

Reflections on Our Experience with the Visit-Specific Version of the Clinician & Group Survey

*Even if you know where you're going,
there are lots of roads to get you there...*
(with apologies to Lewis Carroll)

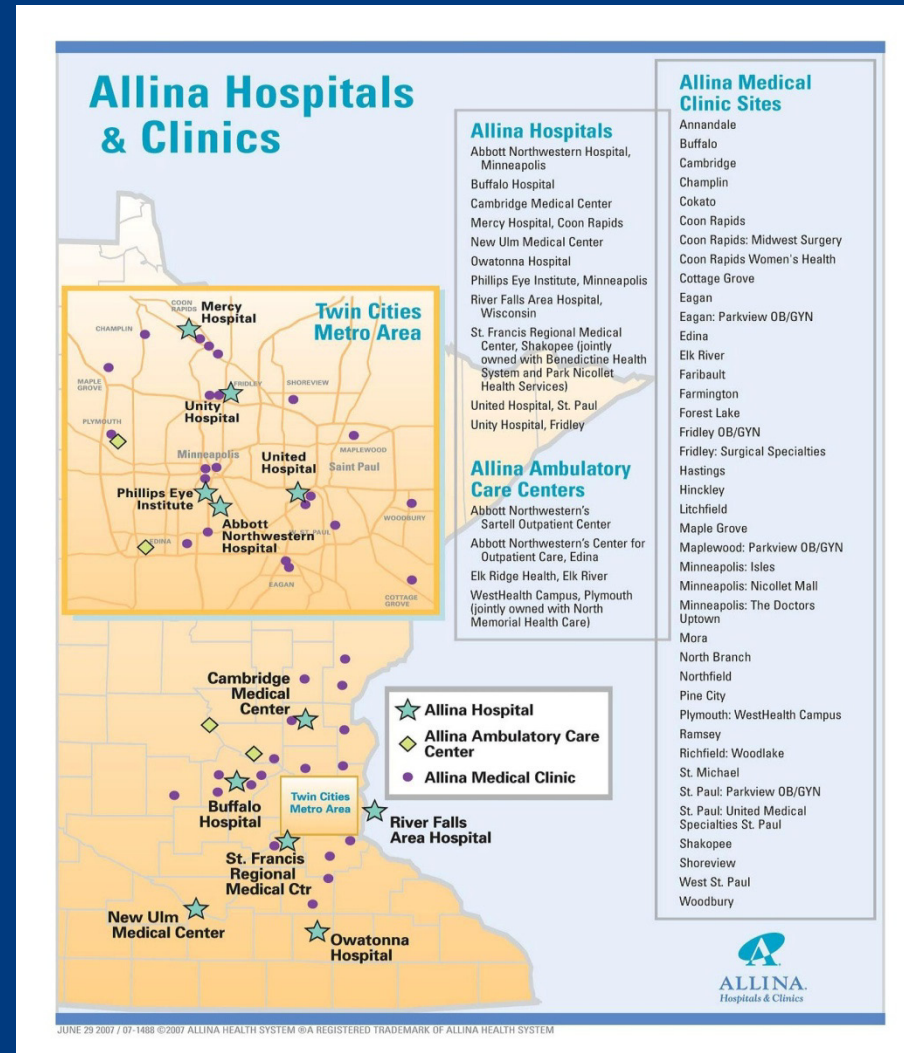
Heather R. Britt, MPH, PhD
Center for Healthcare Innovation
Allina Hospitals & Clinics

Where We're Going

- Allina's experience as a participant in the statewide pilot test
- Preliminary comparison of the visit-specific instrument to a 12-month version
- Allina's perspective on how the Clinician & Group Survey fits into its measurement strategy for medical groups and how the results may be used

Allina Hospitals & Clinics

- Integrated healthcare system: 11 hospitals, 90+ ambulatory sites
- Allina Medical Clinic
 - 342 PCPs; 158 specialists
 - 567,000 patients
 - Two million visits annually
 - 40+ sites range in size from four to more than 80 clinicians
- Broad reaching measurement activities focusing on care, service, people, finance and growth



Our Mission & Vision

- We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.
- We will:
 - put the patient first
 - make a difference in people's lives by providing exceptional care and service
 - create a healing environment where passionate people thrive and excel
 - lead collaborative efforts that solve our community's health care challenges

