Physician Use of CAHPS To Evaluate and Improve the Quality of Patient Communication

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1. What role do CAHPS Clinician and Group Surveys play in the certification process for Internal Medicine and its medical specialties at ABIM?

2. What are Practice Improvement Modules® and why are CAHPS surveys used in them?

3. How many internists, subspecialists and patients use CAHPS?

4. How do physicians do quality improvement (QI) in patient communication with CAHPS?

5. What factors affect physicians' choices and what are the effect-sizes from QI plans using CAHPS?

6. What do physicians conclude about using CAHPS in their QI efforts?

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CAHPS role in the certification process

Physicians become certified in Internal Medicine by:

1. Completing required undergraduate, graduate and post-graduate training
2. Demonstrating clinical competence in patient care
3. Meeting licensure and procedural requirements
4. Passing a certification examination

Certification in medical subspecialties requires additional training (and steps 2-4 above)

Since 1990, certification has been limited to 10 years

Physicians must renew certification through Maintenance of Certification – lifelong learning

1. Possess a valid, unrestricted medical license
2. Earn 100 pts of self-evaluation:
   a) <u>medical knowledge modules</u> web-based, with multiple- choice questions (ABIM, medical societies sources)
   b) practice performance for QI patient care with web-based <u>Practice Improvement modules (PIM)</u>® (e.g. Communication PIM – **CAHPS, patient surveys**)
3. Pass an examination
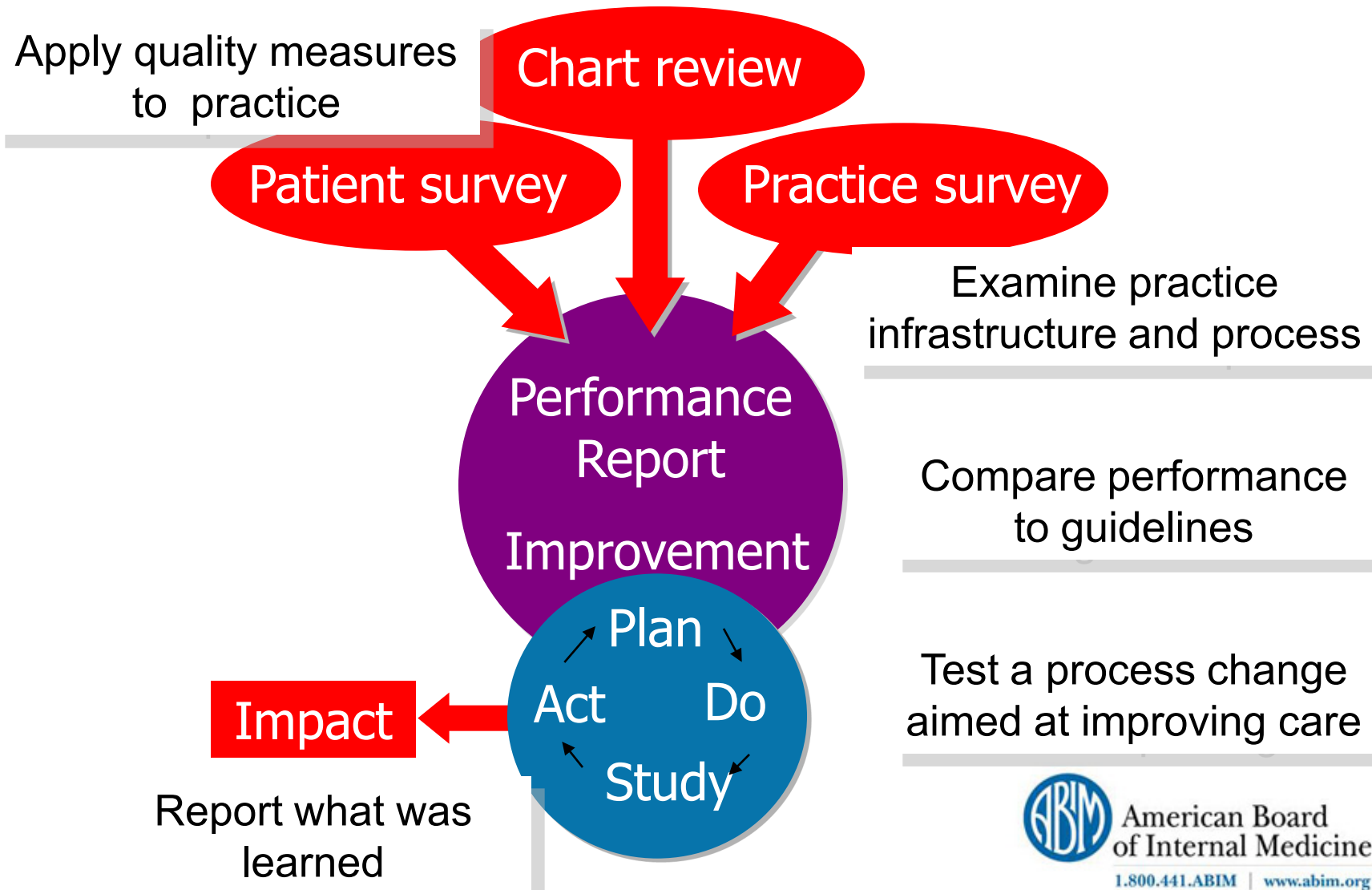
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Current PIM Structure

