Webinar 3

Applying CAHPS®
Moving Information Into Action

Oregon CAHPS® 2014
(Measurement Year 2013)

Today

- Objectives
- Recap
  - CAHPS and Banner Book Basics,
  - Organizational Assessment & the CAHPS Analysis
- Reflection
- QI 101 from CMS and AHRQ
- Tips and interventions
- Case Study – Discussion
- Q&A

Objectives

Go from here…

Lost in a Forest

To here

Recap

- Why we do CAHPS
- CAHPS is not a 'satisfaction' survey it is *Experience of Care*
  - Needed vs wanted

    Not RateMDs.com, or Yelp, or Angie's List
- CAHPS is an industry standard
  - Included in ACA requirements for Medicare
    - Hospitals and Physician payment
  - Used as part of Board Certification (MOC IVc)
- CAHPS has clinical and business relevance

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Composite Measures (Adults and Children)

- Getting Needed care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Rating Questions
- Shared Decision Making
- Access to Specialized Services
- Access to Prescription Medicine
- Experience with Personal Doctor
- Coordination of Care (Child Only)
- Family Centered Care: Personal Doctor who Knows Child
- Children with Chronic Condition
- Cultural Competency
- Health Literacy
- Assistance with Smoking Cessation (Adults Only)

Incentive Measure
Access to Care

Incentive Measure
Satisfaction with Care

Performance Measure

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Analyze CAHPS Data to understand Performance

- Look for CAHPS measures that are significantly different from the total OHP rate for the same measure

- Understand differences in your CAHPS scores for different population: Example. CCC vs. non-CCC, Male vs. Female, Various age groups,

- Compare your CAHPS scores to Benchmarks (benchmarking database report will be provided to them)

- Understand key drivers behind CAHPS scores

Understand key drivers behind CAHPS scores

Correlated measures and factors for low access to emergency care

- Low access to routine care
- Customer service not providing information in a timely manner
- Low access to needed therapy
- Low access to needed special medical equipment
- Low rates in coordination of care
- Physical access to emergency care

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Quality Improvement Steps; Outstanding work from CMS' QI 101 Series

Getting Started

Developing Aims and Selecting Change Strategies

Measuring and Monitoring Improvement

- **<u>Tips for Facilitating the Quality Improvement Process</u>**

  - **Crickets to Chaos**

  - **Pick your team well**

  - **Demonstrate integrity**

  - **Empathy and listening**

Interventions from AHRQ

- Open Access Scheduling for Routine and Urgent Appointments
- Streamlined Patient Flow
- Email for Administrative Help and Clinical Advice
- Internet for Health Information and Advice
- Rapid Referral Programs
- Policies and Processes and Applications of Information Technology
- Training to Advance Physicians' Communication Skills
- Tools to Help Patients Communicate Their Needs

- Shared Decision-making
- Support Groups and Self-Care
- Delivery of Evidence-Based Information
- Planned Visits
- Group Visits
- Listening Posts
- Patient and Family Advisory Councils
- Service Recovery Programs
- Standards for Customer Service
- Reminder Systems for Preventive Services and Immunizations

In summary: Patient engagement and Care Coordination

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An exploratory case

Q & A

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