Minnesota Community Measurement

- Independent, non-profit organization with a mission to improve health by publicly reporting health care information
- Payer-funded community asset
- Driven by commitment to the 6 IOM aims
- Focus on consumers

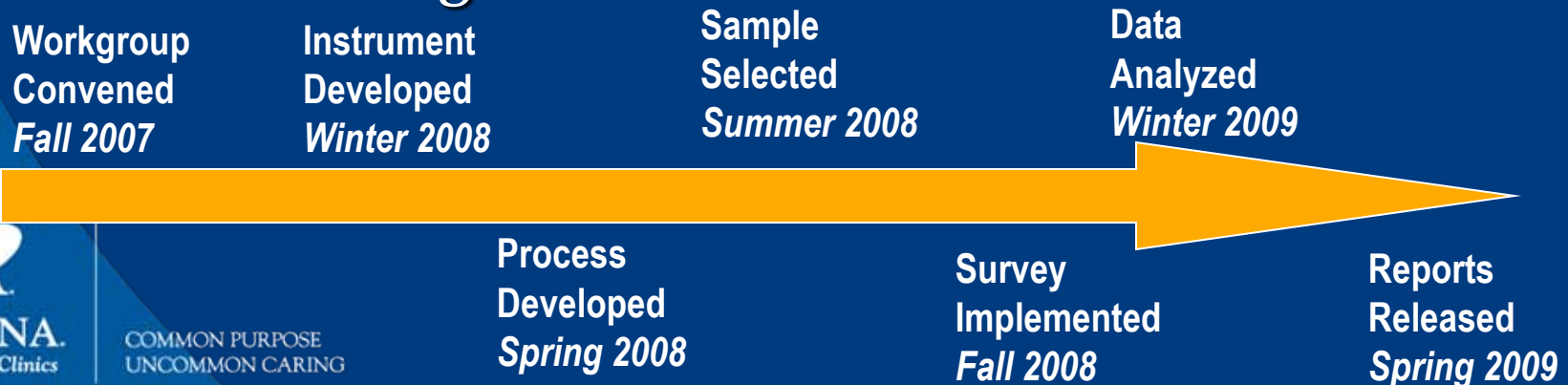


Devising Minnesota's Approach

- *“Begin at the beginning,” the King said, very gravely, “and go on till you come to the end: then stop.”*
- **Aim:** Pilot the collection of patient experience data through medical groups and report at the clinic site
- **Requirements:**
 - Assess the landscape
 - Build upon current momentum
 - Devise and implement a flexible approach
 - Honor the culture of quality improvement
 - Appreciate long-term possibilities

Implementing a Pilot Test

- Medical group model selected
 - Workgroup convened with representative membership
- Advantage of obtaining external benchmarks
 - CAHPS Database as neutral aggregator
- Quality improvement needs = visit-specific survey version
 - Access, providers, staff
- Flexible implementation (central vendor, own vendor)
- Extension of original timeline



Understanding Benefits & Challenges

- *“What I tell you three times is true.”*
- Collaboration = better outcomes, increased learning
- Flexibility = more groups remain standing
- Including patient experience = better for providers, better for patients
- *“Sometimes I've believed as many as six impossible things before breakfast.”*
- Timeline = still too fast
- Sampling = more complicated
- Flexibility = messy, messy, messy
- Reporting = anxiety, usability issues
- Done = not quite

Testing, Testing....

- *“One day Alice came to a fork in the road and saw a Cheshire cat in a tree. Which road do I take? she asked. Where do you want to go? was his response. I don't know, Alice answered. Then, said the cat, it doesn't matter.”*
- Allina implemented the 12-month Clinician & Group Survey instrument in two large clinics
 - Interest in comparing/contrasting performance of tools
 - Similarly drawn random samples
 - Similar field period

Comparing Apples to Oranges?