PIMs® & CAHPS surveys used in them

PIMS in Service

1. Diabetes: 3,135; (15%)
2. Hospital-Based Patient Care: 2,331; (12%)
3. Hypertension: 2,114; (10%)
4. **Communication – Primary Care & Subspecialists*: 1,832; (9%)**
5. **Communication - Referring Physicians*: 1,656; (8%)**
6. Self-Directed: 1,574; (8%)
7. Preventive Cardiology: 1,571; (8%)
8. Osteoporosis: 1,383; (7%)
9. Colonoscopy: 1,270; (6%)
10. Essentials of Quality Improvement: 964; (5%)
11. Asthma: 713; (4%)
12. HIV: 560; (3%)
13. Clinical Supervision: 411; (2%)
14. Care of the Vulnerable Elderly: 366; (2%)
15. Hepatitis C: 352; (2%)
16. Cancer Screening: (new)
17. Approved Quality Improvement programs & products: (new)

***CAHPS surveys used as process measurement tools**

Communication PIM
Primary Care & Subspecialist
http://www.abim.org/moc/choose/module/
communication-primary-care.aspx

1. **CAHPS** Clinician and Group Survey of $\geq$ 25 patients
2. Practice system survey based on the National Committee on Quality Assurance - Physician Practice Connections program,
3. Date review: 1) identify weaknesses, 2) select 1 **CAHPS** measure to improve, and 3) develop a plan (based on Donabedian model of structure affects process affects outcomes & rapid PDSA cycle)
4. Re-measure patients (new **CAHPS** sample, $\geq$ 25 patients, measure process change.
5. Reflect on QI plan and report how practice changes affected care
6. Post PIM survey

PIMs accredited activities by ACGME, may earn 20 AMA PRA Category 1 credits & are HIPAA compliant

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Internists, Subspecialists & Patients That Used CAHPS (since 2006)

Primary Care	Subspecialists	Patients
852[1]	980[1]	52,868[2]
[1]Counts for three PIM versions used between 2006 and 2009		
[2]Estimate based on average # pts /physician		

Physician Patient Communication Choices of CAHPS QI plans
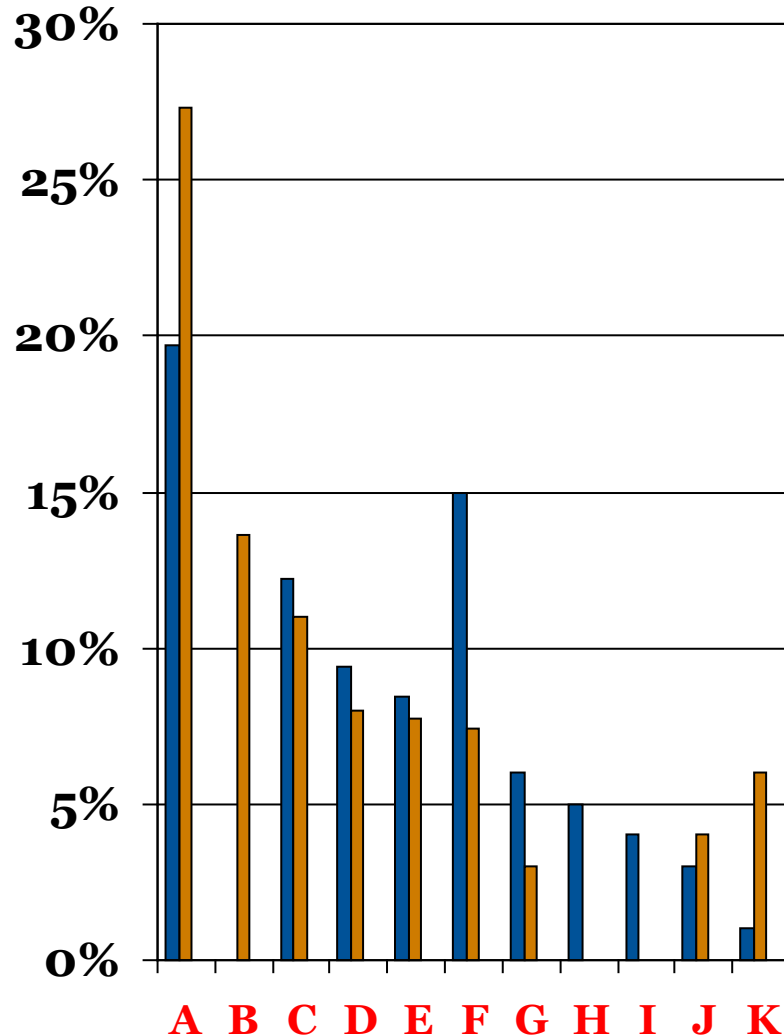
CAHPS QI Plans	Primary Care N=320	Subspecialists N=337
A ≤ 15 min waiting	63 (20%)	92 (27%)
B Discusses Rx Costs	0 (0%)	46 (14%)
C Same-day answers/reg hrs	39 (12%)	37 (11%)
D Encourages questions	30 (9%)	27 (8%)
E Lab/test results	27 (8%)	26 (8%)
F Urgent Care prn	48 (15%)	25 (7%)
G Staff Helpful	20 (6%)	9 (3%)
H Informed about specialists care	15 (5%)	0 (0%)
I Timely routine care	14 (4%)	0 (0%)
J Checks understanding	11 (3%)	13 (4%)
K Knows personal values	4 (1%)	19 (6%)

Factors affecting Physicians' choices of CAHPS QI plans

- **Physician Factors:** age; gender; practice leader, % time spent on pt care, % pt care time spent on "paper work" (phone, email, medical records, etc.), passing IM certification exam at first take

