provider #3	4%
	Provider #4	22%

Blue text is used to indicate a statistically significant difference between each provider's average achievement score.
Green-shaded cells indicate the highest score where there is a statistically significant difference in quality.

Analysis and Facilitation by the Oregon Pediatric Improvement Partnership (OPIP)

Item-Level Drivers Within Domain Scores

Access Domain Item	Provider	Average Achievement Score
Q13. Always obtained needed care right away **PCPCH Standard 1.A.3 Benchmark – 75%**	Provider #1	80%
	Provider #2	82%
	Provider #3	87%
	Provider #4	59%
Q16. Always obtained care when needed, when not needed right away **PCPCH Standard 1.A.3 Benchmark – 75%**	Provider #1	80%
	Provider #2	75%
	Provider #3	75%
	Provider #4	56%
Q19. Always able to get care needed from provider's office during evenings, weekends, or holidays	Provider #1	47%
	Provider #2	73%
	Provider #3	86%
	Provider #4	50%
Q21. Always received same day response to phone calls made during regular office hours **PCPCH Standard 1.A.3 Benchmark – 75%**	Provider #1	79%
	Provider #2	76%
	Provider #3	77%
	Provider #4	50%
Q23. Always received a response as soon as you needed to phone calls made after regular office hours **PCPCH Standard 1.A.3 Benchmark – 75%**	Provider #1	88%
	Provider #2	75%
	Provider #3	100%
	Provider #4	60%
Q25. Always saw provider within 15 minutes of child's appointment time **PCPCH Standard 1.A.3 Benchmark – 75%**	Provider #1	36%
	Provider #2	16%
	Provider #3	52%
	Provider #4	42%

Blue text is used to indicate a statistically significant difference between each provider's average achievement score.
Green-shaded cells indicate the highest score where there is a statistically significant difference in quality.

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Reporting Findings Back to Patients – Engaging Them to Provide Input on QI Efforts

- **Medical Home/Quality Improvement Advisory Groups**
  - Patient representation on the groups
  - Shared the data and asked for feedback about what it meant
- **Group-level Meeting with Patients to Get Their Feedback**
  - Practices held group-level meetings with patients to share the findings and get their insights on improvement opportunities
- **Public Displays of Data**
  - OPIP developed posters displaying the data at check in, hallways to the exam room, and in the exam room
  - Website and Facebook

PARENTS - We Heard You!

Last Summer, we sent out surveys to learn how we are doing with the care we provide. We want to say thank you! We received ## surveys!

Here is what we learned from our PRACTICE NAME families:

AREAS OF EXCELLENCE - What Is Going Well

Getting Care When You Need It

9 out of 10 Parents said they usually or always got needed care.

Providers at PRACTICE NAME Listen

9 out of 10 parents said providers usually or always listened carefully to them.

OPPORTUNITIES - What We Can Do Better

Only 2 out of 5 Parents said that someone talked to them about ***barriers and goals for their child's health.***

Only 2 out of 5 Parents said that their provider gave them information about how to ***keep their child from getting injured.***

USING YOUR FEEDBACK TO IMPROVE

We are working on a project to partner with our patients and set health goals:

- We will be focusing on how we can develop care plans that fit your child's needs.
- These care plans will help track progress on your child's health goals.

JOIN OUR IMPROVEMENT EFFORTS!

Help us Improve:

- A team at (PRACTICE NAME) is working on this project.
- Your opinion is valuable! - Contact us with your suggestions.
  - **Call us at: (PHONE number)**
  - **Email us at: (Email Address).**
  - **Fill out a comment card, or talk to your Provider.**

Thank you for partnering with us to give the best care possible!

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Example "AHA" Moments for Practices Based on CAHPS® CG PCMH Data

- Systems and processes don't always yield the intended consequences
  - Access domain findings surprising to a number of practices despite having "open access"
    - Led to improvements in how hours are communicated to patients
    - Led to examinations of how patients access the practice
- Important differences for distinct groups of patients that get lost in "overall" findings
  - Many practices doing well overall, but disparities by patient characteristics
- Nearly all practices needed improvement in the domain of Self-Management
- Large number of practices needed improvements in the quality domains related to Child Prevention and Child Development

Using CAHPS® CG PCMH Data to Evaluate Improvement Efforts from Patient Perspective

Example from a practice:

Question	2014 Score	2012 Score	% Change
Q48. Someone at provider's office talked to you about whether there are any problems in your household that might affect your child	**56.5%**	**39.2%**	**+17.3**
Q36/Q50. Someone at provider's office asked if there are things that make it hard for you to take care of your (child's) health	**29.3%**	**24.0%**	**+5.3%**

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Part 2: Facilitate and Convene a Community-Level Conversation about WVCH CAHPS® HP Data

