



# Preparing to Implement Quality Improvement for CAHPS

***Putting CAHPS Survey Information  
To Work for Performance***

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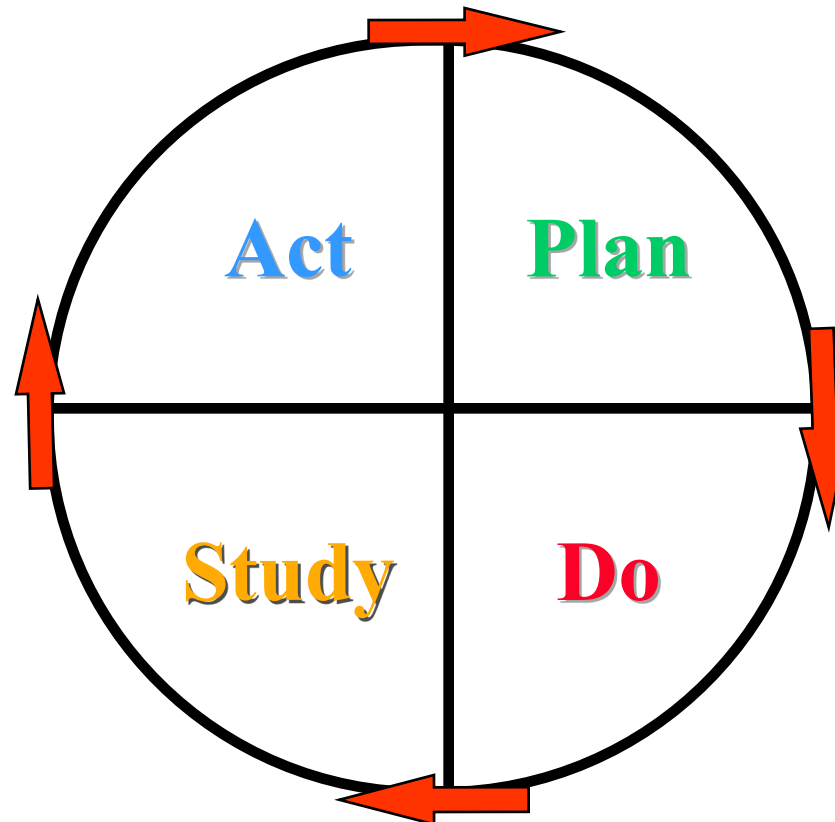
# Overview of the Presentation



- **A process for implementing quality improvement**
- **Diagnosing problems using the CAHPS survey data**
- **Developing an implementation strategy and action plan**
- **Key factors needed for success**

# ***A Process for Implementing Quality Improvement***

# Putting the PDSA Cycle to Work

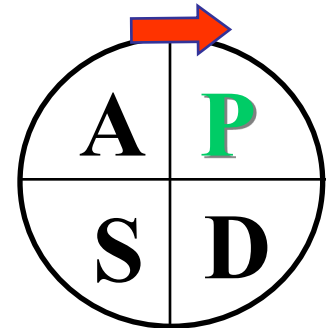


# Developing Your Action Plan



## Identifying issues and actions

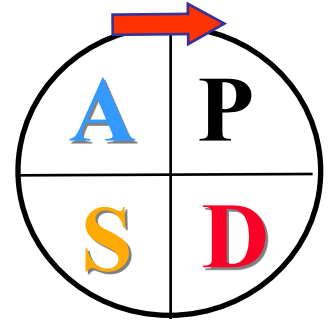
- Understand and agree on **performance issues revealed in the CAHPS survey data**
- **Assess current practices** using relevant tools (e.g., CAHPS data, other surveys, observation studies, focus groups)
- **Set priorities for actions** to change practices
- Develop a focused, realistic **action plan**



# Executing and Adapting the Action Plan



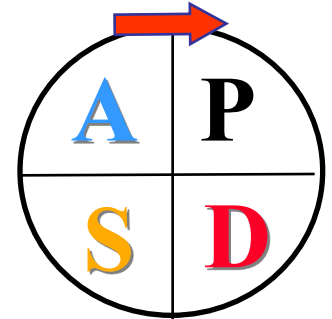
- **Do:** Begin to introduce planned changes