- **Patient Factors:** age; education; race; health status; % hypertensive, diabetic, or CVD in pt pop.; % obese in pt. pop.; Overall rating of doctor

- **Practice/Microsystem Factors:** Use of pt. registries, proactive mgmt. of important med. conditions, providing multiple modes of pt. access, reporting that microsystem works well

Important Covariates for the No. 1 Choice of CAHPS QI plans: ≤ 15 min waiting time (Odds Ratios)

		Primary Care		Subspecialists	
Physician	Age	1.07	**	0.94	**
	Male	0.44	*	0.87	
	Practice leader	0.94	***	1.00	
	% Time patient care	0.96	**	0.99	
	% Time paper work	0.94	**	1.01	
Patient	%Age 65+	14.48	**	0.13	*
	%< High school	30.22	*	1.98	
	%White	0.14	*	2.54	
	%Poor/fair health	0.01	**	3.39	
	%Obesity	2.27	*	1.33	
	%Medicaid	1.00		1.01	*
	Overall rating of Dr.	6.83	***	1.54	
Practice/Microsystem					

* $p<0.1$; ** $p<0.05$; *** $p<0.01$

CAHPS QI Effect-sizes

A. PC ≤ 15 min waiting
B. PC Urgent Care prn
C. PC Same day answers
D. PC Encouraged ?'s
E. PC Lab/Test Results
F. PC Staff Helpful
G. SS ≤ 15 min waiting
H. SS Rx Costs
I. SS Same day answers
J. SS Encouraged ?'s
K. SS Lab/Test Results
L. SS Urgent Care prn

% Rated "Always" in CAHPS Item After QI Intervention
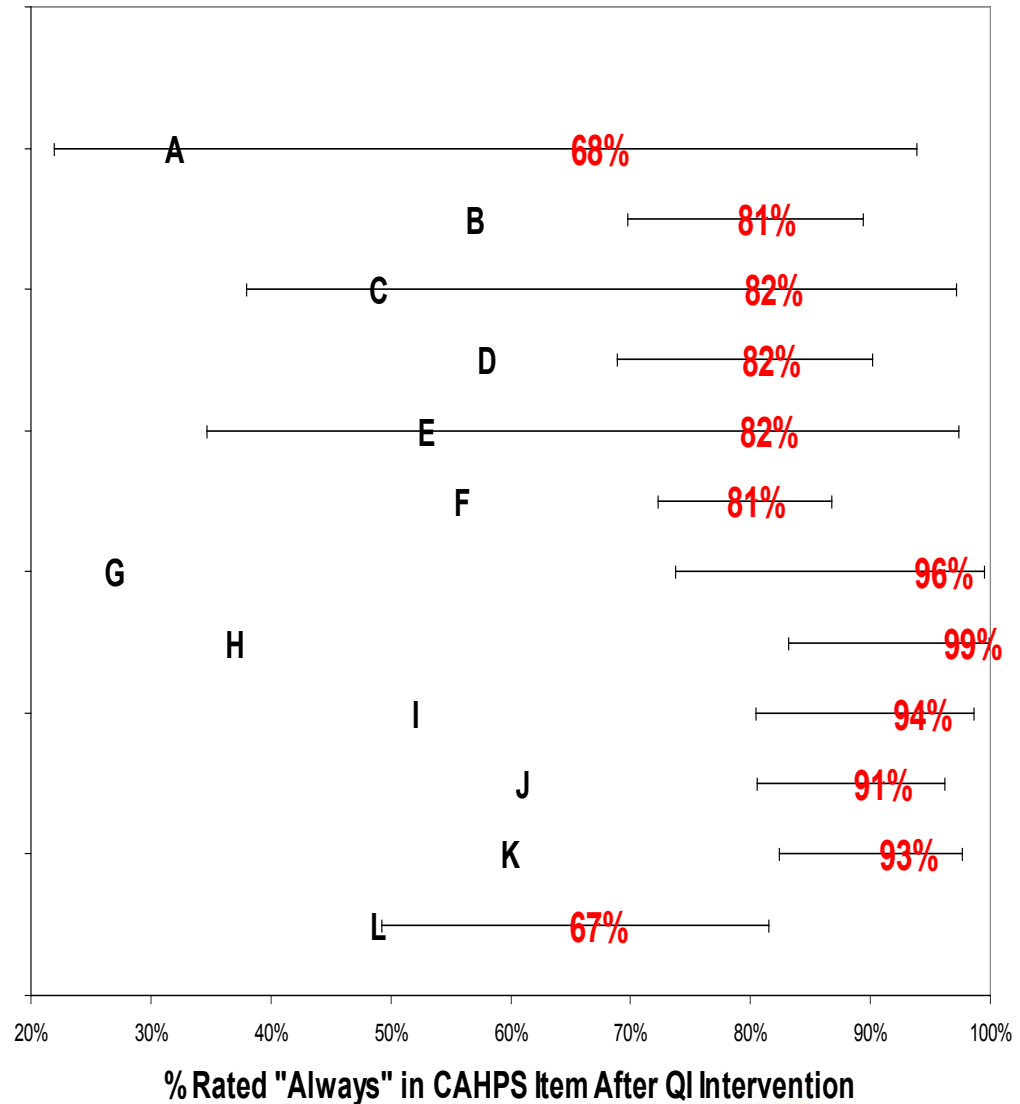
Physicians Conclusions About Using CAHPS Measures in Their QI Projects