	Two Allina Sites Visit Specific (N=754)		Two Allina Sites 12 Month (N=779)		
	%Yes	Response Rates	%Always /Usually ¹	Alternate coding ²	Response Rates
Access to care					
Saw doctor as soon as needed for urgent care	95.6%	45.0%	85.9%		56.5%
Got appointment as soon as needed for routine care	96.1%	67.9%	92.9%		82.8%
Saw doctor within 15 minutes of appointment time	84.3%	98.5%	80.6%		98.5%
Received FU test results –Visit /Got answers to med question -12mo	94.9%	67.4%	86.7%		81.1%
MD communication					
Doctor explained things in ways easy to understand	91.5%	99.6%	83.2%	97.7%	99.2%
Doctor gave easy to understand instructions about concerns/problems	89.8%	87.3%	79.0%	97.2%	92.8%
Doctor listened carefully- Visit /Talked to Doc about problems -12mo	92.5%	99.2%	62.3%	87.2%	97.3%
Doctor showed respect for what patients had to say	92.7%	99.6%	87.8%	97.4%	98.8%
Doctor knew important info about patients' medical history	82.9%	99.2%	70.0%	93.6%	99.0%
Doctor spent enough time with patients	87.4%	99.7%	74.1%	94.4%	99.2%
Staff					
Receptionists were as helpful as patients thought they should be	87.5%	99.6%	63.3%	96.1%	97.8%
Receptionists treated patients with courtesy and respect	91.6%	99.5%	77.9%	98.4%	98.7%
Recommend, Rating and Composites					
Would definitely recommend this doctor office	83.9%	98.9%	85.1%		98.5%
Overall rating of doctor: Percent selected 9 or 10	71.0%	98.7%	72.9%		99.1%
Overall rating of doctor: Percent selected 10	48.5%	98.7%	46.8%		99.1%
Overall rating of doctor (0-10) (Mean/SD)	8.96 (1.42)	98.7%	8.97 (1.42)		99.1%
Access composite (0-1) (Mean/SD)	0.91 (0.19)	99.6%	0.87 (0.24)		99.7%
MD communication composite (0-1) (Mean/SD)	0.89 (0.22)	100%	0.76 (0.33)	0.94 (0.15)	99.6%
Staff composite (0-1) (Mean/SD)	0.89 (0.28)	99.7%	0.71 (0.48)	0.97 (0.14)	99.2%

Both instruments showed:

- Clinic variation
- Similar patterns
- Same key emphasis

Even Though They're Both Fruit

	Allina Sites Visit Specific		Allina Sites 12 Month	
	Correlation with Total	Scale Alpha	Correlation with Total	Scale Alpha
<i>Access to care</i>		0.29		0.73
Saw doctor as soon as needed for urgent care	0.14		0.63	
Got appt as soon as needed for routine care	0.21		0.63	
Saw doctor within 15 minutes of appt time	0.19		0.43	
Received follow-up about test results	0.09		0.43	
<i>MD communication</i>		0.84		0.81
Doctor explained things easy to understand	0.59		0.69	
Doctor gave easy to understand instructions	0.68		0.69	
Doctor listened carefully or talked to Doc	0.72		0.32	
Doctor showed respect for what patients say	0.68		0.65	
Doctor knew pts important med info	0.52		0.61	
Doctor spent enough time with Patients	0.59		0.66	
<i>Staff</i>		0.84		0.79
Staff were helpful	0.73		0.66	
Staff treated pts with courtesy and respect	0.73		0.66	

**12 month instrument
performed better
on the access
questions**

Ap-ange? Or-ple?

- Both instruments help us understand patient experiences
- 12 month Clinician & Group Survey instrument gets at access issues better
- Visit specific Clinician & Group Survey data aids in quality improvement work
- What's the solution? a HYBRID....
 - 12 month focus for access, visit specific for MD and staff

Moving Forward

- *“She generally gave herself very good advice, (though she very seldom followed it).”*
- Survey of participating medical groups revealed....
 - Cost is an issue
 - Internal data collection is important to discuss
 - Strong support for hybrid tool
 - Future considerations: Spanish version, peds, specialty, non-physician providers
 - Adding our own questions may be critical
 - Integrating this activity into ongoing internal measurement is possible, but challenging

Fitting In(ternally)

- What we knew
 - MD communication = one of our strengths
 - Core focus on providers has paid off
 - Validation of our method of giving feedback
- What we didn't know
 - Access = not as good as we thought
 - Staff communication = area to work on
 - Pilot test = additional actionable data

Improving Patient Experience

- *“Now, here, you see, it takes all the running you can do, to stay in the same place. If you want to get somewhere else, you must run at least twice as fast as that!”*
- Quality improvement is an area of emphasis at Allina
- Our formula:
 - Understand the basic science (look to the literature)
 - Design the system well
 - Focus on process improvement
 - Appreciate the importance of engagement and leadership

