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Improving Patient Communications by UCLA Practice Office Staff Using CAHPS

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What Is Medical Specialty Suites?



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- **Eleven specialties in one suite of offices**
 - Cardiology
 - Endocrinology
 - Nephrology
 - Gastroenterology
 - Rheumatology
 - Pulmonology
- **Located in the UCLA 200 Medical Plaza**
- **Total of 76 physicians and 65 office staff seeing 75,000 patients annually**
- **Physical configuration**
 - One suite for all specialties
 - Each specialty assigned to corridor(s)
- **One call center with different incoming lines**



Diagnosis of the Problem



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- **On arriving in the office, I found that staff had an “entitlement” mindset, rather than service orientation**
- **Observed problems in staff interactions with patients**
- **Problems reflected in CAHPS scores**
 - Clerks/receptionists were helpful - 84%
 - Clerks/receptionists courtesy & respect - 90%
- **Acceptable scores, not excellent**
- **Set a goal to improve scores**



BRITE Training Became Available



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- **BRITE = Begin Right with Instruction & Thorough Education**
- **UCLA Faculty Practice Group established training for practice office staff & managers**
 - Connecting with customers
 - Registration 101 & Managed Care 101
 - Working with difficult patients
- **How BRITE training is provided**
 - Practice managers take course first
 - Then send office staff, a few at a time
 - Practices decide who to send and schedule



MSS One of the First to Do BRITE



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- **I was eager for the training – saw the need from diagnosing the situation**
- **I participated in first session (Feb 2007)**
- **Then I sent the office staff – not voluntary**
- **Approach: train staff in the order that patients encounter them**
 - Phone staff first – 2 to 3 from each corridor
 - Then authorization staff
 - Finally nursing staff
- **New staff are set up for BRITE training**



Office Manager's Role Is To Reinforce Training



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- **The office manager must actively reinforce the patient communication practices taught in BRITE**
- **Monitoring changes in staff behaviors**
 - Monitored calls in the call center
 - Observed interactions to detect changes
- **Methods used for reinforcement**
 - Awarded gold stars for positive encounters
 - Gave positive reinforcement publicly
 - Gave private feedback on improvement needs



Successes from the Training



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- **Staff responded positively to the training**
- **Increased desire by those not yet trained**
- **Fast effect on interactions with patients**
- **Reached sustainability, but need to refresh**



Challenges Experienced



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- **Scheduling difficulty in getting office staff to training, especially nurses**
- **Some pushback and resistance from staff**
- **Cardiology was hard to get on board**



Effects on Staff Behaviors



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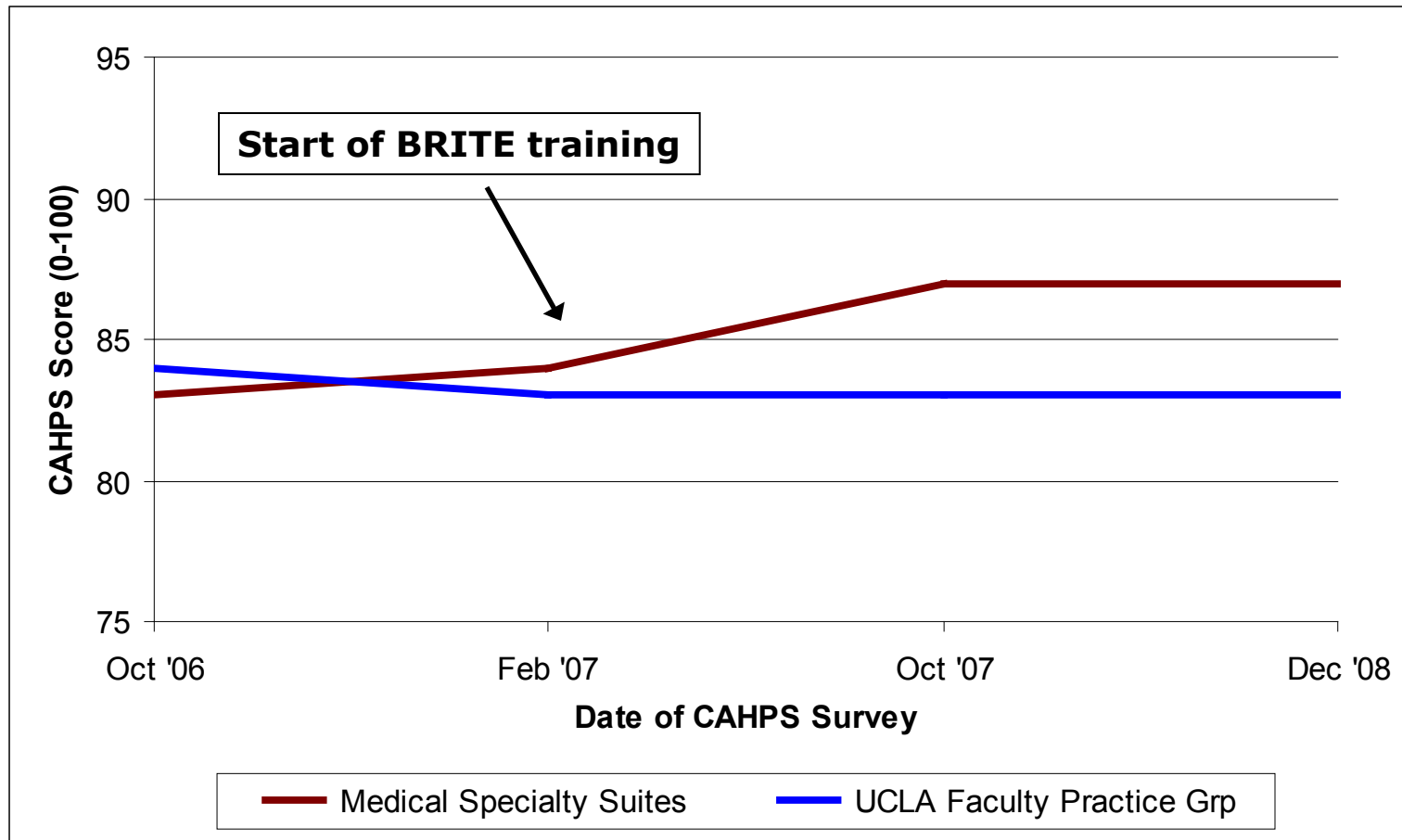
- **Effects observed by managers**
 - Different demeanors, “pep in step”
 - Conversations with patients improved, on the phone and at the front desk
 - Cross-department interactions improved
- **Improved results from mystery callers**
- **Emails from physicians about good encounters with patients by staff**
- **Positive feedback from new consults**



CAHPS Scores Improved: Helpfulness of Office Staff



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Note: Original scores were transformed to 0-100 scale



Lessons From Our Experience



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- **Keep an open mind; look at the training as a QI/PI project**
- **Accept that the training will not change some staff, but the majority will respond**
- **Need effective and enthusiastic trainers**
- **Go to the class yourself**
- **Meet with staff regularly to share information and excitement**
- **Ask for feedback from staff with the training**
- **Reinforce positive actions with public praise**