Participant responses from 1,143 physicians, 546 primary care and 597 subspecialty	
Participation in this (Communication) module enhanced my ability to assess current practice performance (% Agree to Strongly Agree, 5-point scale)	A & SA = 84% of 458 (40% responding), average=4.02; sensitivity average range: 2.21–4.61
Participation in this module enhanced my ability to develop and implement an improvement plan to improve care for patients (% Agree to Strongly Agree)	A & SA = 82% of 458 (40% responding), average=4.04; sensitivity average range: 2.22–4.62
Participation in this module enhanced my ability to re-measure performance on a selected quality indicator after implementing an improvement plan (% Agree to Strongly Agree)	A & SA = 81% of 458 (40% responding), average=3.99; sensitivity average range: 2.20–4.60
The questions in the Patient Surveys (CAHPS) focused on issues relevant to patient care? (% Agree to Strongly Agree)	A & SA = 79% of 803 (70% responding), average=4.09; sensitivity average range: 3.17-4.36
How useful was it for you to review the summary Patient Survey (CAHPS) data? (% Useful to Very Useful , 5-point scale)	U & VU = 82% of 803 (70% responding), average=4.21; sensitivity average range: 3.26-4.45
What was your (physician) impression of patients' willingness to complete the survey (CAHPS)? (% Willing to Very Willing , 5-point scale)	W & VW = 72% of 801 (70% responding), average=3.96; sensitivity average range=3.08-4.27

Thank You!

To access the Primary Care Communication PIM go to:
http://www.abim.org/moc/choose/module/communication-primary-care.aspx

Problems? garnold@abim.org

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get
information
by specialty

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Enroll & Understand Policies for Maintenance of Certification

Verification of Credentials

Self-Evaluation Overview

Self-Evaluation of Medical Knowledge

Self-Evaluation of Practice Performance

Options for Earning Points

Product Info, Demos & Ordering

Options for Clinically Inactive Physicians

Completing PIMs with Colleagues

Getting More For Your Points

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Get details, demonstrations and ordering information for each PIM:

| Select a PIM | ▼ | Go |

- or -

| Select a PIM by Specialty | ▼ | Go |

Sample Modules

Asthma	view survey (pdf)
Cancer Screening	view survey (pdf)
Care of Vulnerable Elderly	view survey (pdf)
Clinical Supervision	
Colonoscopy	
Communication - Primary Care	view survey (pdf)
Communication - Subspecialists	view survey (pdf)
Communication with Referring Physicians	view survey (pdf)
Diabetes	view survey (pdf)
Hepatitis C	
HIV	
Hospital-Based Patient Care	
Hypertension	view survey (pdf)
Osteoporosis	
Patient and Physician Peer Assessment	
Preventive Cardiology	view survey (pdf)
Self-Directed	

Related Information...

- Healthcare Organizations Recognizing MOC
- Residency & Fellowship Programs use PIMs
- Non-Internists use PIMs
- ABMS Boards use PIMs

< Return to Demo Page | Contact ABIM

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American Board
of Internal Medicine

ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

< RETURN TO PIM HOME
Getting Started
Requirements ▶
PART 1 - Performance Data
Surveys
Examine Systems
Performance Data Analysis
PART 2 - Quality Improvement (QI) Plan
QI Plan Overview
Summary of Patient Surveys
Processes of Care
Target a Measure for Improvement
Practice Structures—System Enhancements
Your Practice Structure—System Enhancements
Your QI Plan
PART 3 - Remeasurement
Remeasurement
Surveys

GETTING STARTED: Requirements

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ABIM PIM Practice Improvement Module®
Communication - Primary Care PIM

Activity Release Date: July 1, 2009
Last Review Date: July 1, 2009
Amount of CME Credit: 20 *AMA PRA Category 1 Credits*™

Getting Started

Before you begin working on your PIM, you must read the information below and check the attestation at the bottom of this section.

On This Page...

Overview
How To Complete This PIM
Selecting Your ABIM Patient Sample
Confidentiality About Research
Attestation You must attest to reading this page

American Board of Internal Medicine

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ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

