



Engage, Collect, Partner:

Oregon Pediatric
Improvement Partnership

*Highlight of Our Work Partnering and Supporting Practices
To Use Patient Experience of Care Surveys*

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Learning Objectives

1. Understand how the Tri-State Children's Health Improvement Consortium used the CAHPS® CG PCMH.
2. Describe practical methods used to support practices in meaningfully implementing the CAHPS® CG PCMH in a way that engages providers and office staff, and demonstrates partnership with patients.
3. Highlight key learnings practices gathered from using the CAHPS® CG PCMH, how it informed QI in their practice, and how/why CAHPS® CG PCMH findings were shared with patients.
4. Highlight ways the CAHPS® CG PCMH data was meaningfully used tool to support a learning community of practices who could learn from each other.

T-CHIC Use of the CAHPS CG PCMH

- Offered to all 21 CHIPRA practices
 - Practices who serve adults and children had both tools administered
 - N=19 sites participated
- Added items to the survey to identify children and youth with special health care needs (developed by the Child and Adolescent Health Measurement Initiative)
 - In Oregon, oversampled children with chronic conditions using the CAHPS HP CCC oversampling methodology
- Analyzed the CAHPS CG PCMH findings related to the following factors to guide practice level improvement efforts and inform policy level implications
 - Child
 - Respondent
 - Practice Characteristics
 - Office Reported Measures of Quality: Medical Home Index- Revised Short Form and NCQA PCMH) Factors
- Supported practice-level quality improvement efforts
- Supported practices engaging their patients with the findings

Why the Practices Want us to do This?

Importance of Patient Experience of Care Surveys Being Part of Practices' Measurement Dashboards

- The concept is “Patient-Centered” medical home improvement project
 - What is measured is what is focused on.
- Patient experience of care surveys provide unique and valuable information.
 - For some aspects of quality care, the *patient report is the most reliable and valid source of data (as compared to claims data and chart reviews)*.
- Increased priority for practices to routinely and systematically collect patient experience of care data, use the data to improve.
 - Conceptual component of provider-level Maintenance of Certification Requirements
 - Some practices has experience with surveys through Press Ganey or done by the health system - Often satisfaction surveys
 - Often about topics they felt they couldn't address (e.g. Parking)
- Comparable data across T-CHIC invaluable in identifying innovators
 - Had the high performers share how they were getting their good scores.

Learning Curriculum to Support Engaged and Meaningful Use of the CAHPS® CG PCMH in the Context of Learning Collaborative

Support for the BEFORE SURVEY ADMINISTRATION Engagement Around Data

- Support for pulling the data file (*THIS IS HUGE*) from their EMR and practice management system. Accomplished through on-site practice facilitation visits and through team supports.
- Tools to educate, inform, and engage the practice staff about the survey.
- Tools to educate, inform, and engage the patients about the survey.
- Preparing the quality improvement team for getting the data and being ready to ACT.

Supports for AFTER Survey Administration Using the Data

- Helping a practice understand their data.
- Help pull out the punchline - “Give me the cliffs notes version.”
- Compare the patient experience of care data with other evaluation data – Where is the story the same or different?
- Methods to share the findings and engage practice staff about what they mean.
- Methods to share the findings with patients and learn about what it means.
- Identify specific QI opportunities informed by the project.
- Using the group-level data (across the learning community) to identify other practices that can share innovation in how they are achieving their results.

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

1. **Elevator Speech/Slides to Engage the rest of the Practice:**
Provide a general overview of the CAHPS® CG PCMH to explain what the survey is to your office.
2. **Posters** to put up in the office and share publicly to give patients a heads-up that they may be receiving the survey.
 - This poster could also be distributed through the clinic website or Facebook page.
3. **Postcards** for office staff/providers to hand out to explain the survey and why they may receive them.
4. **Talking Scripts** for office staff to use with patients.
5. **Text for email** from providers to patients.
6. **Frequently Asked Questions** you may get from patients and families, and answers for them.

Materials to Engage Patients in the CAHPS® CG PCMH

POSTERS to Educate Patients about the Survey



Patients – We Need You!

We Want to
PARTNER WITH YOU
to GIVE YOU THE BEST
CARE Possible!


**Family Medical Group Northeast values your feedback
and wants to hear from you!**

We are working with a company in Michigan named
DataStat to help us collect feedback from patients like you.
Your feedback will help us improve our care.

1	2	3
JULY - OCT 2014 PATIENTS	NOV 2014 - JAN 2015 Family Medical Group Northeast	EARLY 2015 Family Medical Group Northeast & PATIENTS
Give Us Your Feedback by Mail or by Phone!	Hear Your Feedback!	Use Your Feedback!
This summer, DataStat will give you a <i>confidential</i> survey or phone call. Your feedback will be kept private and will not be linked to you or your doctor.	DataStat's survey results will help Family Medical Group Northeast learn what is working well and where we can improve.	Your feedback is important. We will share what we learn from your feedback, and work to improve our services.