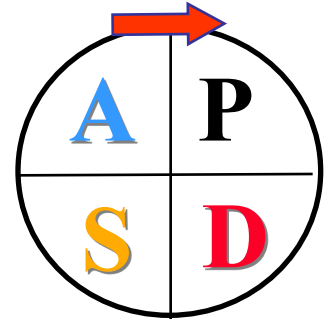
# Executing and Adapting the Action Plan



- **Do:** Begin to introduce planned changes
- **Study:** Do small scale tests of new practices or procedures



# Executing and Adapting the Action Plan



- **Do:** Begin to introduce planned changes
- **Study:** Do small scale tests of new practices or procedures
- **Act:** Apply test results to make larger changes



# Five-Step Process for Action Plan Development



## Diagnose the problems:

- 1. Analyze** CAHPS ratings and composite scores, assessing contributions of scores on individual survey items
- 2. Target** performance area(s) for improvement

## Develop action plan to address problems:

- 3. Identify** barriers to successful implementation
- 4. Develop** a quality improvement action plan
- 5. Establish** a process to monitor progress using process and outcome measures

# ***Diagnosing Problems Using the CAHPS Survey Data***

# 1. Diagnosing Issues Identified in the CAHPS Data



Percentage responding “usually” or “always”

Plans	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
<i>Your plan</i>	70%	71%	89%	84%
Sponsor's Plans	75	78	88	80
All Plans	69	71	86	77

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## 2. Targeting Key Improvement Areas: Getting Needed Care



Composite	Composite Score	Q27. Easy to get specialist appointments		Q31. Usually got tests, care you needed	
		Percentage "usually" or "always"	Correlation with Rate all care	Percentage "usually" or "always"	Correlation with Rate all care
Getting Needed Care	70%	67%	0.36	73%	0.37

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## 2. Targeting Key Improvement Areas: Getting Care Quickly



Composite	Composite Score	Q4. Care for problem when needed		Q6. Appointment for routine care when needed	
		Percentage "usually" or "always"	Correlation with Rate all care	Percentage "usually" or "always"	Correlation with Rate all care
Getting Care Quickly	71%	74%	0.41	68%	0.40



## 2. Targeting Key Improvement Areas: Getting Care Quickly



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# ***Developing an Implementation Strategy and Action Plan***

### 3. Identify Barriers to Implementation



- **There will be barriers!** And each organization will have its own types.
- **Barriers might be factors that:**
  - Are imposed by the external environment
  - Exist within the larger organization
  - Emerge in response to your quality improvement (QI) intervention
- **Attempt to identify possible barriers in advance**
  - Elicit feedback from stakeholders
  - Scan the external and internal environments
- **Build strategies to deal with identified barriers**
- **Barriers will change during implementation**

## 4. Action Plan: Strategies and Priorities



Performance Dimension	CAHPS Score Levels	Action Priority	Strategy
1. Getting needed care	70%	Priority: H <u>M</u> L	Improve access to specialist care
2. Getting care quickly	71	Priority: <u>H</u> M L	Improve timely appointments for routine care
3. How well doctors communicate	89	Priority: H M <u>L</u>	No action
4. Customer service	84	Priority: H M <u>L</u>	No action

*From action plan template*

*H = high    M = medium    L = low*

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## 4. Action Plan: Actions to Carry Out



### Performance Dimension: 2. Getting care quickly

Define <b>actions</b> to strengthen this program component	Designate <b>lead staff person</b> for the action, <b>other staff</b> involved, and key <b>task responsibilities</b> .		Identify the <b>tools and resources</b> for the action	Specify the <b>action timeline</b>	
Action #2.1 New method of scheduling	Lead: Other Staff:	Responsibilities: Develop new scheduling	CAHPS Improvement Guide	Start Sept	Complete Oct
Action #2.2 Train staff		Perform the trainings		Start Oct	Complete Nov
Action #2.3 Phase in method		Supervise use of new methods	Case examples of approaches	Start Oct	Complete Feb

## 4. Action Plan: Timeline for Actions



### Performance Dimension: 2. Getting care quickly

	MONTH OF WORK											
Program Component	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Action #2.1	X	X										
Action #2.2		X	X									
Action #2.3		X	X	X	X	X						
Etc.												