Communication - Primary Care PIM	Recommended # to Complete	Start Date	Status	Completion Date
Getting Started				
Requirements		3/1/2010	Complete	3/1/2010
PART 1 - Performance Data				
Surveys	25 of 25 collected	3/1/2010	Complete	3/1/2010
Examine Systems	1 of 1 collected	3/1/2010	Complete	3/2/2010
Performance Data Analysis		3/2/2010	Complete	3/2/2010
PART 2 - Quality Improvement (QI) Plan				
QI Plan Overview		3/2/2010	Complete	3/2/2010
Summary of Patient Surveys		3/2/2010	Complete	3/2/2010
Processes of Care		3/2/2010	Complete	3/2/2010
Target a Measure for Improvement		3/2/2010	Complete	3/2/2010
Practice Structures—System Enhancements		3/2/2010	Complete	3/2/2010
Your Practice Structure—System Enhancements		3/2/2010	Complete	3/2/2010
Your QI Plan		3/2/2010	Complete	3/2/2010
PART 3 - Remeasurement				
Remeasurement		3/2/2010	Complete	3/2/2010
Surveys	26 of 25 collected	3/2/2010	Complete	3/3/2010
Reflecting On Your QI Plan		3/3/2010	Complete	3/3/2010
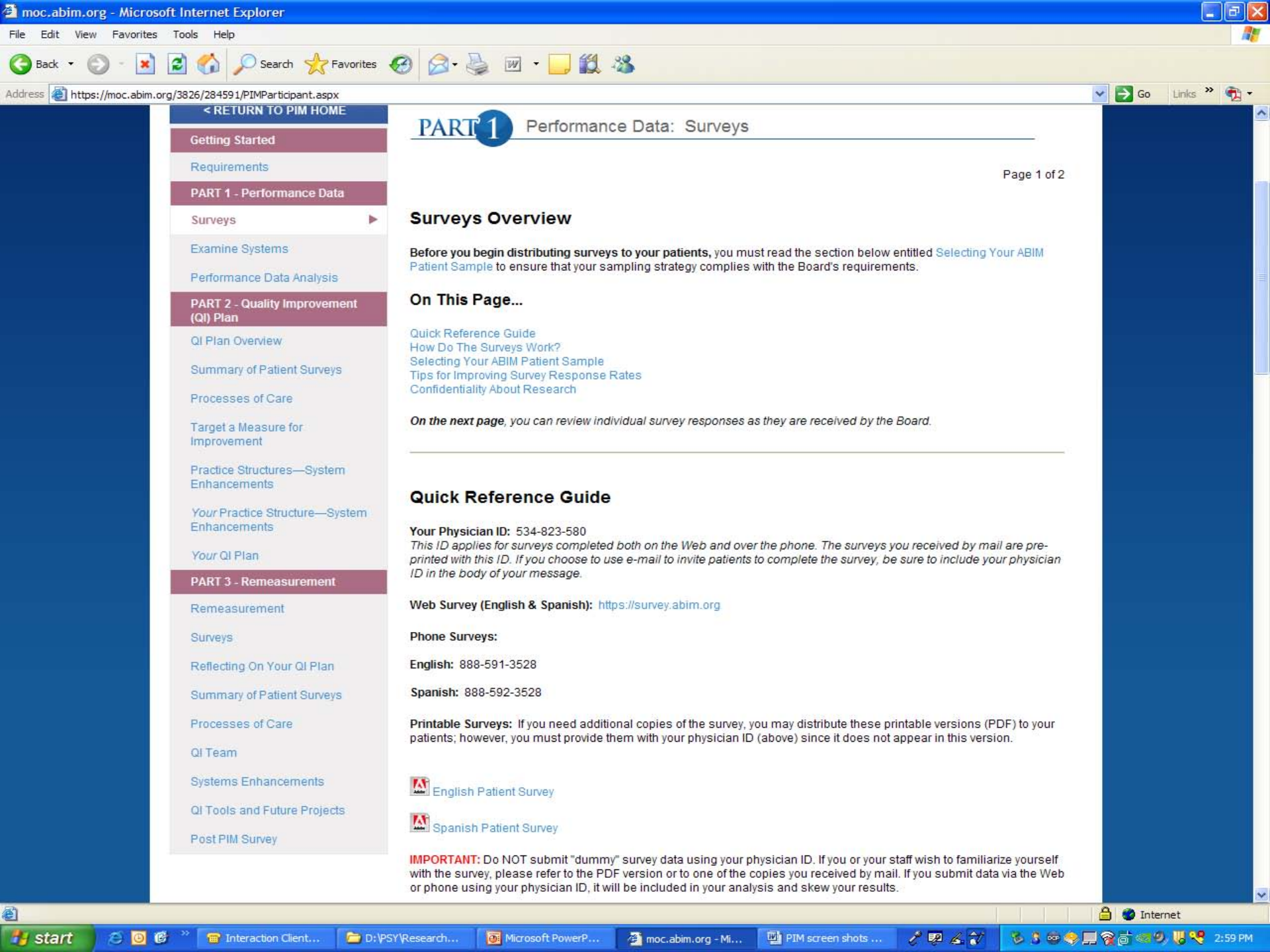
< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys ▶

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

PART **1** Performance Data: Surveys

Surveys Overview

Before you begin distributing surveys to your patients, you must read the section below entitled Selecting Your ABIM Patient Sample to ensure that your sampling strategy complies with the Board's requirements.

On This Page...

Quick Reference Guide
How Do The Surveys Work?
Selecting Your ABIM Patient Sample
Tips for Improving Survey Response Rates
Confidentiality About Research

On the next page, you can review individual survey responses as they are received by the Board.

Quick Reference Guide

Your Physician ID: 534-823-580
This ID applies for surveys completed both on the Web and over the phone. The surveys you received by mail are pre-printed with this ID. If you choose to use e-mail to invite patients to complete the survey, be sure to include your physician ID in the body of your message.

Web Survey (English & Spanish): https://survey.abim.org

Phone Surveys:

English: 888-591-3528

Spanish: 888-592-3528

Printable Surveys: If you need additional copies of the survey, you may distribute these printable versions (PDF) to your patients; however, you must provide them with your physician ID (above) since it does not appear in this version.

English Patient Survey

Spanish Patient Survey

IMPORTANT: Do NOT submit "dummy" survey data using your physician ID. If you or your staff wish to familiarize yourself with the survey, please refer to the PDF version or to one of the copies you received by mail. If you submit data via the Web or phone using your physician ID, it will be included in your analysis and skew your results.

< Return to Demo Page | Contact ABIM

ABIM
American Board
of Internal Medicine

LOGGED IN AS 999998

ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems ►

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

PART 1 Performance Data: Examine Systems

Examine Systems Overview

The questions in this section examine the elements of practice systems which have been shown in various studies to improve the quality of patient care. No practice is expected to use or to have available all of these system elements. However, the review of these elements provides a window into what is possible in some practice systems and what might be useful and possible to implement in yours.