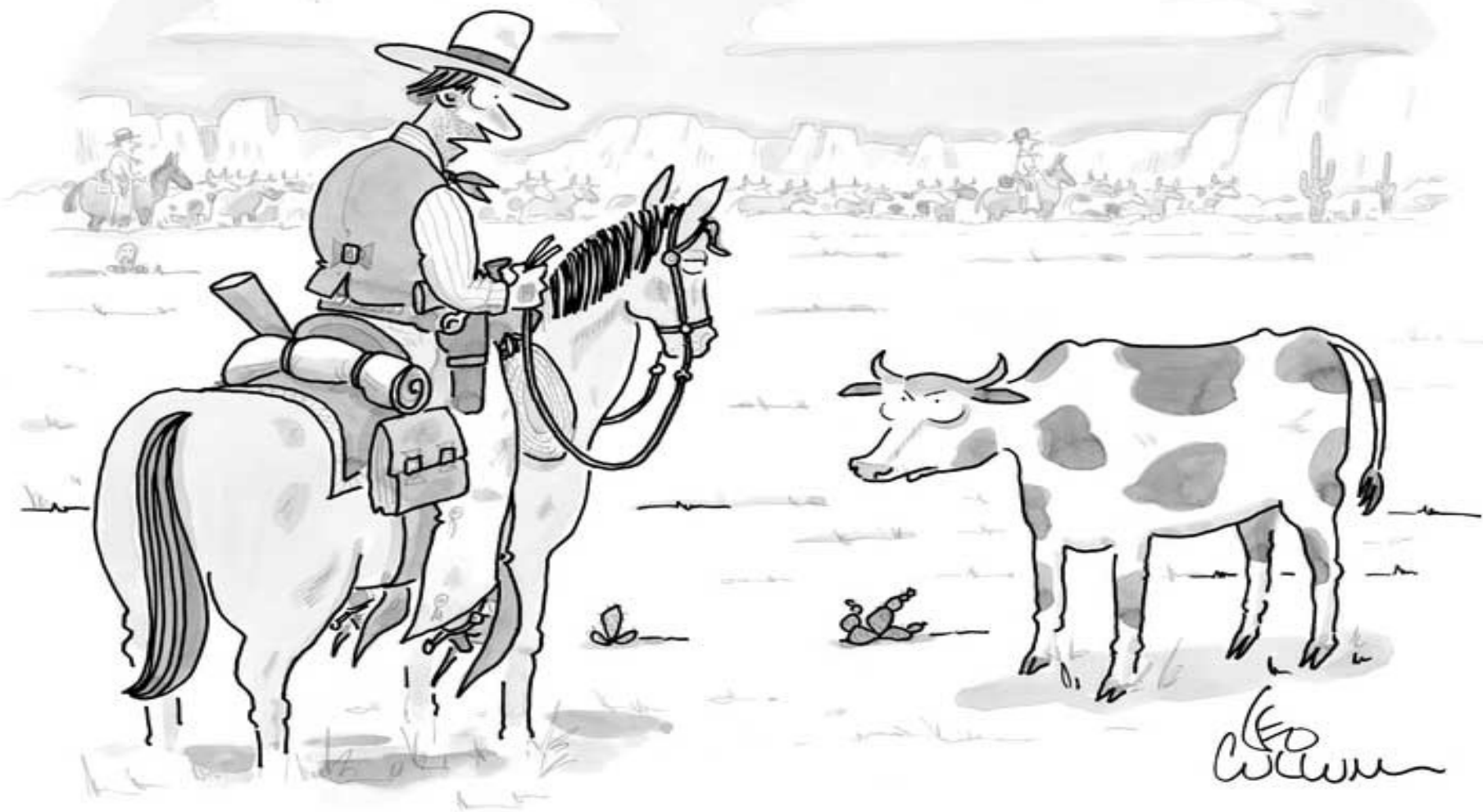
Our Current and Future Work

- **Measurement**

- Consider the amount of data generated
 - Frequency of availability
 - Minimum counts
 - Clinic level
 - Provider level
- Wait until pilot test is 'complete' and possibly integrate survey tool internally
- Take advantage of external benchmarks

- **Strategy**

- Use public reporting as a platform
- Focus on self management
 - After Visit Summaries
 - Additional support
 - Transitions out of hospital
- Continue to work on access
 - To EMR
 - To clinicians
- Integrate agenda setting tools



"No one is making you do anything you don't want. I'm just saying we're all headed for Dodge City and we think you should come along."