Track: Improving Patients' Experience With Care

Session: Improving Care Using the CAHPS Clinician & Group Survey

Date & Time: April 21, 2010, 9:30 am

Track Number: T2-S5-2

UCLA Faculty Practice Group

Lessons From the UCLA Faculty Practice Group: CG-CAHPS & Ambulatory QI Initiatives

CAHPS & SOPS Users Meeting
April 2010

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UCLA Health System

- UCLA Faculty Practice Group (FPG)
  - 18 Clinical Departments
  - 65+ ambulatory locations (20% primary care)
  - 1260 faculty with 600 Clinical FTE of activity
  - 1.8 million encounters/year (68% ambulatory, 30% primary care)

UCLA Health System

- UCLA Hospital System
  - Average Daily Census ~711
  - Acute medical/surgical care facilities
    - Ronald Reagan UCLA Medical Center
    - Santa Monica UCLA Medical Center & Orthopedic Hospital
    - Mattel's Child Hospital at UCLA
  - Acute psychiatric care
    - Resnick Neuropsychiatric Hospital at UCLA

Our Evolution for MD level Reporting

Survey Focus	2005 and earlier	2006	2007	2008	2009
Adult PCP	CAHPS-like PAS	CAHPS-like PAS	CAHPS-like PAS	CG-CAHPS PES	CG-CAHPS PES
Child PCP	CAHPS-like PAS	CAHPS-like PAS	CAHPS-like PAS	CG-CAHPS PES	CG-CAHPS PES
Adult Specialist		CAHPS-like PES	CAHPS-like PES	CG-CAHPS PES	CG-CAHPS PES
Child Specialist			CG-CAHPS PES	CG-CAHPS PES	CG-CAHPS PES

CG-CAHPS= Clinician & Group CAHPS (Consumer Assessment of Healthcare Providers and Systems)

CAHPS-like= Modified/Testing versions of CAHPS or precursor works

PAS= Patient Assessment Survey Sponsored by CCHRI in California

PES= UCLA Patient Experience Survey

Grey Shading= limited to internal HMO population; Mustard & Green Shading=All Payors

Our Experience with MD Level Surveys

Years	Types of MDs surveyed	Mean Doctors Surveyed per Administration*	Mean Surveys Sent per Administration	Response Rate
2006-2009	Adult Specialist & Primary Care; Child Specialist & Primary Care	480	50,372	36.3%

*Faculty physicians surveyed are the ones most active in ambulatory care

Initial Improvement Activities...

- Senior leadership and support for “quality and service” initiative
- Staff training / BRITE (2006)
  - Scheduling, registration, & business integrity
  - Service integrity
- CG-CAHPS data for individual MDs (2006)
  - “Tips to Improve Our Patients’ Experience” derived from CG-CAHPS results (2008)
- Ambulatory Scorecard: Practice Site and Department (2006)
- Practice Standards & Guidelines to support Scorecard (2006)
- Consultative Services for Operations (2006)
- Clinical Competencies for Staff and Patient Safety (2006)
- Measurement and (mostly) management feedback (2006)
  - CG-CAHPS data for Practice & Department & MD (2006)
    - CG-CAHPS data transparent at Department and Site levels
  - Mystery callers
  - Scorecards
  - Operations rounds
  - Point of Service Practice Surveys (CG-CAHPS like)