- Ten participating practices contract with Willamette Valley Community Health (WVCH)
  - These practices care for 2 out of 5 children, and 1 out of 5 adults covered by WVCH
  - OPIP prepared practices for engaged and informed participation
- **As part of PCPCI, engaged WVCH to:**
  - Share 2014 WVCH HP Data with these practices
  - Participate in a community-level conversation with these practices about the WVCH findings informed by their front-line experiences
    - Representation from WVCH, Behavioral Health, WVCH Community Advisory Council (CAC)
    - Intentionally small & strategic
- OHA provided support by participating in the effort and sharing the data

Power of Shared Conversation Given the Shared Experience of Using Patient Experience of Care Data

AGENDA for Community-Level Conversation

6:00-6:10	• Welcome & setting-the-stage about goals for the meeting • Overview of the practices in attendance and coverage of WVCH clients	Colleen Reuland, Oregon Pediatric Improvement Partnership
6:15-6:45	Highlight of key findings from the Willamette Valley Community Health (WVCH) Consumer Assessment of Healthcare Providers & Systems® (CAHPS®) data	Charles Gallia, Oregon Health Authority
Facilitated conversation among practices who contract with WVCH and have implemented a version of the CAHPS:		
6:45-7:25	Hearing from a practice that used the CAHPS® CG PCMH to improve care: Learnings from their efforts that could inform community-level efforts	Suzanne Dinsmore, Childhood Health Associates of Salem (CHAoS)
	Hearing from Parents: How patient-based data helps me be a partner on the QI Team	Spotlight of Parent Partners from CHAoS and Woodburn Pediatrics
	Reflections and sharing from other practices about their efforts to address the CAHPS® survey findings, improvement strategies identified, and learnings	Group sharing
Group discussions about shared opportunities based on WVCH findings		
7:25-7:40	Given their experiences, general practice-level reflections to the WVCH-level data	Facilitated group-level discussion
7:40-8:10	Identifying community-level opportunities for improvement that address areas of the CAHPS® findings related to **access to care, access to specialist, and care coordination.**	Facilitated group-level discussion
8:10-8:30	Wrap of meeting and key themes heard	Colleen Reuland

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Improvement Opportunities Identified and Informed by the Front-Line Experiences

1. Access to Care & Getting Care Quickly
2. Access to Specialists
3. Items Related to Care Coordination and Ability to do Care Coordination

Population Drivers:

- Race-Ethnicity (Hispanic/Latino)
- Adult Data – Gender, Mental Health Status
- Child Data – Children and youth with special health care needs

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ACCESS:
Findings from WVCH and Practices in This Room

	WVCH HP Findings: Cont. Enrolled Members		CAHPS® CG PCMH Data Findings for Practices Here Today: Practice-Level Sample of People Who Had A Visit	
	ADULT	**CHILD**	ADULT Data: Range in Practice Scores	CHILD Data: Range in Practice Scores
Always/Usually obtained appt. for check-up or routine care as soon as needed	**84%**	**85%**	**79-100%**	**86-92%**
Always/Usually obtained appt. for urgent care as soon as needed* **** WVCH Lower than State Mean & FFS***	**79%**	**84%**	**68-98%**	**83-93%**
Always/Usually got care, tests, or treatments you needed*	**79%**	**89%**	**N/A**	**N/A**

- **Disparities in WVCH Findings for these items BY the following groups:**
  - ***Adults:***
    - *Females and Hispanics were LESS likely to access care*
    - *Younger adults were LESS likely to access care*
  - ***Children:***
    - *Older children were LESS likely to access care*
    - *Non-Hispanics were LESS likely to access care*

Note: **Items in BLUE** compose the "CAHPS®: Access to Care" CCO Incentive Metric

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Part 3: Support Efforts for Meaningful Dissemination of the CAHPS® HP Findings to Inform WVCH-Level Activities

- OPIP received a contract from WVCH to help them more meaningfully share and use their 2015 CAHPS® HP data
- OPIP strategic analysis of 2015 WVCH CAHPS® HP data
  - Banner book
  - Raw data
  - Reviewed other CCO Banner Books to Allow for Comparisons to Other CCOs
- Contextual information to understand & frame findings
  - Front-line perspective -invaluable perspective on system-level opportunities and barriers
  - Patient groups and patient partners in practices
  - Interviews about WVCH quality activities & priorities
  - WVCH Strategic Plan

Part 3: Support Efforts for Meaningful Dissemination of the CAHPS® HP Findings to Inform WVCH-Level Activities

- Strategic presentation and executive summary of WVCH Findings for the following:
  - WVCH Board
  - WVCH Clinical Advisory Panel (CAP)
  - WVCH Community Advisory Council (CAC)

Examples of Resources & Tools Used

- www.oregon-pip.org

- **Webinar** - Engage, Collect, Partner: How to Use Patient Experience of Care Surveys in Your Practice http://www.pcpci.org/resources/webinars/engage-collect-partner-how-use-patient-experience-care-surveys-in-your-practice

- **Questions?**
  - Colleen Reuland: reulandc@ohsu.edu, (503) 494-0456