*From action plan template*

## 5. Measures and Monitoring



- What to measure:**
1. Have planned changes really been made?
  2. How are changes affecting processes?
  3. How are changes affecting patient experiences?

Strategy	Measure	Data Sources	Monitoring Schedule
[2. Getting care quickly]	100% of staff trained		Quarterly
	New method fully in place		Quarterly
	Patient wait time to appointment		Monthly



# ***Key Factors Needed for Success***

## External Environment

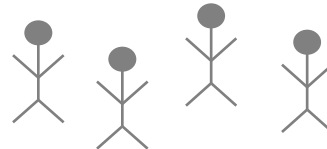
### Organization Philosophy and Capacity

Executive Leadership



Implementation of  
QI Interventions

Team leads, members  
Involved Staff

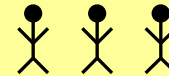


Patients Served

Other Units



Other Units



# Framework: Implementation



- **Core activities**
  - Training
  - Change methods used
  - Process changes & cycles
  - Monitoring and feedback
  - Sustainability
- **Implementation synergies**
- **Implementation experiences**
- **Changes to clinical and operational processes (expected and actual)**

# Framework: Key Stakeholders



- **Implementation team – champion, facilitator, team members**
- **Higher level (e.g., organization leaders)**
- **Horizontal (e.g., other departments, services that coordinate with intervention)**
- **Directly affected or involved**
  - Implementers – managers, physicians, nurses, administrative staff
  - End-users – providers, patients, & families

# Framework: Organizational Philosophy



- **Policy**
  - Formal policies
  - Human resource practices
- **Philosophy/culture**
  - Culture of excellence
  - Patient-centered focus
  - Management approach and style
- **Roles/Positions**
  - Decision-making authority
  - Reporting responsibilities
  - Role expectations

# Framework: Organizational Capacity



- **System-level**

- Facilities
- Support service
- Coordination

- **Position-level**

- Supervisory
- Workload

- **Individual-level**

- Personal
- Performance

# Framework: External Environment



- **Policy**

- Laws and regulations
- Credentialing policy
- Reporting policies
- Performance
- Payment incentives

- **Market**

- Competition
- Perceived quality, costs, access

- **Information**

- CAHPS credibility
- Public reports

# Factors for Successful Implementation



## *Necessary but not sufficient conditions for success*

### **Organizational infrastructure**

- Culture of patient-centered care
- Organizational physical capacity (IT, built environment)
- Culture of excellence
- Leadership involvement

### **QI implementation process**

- Multidisciplinary implementation team
- Effective team leadership
- Engagement of end-users in shaping improvement
- Adequate financial resources
- Monitoring progress



# Engage Others in Implementation



- **Develop consensus** by organizational leadership and other stakeholders on:
  - Draft action plan
  - Measures planned for monitoring
- **Involve relevant staff** in implementation
- **Seek feedback regularly** from staff involved
- **Collect and report** monitoring data early and throughout implementation

# Summary Guidance for Effective Implementation Strategies



Guidance from experience in the field:

1. Build effective strategies and action plans
2. Keep working the implementation actions – perseverance and follow-through
3. “Institutionalize” new practices as quickly as possible

# 1. Build An Effective Strategy and Action Plan



- Make your action plan **realistic**
- Define a focused **overall strategy**
- Address **two important sets of actions**:
  - Training on new practices
  - Implementation of needed changes
- Define **actions** clearly to carry out strategies – what will be done, by whom, and when
- Use the **CAHPS Improvement Guide** as a resource for ideas and tools

## 2. Keep Working the Actions – Perseverance and Follow Through



- Maintain **centrality of purpose**
- Have **clear, yet flexible expectations** for progress – QI is an incremental process
- Make **mid-course corrections** as needed
- Plan for **ongoing training** for people involved
- Facilitate **information exchange** among participants

# 3. “Institutionalize” New Practices As Quickly As Possible



## Why institutionalize?

- **The Quality Goal** – make improved practices an integral part of the program operation
- Limited supply of energy for implementation team
- Need to re-allocate resources to other initiatives

## How to do it?

- Establish routine monitoring procedures
- Integrate standards into ongoing staff training
- Phase in additional improvements appropriately