Engaging Clinicians to Improve the Patient Experience

Steven C Bergeson MD
Medical Director Care Improvement  - Allina Health

Janet Wied
Director Patient Experience - Allina Health Group
October 13, 2016
Learning Objectives

A. Understand (some clinician) attitudes towards patient experience data and theory
B. Articulate the ‘WHY’ this is important
C. Be able to describe the CG CHAPS survey process and dimensions.
D. Outline ways to present patient experience data and comments to clinicians
E. Describe the need for leadership time and attention to enable patient experience improvement
Defining Patient Experience

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute
Allina Health is a not-for-profit health system consisting of clinics, hospitals, & other health services, providing care throughout Minnesota & western Wisconsin.
About Allina Health

Serving the community

• 61 primary care clinics
• 49 rehabilitation locations
• 23 hospital-based clinics
• 13 hospitals
• 15 retail pharmacies
• 2 ambulatory care centers
• Home care, hospice, palliative care offerings
• Emergency medical services
• Home medical equipment
Clinician Attitudes and Patient Experience
Clinician Attitudes towards Patient Experience Data and Theory

Clinical Skills:
Valued
Demanding
Complex
Technical
Measureable (? Risk adjust.)
Specific process Measures
# : BP; Lipid; A1C
Y/N : Proteinuria, Eye Exam, smoking
Outcomes: Mortality, CKD, amputations, blindness

Patient Experience Skills:
Less valued
Soft
Not as ‘objectively’ measurable, requires patient feedback
Adaptive – (Improv)
Difficult for many leaders to teach the specific actions needed - Intuitive (or not)
Process measures:
   Knocking
   Making eye contact
   Sitting down
Outcomes: Relationship, trust, adherence
Clinician Attitudes towards Patient Experience Data and Theory

Why do you think PX measurement is so personal to clinicians?

Something about it is at the core of being a clinician.

Shame

Lack of understanding this is learnable

A focus on ‘Being Nice(r)’

Satisfaction vs. Patient Experience (communication)
Why Does it Matter?

It is the care we’d want for our loved ones and ourselves

Better outcomes are related to better experience

• Adherence to treatment plans
• Staff and Clinician Satisfaction
• Lower patient turnover and litigation costs
• Decrease in diagnostic errors
• Increasingly, experience will be publicly reported and tied to reimbursement as the Triple AIM framework is used
The Patient Experience is influenced by:

- The Clinical Quality and Safety of the Care
- Relationship Quality with caregivers
- Ability to Access Care
- The Cost of Care
- Coordination of care between caregivers
- Congruence of Care with the personal goals of the patient
Patient Experience Measurement
CG CAHPS
The CAHPS Clinician & Group Survey (CG-CAHPS) assesses patients' experiences with health care providers and staff in doctors' offices. Survey results can be used to:
  – Improve care provided by individual providers, sites of care, medical groups, or provider networks.
  – Equip consumers with information they can use to choose physicians and other health care providers, physician practices, or medical groups.

The current Clinician & Group Survey is version 3.0. The legacy version—version 2.0—remains available.

The survey includes standardized questionnaires for adults and children that can be used in both primary care and specialty care settings. Users can also add supplemental items to customize their questionnaires.

http://www.ahrq.gov/cahps/surveys-guidance/cg/about/index.html
• The Agency for Healthcare Research and Quality first released the Clinician & Group Survey for adults and children in 2007, building on prior work conducted by the CAHPS Consortium as well as other developers of physician-level surveys of patient experience. Since that time, the survey has been updated and refined to better meet the changing circumstances of its users. At each stage, the Consortium benefited from a significant amount of input from key stakeholders from the provider, health plan, and purchaser communities, as well as feedback from patients.