Thank you for partnering with us!

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JULY - OCT 2014 PARENTS	NOV 2014 - JAN 2015 PRACTICE NAME	EARLY 2015 PARENTS & PRACTICE NAME
Give Us Your Feedback by Mail or by Phone!	Hear Your Feedback!	Use Your Feedback!
DataStat will give you a <i>confidential</i> survey or phone call. Your feedback will be kept private and will not be linked to your child or your child's doctor.	DataStat's survey results will help PRACTICE NAME learn where we can improve. We will use the results to learn what works and where we can improve.	Your feedback is important. We will share what we learn from your feedback, and work to improve our

Thank you for partnering with us!

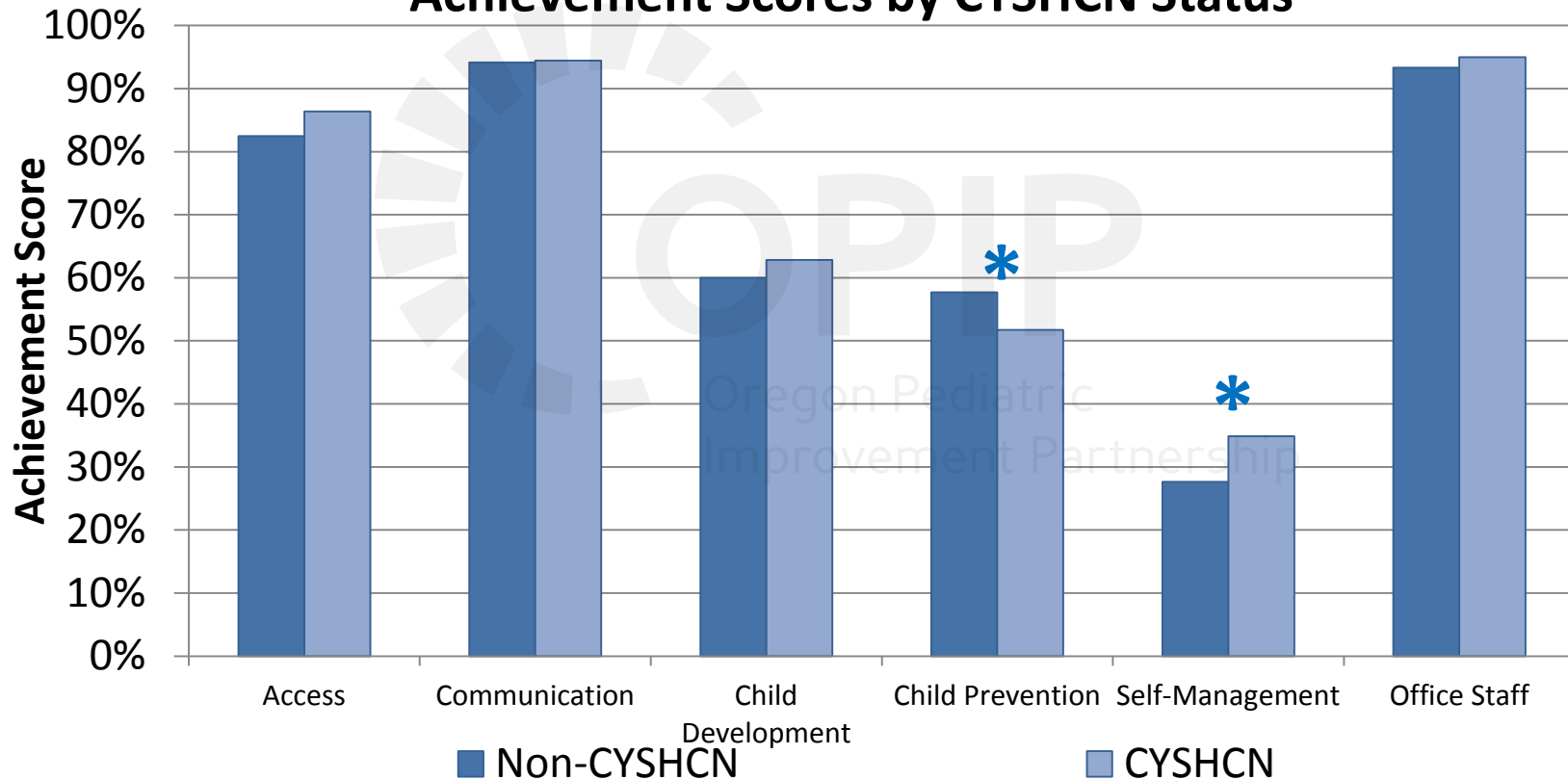
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Examples of Characteristics by which Variations in the CAHPS® CG PCMH Data Quality Domains were Accessed