There are 10 pages of questions, each focused on a different element. Many questions will be disabled based upon your responses to previous questions; therefore, it is unlikely that you will need to respond to every question. However, you must answer all questions that appear in order for the section to be considered complete.

ABIM recommends that you meet with your staff to discuss the questions raised in this section. You may wish to print the questions and distribute them to staff for input. You have the option of completing this section without staff input, but in doing so you will miss a valuable opportunity to obtain their perspective on system elements you may not be aware of.

Click this link to print a pdf version of the Examine Systems Survey.

Benchmarking Your Systems - NCQA

ABIM has closely aligned its survey in this section with the one developed by The National Committee for Quality Assurance (NCQA) for its Physician Practice Connection (PPC) Recognition Program. The NCQA's PPC Recognition Program awards practices that have systems in place for information management, care management, safe prescribing, tracking of tests and referrals, and quality improvement. More information about the PPC tool is available at NCQA.

[<< Back]   [Next >>]

ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview ▶

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

PART 2 Quality Improvement (QI) Plan: QI Plan Overview

Improving the quality of care is a cyclical process, not a one-time event. It is through multiple, sequential small tests of change and frequent monitoring of relevant process and outcome measures that lasting improvement occurs. This module asks you to report on one improvement cycle.

In this section, you will:

- Identify areas where you think you can improve your practice
- Consider which elements of your practice are responsible for the current results
- Design a small test of change that you will implement and assess to determine if the change made leads to improvement in the practice

Begin by reviewing:

- A summary of characteristics of patients in your sample
- The performance of your practice in important processes measures

As you review your results, consider which processes of care could be improved. You will be asked to select one process measure as the focus of this improvement cycle. You should select a process measure where improvement is both feasible and important.

Next, you will:

- Review your practice structure and the performance of your practice system relative to a standard for high-performing practice systems developed by the National Committee for Quality Assurance (NCQA)
- Use this information to develop change ideas—that is, systematic ways to change your practice to support improvement in the process you select.

In the Donabedian model, this is changing the structure of clinical care.

Structure
The environment in which care is provided (e.g., systems for information technology, staff roles)

Process
The steps taken to deliver care (e.g., ordering laboratory tests such as cholesterol measurements, counseling of patients on diet and exercise)

Outcome
The clinical consequences of the care provided (e.g., the cholesterol level)

Lastly, you will create a QI plan for improving performance on the measure you have targeted.

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< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care   ▶

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

PART 2 — Quality Improvement (QI) Plan: Processes of Care

This page summarizes the performance of your practice in providing important processes of care, based on responses from your patient surveys.

Steps to Complete This Page:

1. Review the data below and determine areas where you believe improvement is feasible and important.
2. Select up to three (3) processes that are *potential* targets for improvement by clicking the box to the left of the appropriate item. The process measures you select on this page will be presented to you again when you are developing your Quality Improvement (QI) Plan. Ultimately, you will focus on only one measure for this improvement cycle.

Categories

Click any of the categories listed below to jump to the underlying questions for that category.

	Overall % n = 25
Scheduling Appointments and Contacting the Doctor	30%
Physician-Patient Communication	61%
Physician's Interpersonal Skills	51%
Medical Treatment	66%
Coordinating Care	57%
Overall Patient Rating of the Doctor (average rating)	8.88
Office Staff	47%

Scheduling Appointments and Contacting the Doctor

		Applicable Surveys n = 25	Patient Surveys n = 25
☐	Urgent appointment was always available as soon as needed	12	3 (25%)
☐	Routine appointment was always available as soon as needed	18	9 (50%)
☐	Always got an answer to a question the same day the patient called during regular office hours	14	5 (36%)
☐	Always got the help or advice needed when calling after regular office hours	9	2 (22%)

< Return to Demo Page | Contact ABIM

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American Board of Internal Medicine

ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement   ▶

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

PART 2 Quality Improvement (QI) Plan: Target a Measure For Improvement

The measures you selected from Processes of Care appear below. You should now decide which **ONE** of these measures will be the focus for this improvement cycle.

Steps to Complete the Page:

1. Select one (1) measure from the list below to be the focus of this improvement cycle.

Measures Selected from Outcomes and Processes of Care Reports	Current
Processes of Care	
☑ Visit with the doctor or other person always started within 15 minutes of the appointment time	16%
☐ Doctor always knew important information about the patient's history	28%
☐ Clerks and receptionists always treated patients with respect	52%

<< Back   Next >>

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PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements ▶

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

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physician knowledge, attitudes, and skills in determining outcomes of care. It is through changing the structure of your practice that lasting improvements in the process and outcomes of care will occur. Many physicians have not been trained how to understand or influence the design of their practice structure and will need to become competent in system-based practice and system-based learning and improvement.

We find the concept of the Clinical Microsystem developed by Paul Batalden and his colleagues at Dartmouth Medical School very useful.

> Clinical microsystems are the front-line units that provide most health care to most people. They are the places where patients, families and care teams meet. Microsystems also include support staff, processes, technology and recurring patterns of information, behavior and results. Central to every clinical microsystem is the patient.

In other words, a clinical microsystem is the organization of people (doctors, staff and patients) and the ways they collaborate and communicate to achieve common aims for quality care.

We encourage you to visit their website: www.clinicalmicrosystem.org

Clinical Microsystem:

The diagram below shows how the generic processes of a medical practice come together to form a clinical microsystem.