• **NQF Endorsement.** The National Quality Forum (NQF) first endorsed the survey in July 2007 and then renewed its endorsement through its Person and Family Centered Care Measures maintenance process in January 2015.
• The CAHPS Clinician & Group Survey produces the following measures of patient experience:
  – Getting Timely Appointments, Care, and Information
  – How Well Providers Communicate With Patients
  – Providers’ Use of Information to Coordinate Patient Care (*New to the 3.0 version*)
  – Helpful, Courteous, and Respectful Office Staff
  – Patients' Rating of the Provider
• Tool for improvement
• Patient reported measure of experience
• “Satisfaction” does not appear in the survey
  – Provider explained things in a way that was easy to understand
  – Provider listened carefully to patient
  – Provider showed respect for what patient had to say
  – Provider spent enough time with patient
  – Provider knew important information about patient’s medical history
• Standardized survey
• (Required in Minnesota)
• Developed by CAHPS Consortium, (Yale, Harvard, RAND, Weststat, others)
• Administered thru a third party vendor
• E-mail, phone or mail administration
• Top Box % (or mean scores)
• National benchmarks to compare (Percentiles)
• Comments from patients
Presenting the Data to Clinicians
CG-CAHPS Patient Experience Survey Results

BLOOMINGTON CLINIC

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>6</td>
<td>15</td>
<td>2</td>
<td>13</td>
<td>6</td>
<td>11</td>
<td>14</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>80</td>
</tr>
</tbody>
</table>

CG-CAHPS Database Percentile Ranking

Surveys Received August 2015 through July 2016

- Overall Doctor Rating 0-10
- Physician Comm Quality
- Office Staff Quality
- Access to Care 3 Month
- Care Coordination
- Recommend this provider office

* Response options for Physician Comm, Office Staff, and Recommend questions are Yes, Definitely/Yes, Somewhat/No. Top box is Yes, Definitely.
* Response options for Routine appt/chk-up soon as needed, See provider w/15 mins, and Provider have medical records are Yes/No.
* Response options for Pnh during/after off hours, Access questions, Health team ask about Rx meds, and Office follow-up w test results are Always/Usually/Sometimes/Never. Top box is Always.
* Top box response options for Overall Doctor Rating 0-10 includes 9 and 10.

Percentiles are from the Facilities peer group in the Press Ganey Database for the period of Aug 2016.
Q20. During your most recent visit, did this provider seem to know the important information about your medical history?

Yes, Definitely
Yes, Somewhat
No

86.81% top box is the 8\textsuperscript{th} national percentile
## Percentile vs % Top Box