	Source of the Analytic Variable				
	Analytic Variables Derived from the Survey Data		Analytic Variables Derived from the MHORT		
	Characteristics about Person for Whom Survey is Completed	CYSHCN (CHILD)	MHI-RSF® Quality Domains	NCQA PCMH Quality Domains	Practice Characteristics
Topic Focus of the Analytic Variables	<ol style="list-style-type: none"> 1. Ethnicity 2. Race 3. Race and Ethnicity 4. Age of Child (<i>Child CAHPS®</i>), or Age of Respondent (<i>Adult CAHPS®</i>) 5. General Health Status 6. Mental Health Status 7. Age of Respondent 8. Education of Respondent 	<ol style="list-style-type: none"> 1. CYSHCN vs Non-CYSHCN 2. Number of Consequences 3. Type of Consequence 	<ul style="list-style-type: none"> • Overall MHI-RSF® Domain Scores vs CAHPS® CG PCMH Domain Scores • For concepts that are similar, item-level comparisons 	<ul style="list-style-type: none"> • Overall NCQA PCMH Domain Scores vs CAHPS® CG PCMH Domain Scores • For concepts that are similar, item-level comparisons 	<ol style="list-style-type: none"> 1. Geography (Urban, Suburban, or Rural) 2. Practice Model (Independent, FQHC, Part of a Larger Health System) 3. Telephone / email / tele-med visits 4. Specialty of the majority of the Practice's Providers 5. # of Providers; Provider Composition (% of Providers who are MD/PA/NP) 6. Presence of one or more Care Coordinator(s) 7. EMR factors, EMR Maturity Levels 8. NCQA-certified Medical Home 9. Oregon Practices, PCPCH Attestations 10. Previous use of Patient Experience of Care surveys, or use of surveys outside of CAHPS® CG PCMH

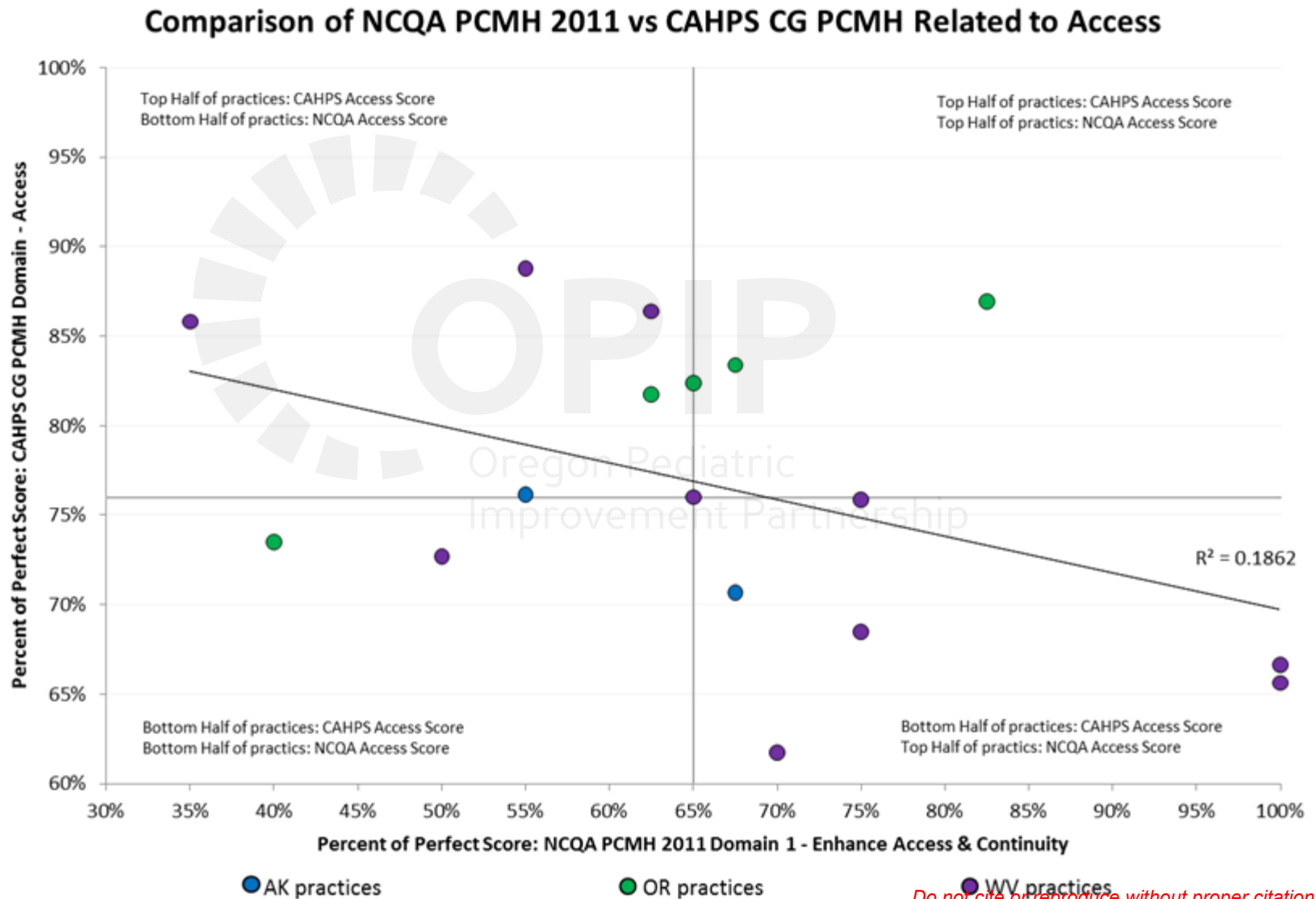
Variation in CAHPS® CG PCMH Quality of Care Domains by CYSHCN