1. Patients with specific needs come to a practice looking for care.
2. What happens in the yellow boxes determines the outcomes of that care. If the patient can access the practice, and if the right diagnosis is made, an effective treatment plan prescribed, and the patient is guided in effective self-care, then those outcomes will be good.
3. The green rectangles represent aspects of the clinical microsystem that affect how effectively care can be delivered within the practice.
4. The blue oval at the bottom of the diagram recognizes the external services that must be coordinated by the practice on behalf of its patients.

Mouseover each box or circle to learn more.

Review your targeted measure and your current performance rate below, then establish a feasible goal for your performance on this measure once your QI plan has been implemented.

Targeted Measure:	**Visit with the doctor or other person always started within 15 minutes of the appointment time**
Current Performance:	**16 %**
Performance goal for this improvement cycle:	30 %

System Enhancements:

System enhancements you selected to support improvement of your targeted measure are listed below.

Using the scale that follows, rate how well each system enhancement listed below is currently working in your practice.

	Not Used	Functioning Poorly			Needs Improvement			Functioning Well		
	0	1	2	3	4	5	6	7	8	9
Performing pre-visit planning to assure that all needed information is available at the time of the visit.	○	⦿	○	○	○	○	○	○	○	○
Ordering lab tests	○	○	○	○	○	○	⦿	○	○	○
Ordering imaging tests	○	○	○	○	○	○	⦿	○	○	○

Your Plan

At this point, you have selected a measure for improvement, set a feasible improvement goal and considered underlying system enhancements that will facilitate reaching your goal. Now you can formulate your QI plan. The questions that

ABIM PIM Practice Improvement Module®

Communication - Primary Care PIM
Date Started: 3/1/2010

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan   ▶

Summary of Patient Surveys

Processes of Care

QI Team

PART 3 Remeasurement: Reflecting On Your QI Plan

In this section, you will reflect on the process of developing and implementing a QI Plan. The performance rate for your baseline data (pre-intervention) and your current data (post-intervention) appear below. Also appearing below is your goal performance rate. Whether or not you were able to reach your goal or even make an improvement, please describe your idea for improvement and your implementation plan.

Targeted Measure	**Visit with the doctor or other person always started within 15 minutes of the appointment time**
Baseline Performance Rate	16 %
Current Performance Rate	62 %
Your Performance Goal:	30 %

* Indicates Required Field / Question

How did you obtain the sample of patients you used for remeasurement? *

- ○ Prospective, sequential sample
- ○ Retrospective, sequential sample
- ● Systematic, random sample
- ○ Other [   ]

Briefly describe the plan you used to improve performance on the targeted measure. *

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<< Back   Next >>

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys   ▶

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

PART 3 Remeasurement: Summary of Patient Surveys

This page summarizes characteristics of your patient sample based on the survey data they submitted, pre- and post-intervention.

Duration of Physician-Patient Relationship

	Post-Intervention Patient Surveys *n* = 26	Pre-Intervention Patient Surveys *n* = 25
At least 1 year but less than 3 years	6 (23%)	14 (56%)
At least 3 years but less than 5 years	8 (31%)	4 (16%)
5 years or more	12 (46%)	7 (28%)

Number of Office Visits in Past 12 Months

	Post-Intervention Patient Surveys *n* = 26	Pre-Intervention Patient Surveys *n* = 25
1 to 2 visits	13 (50%)	11 (44%)
3 to 4 visits	3 (12%)	10 (40%)
5 to 9 visits	7 (27%)	0 (0%)
10 or more visits	3 (12%)	4 (16%)

Health

	Post-Intervention Patient Surveys *n* = 26	Pre-Intervention Patient Surveys *n* = 25
Very good to excellent health	14 (54%)	6 (24%)
Good health	7 (27%)	6 (24%)
Fair to poor health	5 (19%)	13 (52%)
Question skipped	0 (0%)	0 (0%)

Gender

	Post-Intervention Patient Surveys *n* = 26	Pre-Intervention Patient Surveys *n* = 25
Male	15 (58%)	12 (48%)
Female	11 (42%)	13 (52%)
Question skipped	0 (0%)	0 (0%)

Age

Internet

start   Interaction Client: ....   D:\PSY\Research\C...   O:\Departments\Psy...   moc.abim.org - Micr...   PIM screen shots for...   4:21 PM

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care   ▶

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

PART 3   Remeasurement: Processes of Care

Categories

Click any of the categories listed below to jump to the underlying questions for that category.

	Post-Intervention Overall % $n = 26$	Pre-Intervention Overall % $n = 25$
Scheduling Appointments and Contacting the Doctor	31%	30%
Physician-Patient Communication	41%	61%
Physician's Interpersonal Skills	40%	51%
Medical Treatment	32%	66%
Coordinating Care	36%	57%
Overall Patient Rating of the Doctor (average rating)	8.23	8.88
Office Staff	26%	47%

Scheduling Appointments and Contacting the Doctor

	Post-Intervention Applicable Surveys $n = 26$	Post-Intervention Patient Surveys $n = 26$	Pre-Intervention Applicable Surveys $n = 25$	Pre-Intervention Patient Survyes $n = 25$
Urgent appointment was always available as soon as needed	12	1 (8%)	12	3 (25%)
Routine appointment was always available as soon as needed	22	10 (45%)	18	9 (50%)
Always got an answer to a medical question the same day the patient called during regular office hours	15	4 (27%)	14	5 (36%)
Always got an answer to a medical question as soon as it was needed	8	1 (12%)	9	2 (22%)
Visit with the doctor or other person always started within 15 minutes of the appointment time	26	16 (62%)	25	4 (16%)

Top

Physician-Patient Communication

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey

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1. Review the QI team you formed in the previous section.