<table>
<thead>
<tr>
<th>Lowest % Top Box</th>
<th>%ile Rank</th>
<th>Lowest % Top Box</th>
<th>%ile Rank</th>
<th>Lowest % Top Box</th>
<th>%ile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>96.8</td>
<td>99</td>
<td>93.5</td>
<td>66</td>
<td>91.5</td>
<td>33</td>
</tr>
<tr>
<td>96.3</td>
<td>98</td>
<td>93.5</td>
<td>65</td>
<td>91.4</td>
<td>32</td>
</tr>
<tr>
<td>95.9</td>
<td>97</td>
<td>93.4</td>
<td>64</td>
<td>91.4</td>
<td>31</td>
</tr>
<tr>
<td>95.8</td>
<td>96</td>
<td>93.4</td>
<td>63</td>
<td>91.3</td>
<td>30</td>
</tr>
<tr>
<td>95.5</td>
<td>95</td>
<td>93.3</td>
<td>62</td>
<td>91.2</td>
<td>29</td>
</tr>
<tr>
<td>95.3</td>
<td>94</td>
<td>93.3</td>
<td>61</td>
<td>91.2</td>
<td>28</td>
</tr>
<tr>
<td>95.2</td>
<td>93</td>
<td>93.2</td>
<td>60</td>
<td>91.0</td>
<td>27</td>
</tr>
<tr>
<td>95.1</td>
<td>92</td>
<td>93.2</td>
<td>59</td>
<td>90.9</td>
<td>26</td>
</tr>
<tr>
<td>95.0</td>
<td>91</td>
<td>93.1</td>
<td>58</td>
<td>90.8</td>
<td>25</td>
</tr>
<tr>
<td>94.9</td>
<td>90</td>
<td>93.1</td>
<td>57</td>
<td>90.6</td>
<td>24</td>
</tr>
<tr>
<td>94.8</td>
<td>89</td>
<td>93.0</td>
<td>56</td>
<td>90.5</td>
<td>23</td>
</tr>
<tr>
<td>94.8</td>
<td>88</td>
<td>93.0</td>
<td>55</td>
<td>90.3</td>
<td>22</td>
</tr>
<tr>
<td>94.7</td>
<td>87</td>
<td>92.9</td>
<td>54</td>
<td>90.1</td>
<td>21</td>
</tr>
<tr>
<td>94.7</td>
<td>86</td>
<td>92.9</td>
<td>53</td>
<td>89.9</td>
<td>20</td>
</tr>
<tr>
<td>94.5</td>
<td>85</td>
<td>92.8</td>
<td>52</td>
<td>89.7</td>
<td>19</td>
</tr>
<tr>
<td>94.4</td>
<td>84</td>
<td>92.8</td>
<td>51</td>
<td>89.6</td>
<td>18</td>
</tr>
<tr>
<td>94.4</td>
<td>83</td>
<td>92.7</td>
<td>50</td>
<td>89.5</td>
<td>17</td>
</tr>
<tr>
<td>94.3</td>
<td>82</td>
<td>92.6</td>
<td>49</td>
<td>89.3</td>
<td>16</td>
</tr>
<tr>
<td>94.3</td>
<td>81</td>
<td>92.6</td>
<td>48</td>
<td>89.0</td>
<td>15</td>
</tr>
<tr>
<td>94.2</td>
<td>80</td>
<td>92.5</td>
<td>47</td>
<td>88.8</td>
<td>14</td>
</tr>
<tr>
<td>94.2</td>
<td>79</td>
<td>92.4</td>
<td>46</td>
<td>88.5</td>
<td>13</td>
</tr>
<tr>
<td>94.1</td>
<td>78</td>
<td>92.4</td>
<td>45</td>
<td>88.2</td>
<td>12</td>
</tr>
<tr>
<td>94.1</td>
<td>77</td>
<td>92.3</td>
<td>44</td>
<td>88.0</td>
<td>11</td>
</tr>
<tr>
<td>94.0</td>
<td>76</td>
<td>92.2</td>
<td>43</td>
<td>87.8</td>
<td>10</td>
</tr>
<tr>
<td>94.0</td>
<td>75</td>
<td>92.1</td>
<td>42</td>
<td>87.3</td>
<td>9</td>
</tr>
<tr>
<td>93.9</td>
<td>74</td>
<td>92.1</td>
<td>41</td>
<td>86.7</td>
<td>8</td>
</tr>
<tr>
<td>93.9</td>
<td>73</td>
<td>92.0</td>
<td>40</td>
<td>86.3</td>
<td>7</td>
</tr>
<tr>
<td>93.8</td>
<td>72</td>
<td>92.0</td>
<td>39</td>
<td>85.6</td>
<td>6</td>
</tr>
<tr>
<td>93.8</td>
<td>71</td>
<td>91.9</td>
<td>38</td>
<td>85.1</td>
<td>5</td>
</tr>
<tr>
<td>93.7</td>
<td>70</td>
<td>91.8</td>
<td>37</td>
<td>84.9</td>
<td>4</td>
</tr>
<tr>
<td>93.6</td>
<td>69</td>
<td>91.7</td>
<td>36</td>
<td>84.3</td>
<td>3</td>
</tr>
<tr>
<td>93.6</td>
<td>68</td>
<td>91.7</td>
<td>35</td>
<td>82.5</td>
<td>2</td>
</tr>
<tr>
<td>93.5</td>
<td>67</td>
<td>91.6</td>
<td>34</td>
<td>0.0</td>
<td>1</td>
</tr>
</tbody>
</table>
Myth #1

Myth
• I can’t provide quality clinical care and a positive experience

Fact
• Enhancing Patient Experience drives other outcomes
Extensive literature and research correlate focusing on patient experience and improving other key outcomes.