Variation in CAHPS® CG PCMH Quality Domain Achievement Scores by CYSHCN Status



* Variation is statistically significant


Comparison of NCQA PCMH and CAHPS® CG PCMH Related to Access



Leveraging the CAHPS® CG PCMH to Enhance Patient Engagement in Quality Improvement

- **Patient experience of care data is something patients can understand.**
 - Of the quality data that you collect, patients understand survey data.
 - That said, they fill out a lot of surveys and are very unclear how this information is being used.
 - Particularly in Oregon where various versions of the CAHPS® are being used, important for patients to know what you are doing with it.
- **If you report the survey findings back to patients, you start to change the culture in a practice.**
 - Visible display to patients that you want to hear them and will use their feedback.
 - Helps to create a culture of transparency around the data.
 - Possible way to find your improvement partner.
- **Survey gives you flags, talking specifically to patients will give you specific answers to the issues.**

Parents, We Heard You!



A year ago, we sent out surveys to learn how we are doing with the care we provide. We want to say *Thank You*.

We received 85 surveys!

Here is what we learned from our families:

What Is Going Well

Receptionists were Helpful
Over 9 out of 10 parents said that Office Staff was supportive.

Providers at FMG-NE Listen
Over 9 out of 10 parents said providers listened carefully.

What We Can Do Better

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

Only 1 out of 5 parents said that someone talked to them about *barriers* to their child's health.

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 health goals.


Our Improvement Team:

- * A team at Family Medical Group is working on this project.
- * Your opinion is valuable!

Let us know if you want to JOIN OUR IMPROVEMENT TEAM @ XXX-XXX-XXXX

THANK YOU FOR PARTNERING WITH US TO GIVE THE BEST CARE POSSIBLE

11



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Selected “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 (e.g. phone lines) and how it would be more patient-centered
 - Important differences for distinct groups of kids that get lost in “overall” findings.
 - Many practices doing well overall, but found significant disparities in quality domains by child and respondent characteristics.
- **Significant variations by practice and practice characteristics.**
 - *For Example:* Practices composed primarily of family medicine physicians more likely to score LOWER on the child development and child prevention domains.
- **The addition of the CYSHCN screener was very powerful**
- **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.**
- **Comparing and contrasting survey data with the office report data is illuminating and motivating**
- **Partnership with Medicaid/CHIP was ESSENTIAL to make this feasible**

Practice-Level Feedback



Jenny Hoelter, MD
Childhood Health
Associates of Salem

“[Advance check-in] was an idea that grew out of a meeting of what we call our Medical Home Steering Committee that involves some parents. And we were discussing an issue of access, from the CAHPS data -- see it all comes around together -- the CAHPS data had identified a disparity in access for our patients with special health care needs, and so this was one idea that the group and our parents had come up with to kind of improve access and improve the satisfaction with visits.”

“The facilitation with the CAHPS data - this was so helpful to have someone to help us understand what these numbers mean, and what we need to do with them. I took a statistics class at some point but I'm certainly not an expert at it. Having someone to break it down and help us know our areas to work on was very, was really great. And so then we were able to take that information back to our steering committee and say “Here this is, here's our data! What, how can we deal with it.”

“And so we're working on that, and especially the CAHPS data, and listening to [what] our parents say, helps us to understand, ‘No really, you **don't** really understand everything that they -- No you don't really know all of their needs.’ So, hearing our patients' voices has been helpful.”