2. Answer the following questions about the actual composition of the team, and describe team performance during this QI project.

What people will you involve in this improvement cycle? Please list their initials (for your own reference) and select their role in your practice.
Click the "+" button to add team members (up to 15).

Initials	Professional Role
rb	Physician
nl	Practice manager/administrator
ca	Other

[+] [-]

* Indicates Required Field / Question

Was the above the actual composition of the QI team? *
- ● Yes, this list reflects the composition of the QI team
- ○ No, the actual composition of the team differs from this list
- ○ A QI team was not formed

On a scale of 1 to 9, how well did your QI team understand the goals and activities of this QI project?

○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ●9

The scale is as follows:
1 - 3 = Incomplete understanding; disagreement within team
4 - 6 = Fair shared understanding
7 - 9 = Very good understanding shared by all team members. *

Briefly describe what was most successful about the team. *

we all understood the goal

Briefly describe what was least successful about the team. *

needed lots of reminders

<< Back   Next >>

Done   Internet

start   Interaction Client: ....   D:\PSY\Research\C...   O:\Departments\Psy...   moc.abim.org - Micr...   PIM screen shots for...   4:22 PM

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements ▶

QI Tools and Future Projects

Post PIM Survey

Steps to Complete This Page:

1. Review the system enhancements you selected in Part 2 as part of your QI Plan.
2. Answer the following questions about how/if you used the enhancements as planned and describe their usefulness for this QI project.

	Not Used	Functioning Poorly			Needs Improvement			Functioning Well		
	0	1	2	3	4	5	6	7	8	9
Performing pre-visit planning to assure that all needed information is available at the time of the visit.	○	○	○	○	○	○	○	○	○	○
Ordering lab tests	○	○	○	○	○	○	○	○	○	○
Ordering imaging tests	○	○	○	○	○	○	○	○	○	○

      Previous System Enhancement Selections.

* Indicates Required Field / Question

Briefly describe how you used your system enhancement (s), and if you used more than one, please indicate which was the most helpful. If you did not use a system enhancement included in this module, please describe the change idea you used for this improvement cycle. *

Had staff check record to be sure

What did you learn about your practice process or system of care when making a system enhancement? *

need additional features in EMR

[<< Back]   [Next >>]

Internet

start   Interaction Client: ....   D:\PSY\Research\C...   O:\Departments\Psy...   moc.abim.org - Micr...   PIM screen shots for...   4:23 PM

< RETURN TO PIM HOME

Getting Started

Requirements

PART 1 - Performance Data

Surveys

Examine Systems

Performance Data Analysis

PART 2 - Quality Improvement (QI) Plan

QI Plan Overview

Summary of Patient Surveys

Processes of Care

Target a Measure for Improvement

Practice Structures—System Enhancements

Your Practice Structure—System Enhancements

Your QI Plan

PART 3 - Remeasurement

Remeasurement

Surveys

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects   ▶

Post PIM Survey

PART 3   Remeasurement: QI Tools and Future Projects

Steps to Complete This Page:

1. Answer the following questions about quality improvement tools you used for this QI project, and your plans for future projects.

* Indicates Required Field / Question

What quality improvement tools and/or resources did you use in implementing this QI project? (Select all that apply.) *

- ☑ None
- ☐ Cause and effect diagram
- ☐ Check sheet
- ☐ Control chart
- ☐ Flow chart
- ☐ Histogram
- ☐ Pareto diagram
- ☐ Run chart
- ☐ Scatter diagram
- ☐ Survey (patient or staff)
- ☐ Other [_____]

Regardless of whether or not you met your initial goal, do you think that the change ideas you implemented led to improvement relevant to the targeted measure? *

- ◉ Yes
- ◯ No
- ◯ Unsure

Please explain. *

[better ratings for appt within 15 min]

Regardless of whether or not your targeted measure was improved, did your efforts have a positive impact on other aspects of your practice? *

- ◯ Yes
- ◉ No
- ◯ Unsure

What do you plan as your next steps to improve quality? *

- ◯ Discontinue current QI intervention(s)
- ◯ Discontinue current QI intervention(s), but implement new intervention

Reflecting On Your QI Plan

Summary of Patient Surveys

Processes of Care

QI Team

Systems Enhancements

QI Tools and Future Projects

Post PIM Survey ▶

Participation in this module enhanced my ability to assess current practice performance as it pertains to physician-patient communication and clinical services. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ● Agree
- ○ Strongly Agree

Participation in this module enhanced my ability to evaluate the structure and processes of the practice's microsystem to determine how well they support the delivery of high-quality care for patients. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ● Agree
- ○ Strongly Agree

Participation in this module enhanced my ability to develop and implement an improvement plan to improve patient care. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ● Agree
- ○ Strongly Agree

Participation in this module enhanced my ability to re-measure performance on a selected quality indicator after implementing an improvement plan. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral
- ● Agree
- ○ Strongly Agree

Participation in this module enhanced my ability to identify short- and long-term changes that will support ongoing, continued improvement. *

- ○ Strongly Disagree
- ○ Disagree
- ● Neutral
- ○ Agree
- ○ Strongly Agree

This module provided a valuable overall learning experience. *

- ○ Strongly Disagree
- ○ Disagree
- ○ Neutral

Done   Internet

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