**Mortality**
- Higher hospital patient experience ratings associated with lower mortality rates in Acute Myocardial Infarction (AMI) patients\(^1,2\)
- Multiple domains of patient experience inversely correlated with severity-adjusted mortality rates\(^3\)

**Finance**
- Patient-centered care associated with decreased use of health services and lower medical expenses\(^4\)
- At hospitals in the 90th patient experience percentile, volumes increased one third over five years; at hospitals in the bottom 10th percentile, volumes decreased 17 percent\(^5\)

**Adherence**
- Patient ratings of physician’s knowledge and trust in physician are strongest drivers of adherence to physician advice\(^6\)
- Patients’ ratings of experience with provider correlate with higher rates of information recall and ratings of how well provider gave information\(^7\)

**Quality**
- Higher HCAHPS results associated with lower 30-day readmission rates for AMI, heart failure and pneumonia\(^8\)
- Hospitals with higher HCAHPS VBP results had lower readmission penalties, compared to no relationship between Clinical VBP results and readmission penalties\(^9\)

**Safety**
- Positive HCAHPS results correlate with lower rates of pressure ulcers, infections due to medical care, post-operative respiratory failure and pulmonary embolism or deep venous thrombosis\(^10\)
- Higher Hospital Survey on Patient Safety Culture scores significantly associated with higher HCAHPS scores\(^11\)

**Malpractice**
- The lowest score a physician receives on patient experience surveys corresponds with the likelihood that a lawsuit has been filed against the physician\(^12\)
- Patients who pursue legal proceedings often state they feel negative outcomes or harm are result of problems related to communication: feeling deserted, feeling devalued or misunderstood, or poor information delivery\(^13\)
Myth #2

Myth
• Only angry or unhappy patients fill out surveys

Fact
• The majority of patients report a high “top box” experience
  - 50th percentile means over 92% of patients rated top box
• Positive comments far outnumber negative ones
Myth #3

Myth
• Patients who will never be satisfied cause lower sores

Fact
• Few patients respond with the negative response. Focus on moving the “somewhat” to “definitely”.
• Provide the best experience “always”
  - Every Patient Every Time
Myth #4

Myth
• It takes too much time to provide excellent patient experience-my productivity will suffer

Fact
• Studies have shown that highly productive clinicians can have high patient experience scores-there is no correlation
• It takes less time to let the patient tell you what they need then if you do not address it and try to end the visit
Experience vs Productivity

![Graph showing WRVU and Excellent Rating](image-url)
Myth #5

Myth
• All positive responses should count—not just top box (i.e. mean score)

Fact
• Top Box drives loyalty and growth.
There is significant difference in likelihood to recommend when patients choose a top box response over the second most positive option.

- *Always* responses on composites drive 9s and 10s on the overall rating.

*Graph represents HCAHPS results from Allina Health Hospital inpatients; January - June 2014
*Data Source Allina Health EDW 9.9.2014
References


Time and Attention
Leadership Time and Attention

- Scorecard Measure
- Sets Aspirational Goals - National Percentile Reporting
- Cascading Goals for leaders through the organization
- Routine Reviews on progress with accountability
- Dedicate resources (time)
- What about leaders who need to improve?
- Focus on specific learnable skills
MD Communication dimension— a clinician can own their own communication and learn to improve

– Knew your medical history – typically the easiest to work on and it is important for patients – puts them at ease the clinician knows what he/she is doing and knows them. (Decreases anxiety)

– Listening – perception is reality

– Time – a basic way to communicate human dignity, demonstrated by sitting down

– Narrating the visit

Which Patient Experience Scores to Focus On?
Where to Start?

• All Clinicians receive their results
• All Clinicians understand their reports
• All patient comments are reviewed every month by clinic leadership
• All persons named in a comment receive that comment.
Final Thoughts

• This is an expedition not a sprint
• Change is inevitable
  – Be ready for competing priorities
  – Be flexible
• The basics need to be hardwired
  – Weather the storm
  – Allows you to innovate
• Leadership accountability is key
• External pressure for transparency will grow
Questions

Steven.bergeson@allina.com
Janet.wied@allina.com
How to Improve Appendix
What can I do if my PX scores are low?

– Review your scores in clinician communication to understand where there is opportunity for you to improve or learn new skills.
– Read the “Beeson Book”, (especially chapter 3)
– Work on the “Golden Minute”
– Read the comments, both positive and negative, stories are more motivating than ratings: “Dr. Bergeson sure spends a lot of time looking at the computer screen”
– Talk to your staff, what are your patients saying about you? What kinds of questions are they getting?
– Use your staff, share scores with them, they will be motivated to help you and might share pearls-what do they see other clinicians do that you do not.
Excellent Resource—Chapter 3
What can I do if my PX scores are low?

