

Measuring and Improving the Patient/Family Experience of Care

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Why Improving the Patient and Family Experience of Care Matters

- Environment
 - Increasing transparency of performance measures
 - Cost-shifting to patients is growing
 - Patient-centeredness is one of the IOM Six Aims
- Quality of Care
 - Patients are the *only* ones who can judge many aspects of quality
 - Improved adherence and outcomes
 - Improved safety
 - Reduction in malpractice risk

Why Improving the Patient and Family Experience of Care Matters

- Practice Environment
 - Provides evidence that a PCMH is truly patient and family-centered
 - Reduces frustration and workarounds on the part of clinicians
 - Improves clinician and staff satisfaction
 - Reduces the time and energy currently invested in “service recovery”

“Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger.”

Franklin P. Jones

Methods to Engage Patients and Families in Practice Improvement

- Surveys: New PCMH Standard
 - Any adult or pediatric survey that focuses on:
 - Access
 - Communication
 - Coordination
 - Whole person care
 - CAHPS PCMH survey with standardized data collection methodology

CAHPS Design Principles

- *Emphasis on patients*
 - What patients value with respect to the setting of care
 - Aspects of care for which patients are the best or only source of information
 - Extensive testing with patients and families
- *Reports and ratings about experiences*
- *Standardization*
 - Surveys, data collection, analysis, reporting, benchmarking
- *Multiple versions for diverse populations*
 - e.g., adult, child, languages
- *All CAHPS surveys and products are in the public domain*

CAHPS Clinician & Group Survey: Patient-Centered Medical Home Version



* NQF endorsed

PCMH CAHPS Survey

Domains

- *Access*
- *Communication*
 - About care from other providers (e.g., specialists)
 - Among others at the provider's office (e.g., care team)
- *Coordination*
- *Comprehensiveness*
- *Shared decision-making*
- *Whole person orientation*
- *Self-management support*

Development process

- Literature review
- Technical Expert Panels (**CAHPS and NCQA**)
- Focus group feedback
- Cognitive testing (**English and Spanish**)
 - Adult patients and parents of children in medical home practices and regular primary care practices
- Field testing (**English and Spanish**)
- Psychometric analysis
- Public release

Common Myths

- In-office survey distribution is cheaper and good for QI
- When you do a survey, the best next step is another survey
- Primary care practices do not typically use surveys for feedback

Common Approaches to Data Collection

- In-office distribution of paper survey
 - Pros: Use existing staff (convenient), minimal burden on daily work flow, get results quickly, minimal cost
 - Cons: Confidentiality issues when patient care staff deliver survey, errors in survey delivery (who/when), burden on work flow (competing demands), cost is not minimal
- Vended mail survey
 - Pros: No burden to clinic staff, standardization, benchmarking reports
 - Cons: Clinic population may have unstable housing, takes too long to get results, cost

Improving In-Office Distribution of Survey

- Staff with no role in care delivery dedicated to survey distribution
- Focus on delivering survey invitation to every eligible patient
- Visit-focused survey delivered after visit (staff stationed at exit point)
- Locked ballot box or mail return of survey

We conducted an experiment in 6 California clinics

Lessons Learned: In-Office Survey Distribution

- Even with dedicated staff, it is a challenge to implement a scientific approach to sampling when surveys are distributed at the clinic
 - Multiple exit points
 - Errors in timing of survey delivery
 - Trending and comparisons across clinics are at risk
- Cost of distributing surveys in the clinic is not minimal and not less than a vendored survey
- Percentage of patients who return a completed survey ranges from 21%-48% of those who accept a survey

Costs of Data Collection (Per Clinic)

Mode of Data Collection	Three Weeks of Patient Visits	One Week of Patient Visits
In clinic distribution of paper survey	\$9,050	\$4,019
In clinic distribution of web survey URL (paper back-up)	\$8,760	\$3,729
Vendor conducts mailed survey	\$5,777	\$5,777

Methods to Engage Patients and Families in Practice Improvement

- Focus groups
- Interviews with patients and families
- Practice walkthroughs
- Comment cards
- Patient/Family councils

Walkthroughs

- **What is a Practice Walkthrough?**
 - One staff member plays the role of the patient and another accompanies them as the family member.
 - Go through a clinic, service, or procedure exactly as a patient and family does. Do **everything** patients and families are asked to do or not do.
 - As you go through the process, ask questions to collect information about the value of processes or systems.
 - Keep notes about observations **AND** feelings.

How to Conduct a Walkthrough

- At each step in the process, ask the staff to tell you what changes would make the experience better for them and for the patient or family.

Sample questions:

1. What made you mad today?
2. What took too long?
3. What caused complaints today?
4. What cost too much?
5. What was wasted?
6. What was too complicated?
7. What involved too many people or too many steps?
8. What did you have to do that was just plain silly?

Comment Cards

Insert your
practice logo here

Helping Us Improve Your Experience of Care

Please answer the following questions based on your experience today.

What do you like **most** about your care here?

What do you like **least** about your care here?

What is the one thing you would like to see **changed**?

Questions?