BRITE=Begin Right with Instruction & Thorough Education

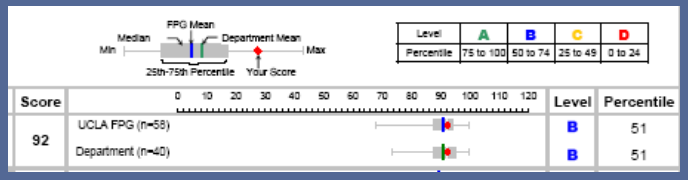
UCLA Faculty Practice Group — FPG

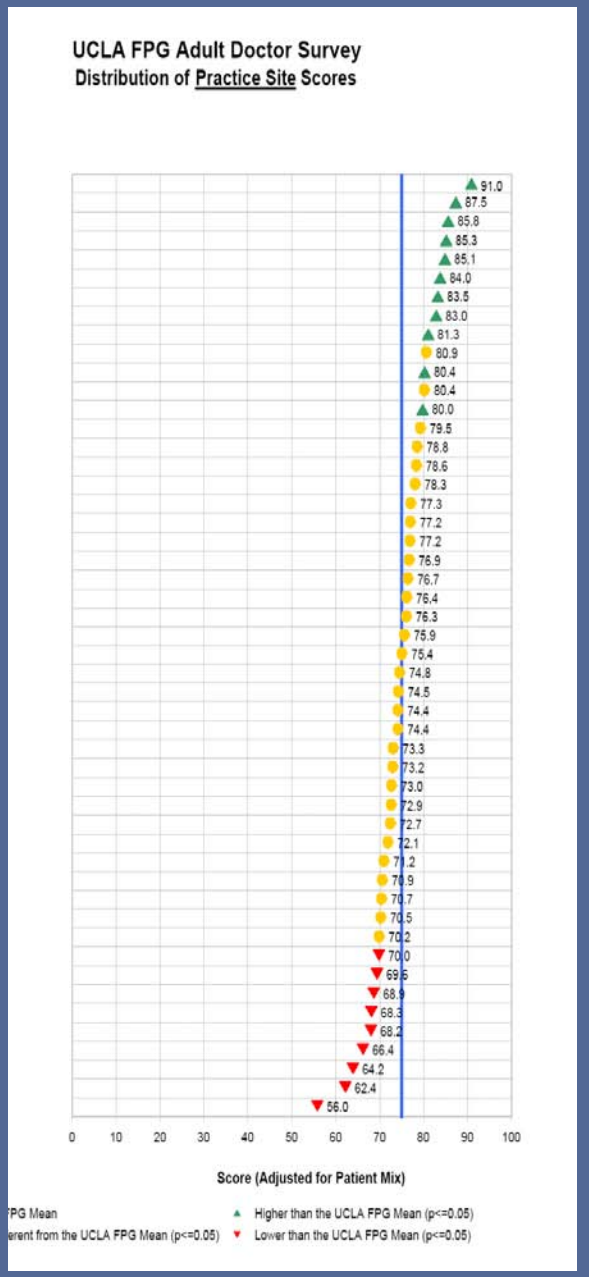
Ambulatory Scorecard FY '09 — Orange: Historical Period | Green: Meets or Exceeds Target | Yellow: Within 5% of Target | Red: Does Not Meet Target

		Q1			Q2			Q3			Q4				
		July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD AVG	YTD Target
	Access														
	Third Available Appointment (days)														
1	Minimum for new patients, all providers														7 days a
2	Minimum for established patients, any provider														14 days a
3	Avg for new patients, all providers														Info Only
4	New Patient Rate %														11.0% b
5	No Show Rate %														< 5% a
6	MD Bump Rate %														< 5% a
7	Call Abandonment Rate %														< 8% a
8	Encounters														Info Only a
	Service and Quality														
	Point of Service														
9	Mystery Caller (Sum Score)														95% a
10	Patient Safety & Practice Observations (Sum Score)														95% a
11	POS Patient Feedback (Overall Quality = Perfect)														80% a
12	BRITE Training (CCGS/MS)														80% a
12	Complaint per 1,000														Info Only
	Patient Experience Survey (Scores are not percentages)														
	Practice Level	11/03/2008												Latest	
13	1. Patient-Doctor Interaction														>90
14	2. Patient Access														>75
15	3. Coordinated Patient Care (Patient Communication)														>80
16	4. Helpful Office Staff														>85
17	*Average Practice PES Score (Avg of 1-4)*														>82.5 a
18	5. Patient Recommends Doctor														> 90 a
	Physician Level	Highest	Lowest												
19	1. Patient-Doctor Interaction														c
20	2. Patient Access														c
21	3. Coordinated Patient Care (Patient Communication)														c
22	4. Helpful Office Staff			# of M.D.s											c
23	5. Patient Recommends Doctor														c
24															

a) Standard set by FPG b) Based on Qrt 4 2008 new patient rate plus 5%(New Patient Rate 10.5%, Encounters 276839) c) Physician level based on the highest & lowest score with 30 or more responses N/A=Not Available NUP=Not Using PIMS

Data emphasized compare to peers. Benchmark data is limited. Department, Sites, & Individual MD reports





…then (2008) a practice Collaborative effort

- We sought out lower performing practices (all had high and low MD performers internally) that we thought were motivated to change.
- Data-driven performance improvement approach, based upon CG-CAHPS & Scorecard metrics.
- External content experts brought in as part of MD practice leadership engagement.
- Allowed practices to choose areas to work on
- Attendees were MD and staff leadership
- The goal was improvement in CG-CAHPS scores.

Lessons Learned (or confirmed)

- Physicians need to be assured by a respected source that CG-CAHPS data is valid and reliable.
  - Origins and purpose of survey.
  - Relevance of questions to specialty & surgical practice.
  - Sampling & adjustment methods.
  - Explanation of reports and how that might guide change.
  - Acknowledging interaction of “systems” and individual MD issues.
- Regular and frequent feedback of performance is needed.
  - But sending reports alone is not enough.
  - Explanation, discussion, counseling, & observation are important.
- Difficult if authority is diffuse.
- Suspected that we did not have enough direct incentives for specialists.
- Limited resources restricted us more than anticipated.