- “Manage up” your staff, (and colleagues).
- Newsletters with specific actions
- Videos can be effective
- Get shadowed and incorporate the feedback on how you can be even better.
- Work on one thing at a time!
  - Most clinicians want to fix everything at once
  - Many times we do not assess if what we are trying is making a difference.
  - use a template for PDSA so you have a way to assess
- Teach-back is an advanced skill, try not to start there.
Improvement Plans

• Used for sites & individuals that are struggling
• Customized vs. “across the board”
• Specific actions to improve
  – The site or clinicians decides with assistance from leadership & from our team
• A method for assessment if the action was done
• Check back with leadership
• Leadership training in coaching around the PX
• Try it again; P-D-S-A
# Example of an Improvement Plan

## INDIVIDUAL CLINICIAN PATIENT EXPERIENCE IMPROVEMENT PLAN

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>JD, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Name</td>
<td></td>
</tr>
</tbody>
</table>

### Defined Goal
Increase provider communication score to 60th national percentile

### Target Date
10-2-2013

### Current Status
45th national percentile

### Action Steps
1. Establish a more personal connection. Use post it note feature
2. Narrate my care – physical exam especially, but also computer
3. Write plan in AVS
4. Have CMAs keep patients updated on my status – staying on time

**What changes or ideas are you willing to try?**

### Measurement
1. Self assessment
2. Patient rounding by management
30-Day Review – Nov. 8, 2013

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Establishing social connection makes my work more fun – for me and patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did you learn?</td>
<td>Did not take more time</td>
</tr>
<tr>
<td>What barriers or need for additional resources did you identify?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Write plans in AVS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will you try next, how will you refine your plan?</td>
<td>Try Teachback</td>
</tr>
<tr>
<td>How will you measure it?</td>
<td>Eliminate double books to stay on time</td>
</tr>
<tr>
<td></td>
<td>Narrating exam</td>
</tr>
</tbody>
</table>
Every Patient Every Time

Not so good

Better
Recognition

• Clinic Awards
  – 90th percentile or above on willingness to recommend this clinic
  – 12-month time frame
  – Annual award

• Clinician Awards
  – 90th percentile or above on clinician communication dimension
  – 12-month time frame
  – Summa >99th; Magna >90th
  – Awarded annually
Patient Communication Award

Allina Health Group confers upon

Steven Bergeson, MD

the designation of

Summa Cum Laude

Top 1 percent in the United States

for achieving the 99th national percentile on Provider Communication

2014

2015

Rod Christensen, MD
Recognition – Clinics

These Allina Health clinics are in the top 10 percent of clinics nationwide for patient willingness to recommend our clinics to friends and family members.*

- Allina Health Cambridge Eye Services
- Allina Health Chanhassen Clinic
- Allina Health Chanhassen Eye Services
- Allina Health Chanhassen Clinic
- Allina Health Chanhassen Clinic
- Allina Health Coon Rapis Geriatrics
- Allina Health Coon Rapis Internal Medicine
- Allina Health Coon Rapis Plastic Surgery
- Allina Health Lakeville Clinic
- Allina Health Maple Grove Eye Services
- Allina Health Mercy Women’s Health Clinic
- Allina Health North Branch Clinic
- Allina Health Prescott Clinic
- Allina Health Richfield Clinic
- Allina Health Savage Clinic

Transparency

• This has been more difficult for us
• Statewide transparency with MNCM at the clinic level
• Working to get clinicians transparent with each other and with their teams.
• CMS has interest at the clinician level
• Many groups are making scores public as well as comments – ‘Trip Advisor for doctors’
Will it work?

- Allina Health Group Primary Care has improved from the 35th to the 75th percentile on WTR and from 45th to 80th for provider communication.
- Individual clinicians improved from 1st to 50th percentile in 6 months with work on Knew Medical History.
- 72 to 79% top box improvement in 6 months but no change in percentile (1st), so be sure to look at top box and percentile.