Lessons Learned (or confirmed)

- Our solutions were often “technical”*.
  - Specific methods to improve performance or outcome
- We *did* raise organizational concern regarding need to improve service quality.
- Set the stage for more extensive organizational change
  - Creating an imperative for change
  - A focus on behaviors
  - Creating an “safe” environment to foster participatory change

*See Heiftz & Linsky, Harvard Business Review June 2002

We continue with all these Activities…

- Senior leadership and support for “quality and service” initiative
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More Recently (2009-2010)…

UCLA Faculty Practice Group

UCLA Hospital System

Sufficient time and exposure to accept change

UCLA System

A single “purpose”: articulated mission, vision, and patient centered values

Focus on standardized behaviors

Standardized measurement and feedback

In collaboration with the Hospital System

Establish the best evidence-based behaviors

- Hiring the best people (standardized screening)
- Agreeing and training to standard behaviors
- Measurement of behaviors
- Feedback & Observations based upon expected behaviors
- Standardization of dress
- Rewards and recognition
- Service recovery tools

In collaboration with the FPG practices

Used CG-CAHPS data to define a FPG-wide* performance improvement project

- Dialog on the issues
  - Data Transparency
  - MD Survey on status quo
  - Describing the FPG internal "best practices"
  - Being clear that all practices would work on the same project.
  - Being clear that patients should have a consistent experience
  - Laying out a framework for action.
- FPG support as needed (e.g. performance improvement coaches)

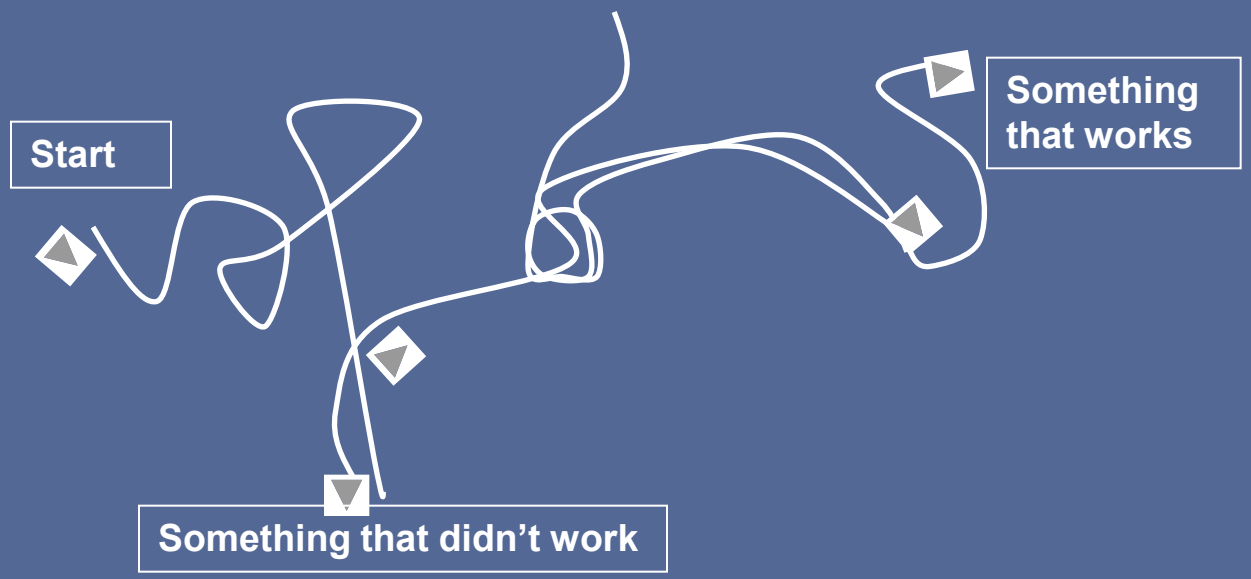
	UCLA FPG w/Internal Benchmark		
Composite or Question	**Adj. FPG Mean**	**Practice Site 90th Percentile**	**Gap (90th - mean)**
Patient Access to Care			
Composite Score	**75.0**	**85.1**	10.1
Same day response to phone question	**74.9**	**87.3**	12.4
Got advice after regular office hours	**81.6**	**90.6**	9.0
Coordination of Care			
Composite Score	**78.6**	**88.2**	9.6
Follow-up on test results provided	**76.9**	**88.6**	11.7

The quality gap "large" for these individual questions

Adj. scores based upon UCLA specific adjustment model

* all practices, PCP and Specialists (including surgeons)

2006-2010: We have moved from exploratory…



…to more proven performance improvement strategies and tactics involving both staff and physicians.

End

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