

### Improving the Patient Experience

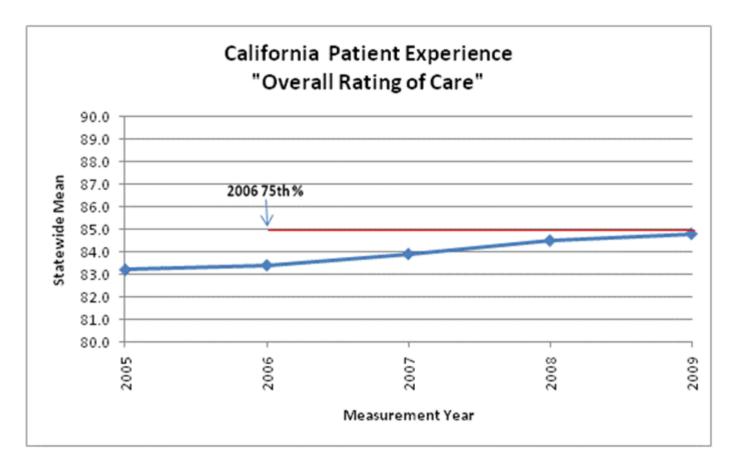
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March 23, 2011

## AGENDA

- 1. Overview of California initiatives to measure, reward and improve patient ratings of care Diane Stewart
- 2. Measuring the Patient Experience Ted von Glahn
  - What does the data tell us about what matters to patients?
- 3. Improving the Patient Experience Giovanna Giuliani
  - What do we know about what works?
- 4. Improving the Patient Experience Real World Experiences
  - HealthCare Partners: Stuart Levine, MD and Karol Attaway
  - Sutter Medical Group: P.T. Koenig and Betsy Fried

# **STEADY GAINS IN CALIFORNIA**



Represents 11.6 million patients, roughly 35,000 practices



Experience with:	ΤοοΙ	Sampling
Health Plan	CAHPS Health Plan Survey	Sample All Plan Members, whether used health care services or not
Physician Group	CAHPS Clinician and Group Survey (CG-CAHPS) California variant: PAS (Patient Assessment Survey)	Sample from patients with a recent visit to a physician at the group
Doctor		Samples from patients with a recent visit to that doctor



### **REGIONAL HEALTH IMPROVEMENT COLLABORATIVES**

### Coordinate Plans, Providers, Purchasers, Consumers







#### Measurement

- Patient Assessment Survey (PAS) began in 2001
- Public reporting began in 2002

#### **Common Incentives**

- First payments in 2004 (MY2003)
- First public report in 2004

#### **Improvement Support**

• Began in 2006 to identify and spread effective practices to improve the patient experience



# **MEASURING IN CALIFORNIA**

- 61,000 patients completed surveys rating 139 physician groups
  - From 10 to 3,000 physicians per group
  - Representing care for 11.6 million patients
- Cost per group
  - Range from \$4,800 \$6,900 based on size (<30,000 and over 100,000 respectively)
  - 30% paid by health plans, 70% paid by physician groups
  - Roughly 450 completed surveys per group (37.6% response rate)
- Timeline
  - Field surveys January April
  - Results returned to groups in June (Excel and written report)





# **COMMON INCENTIVES**

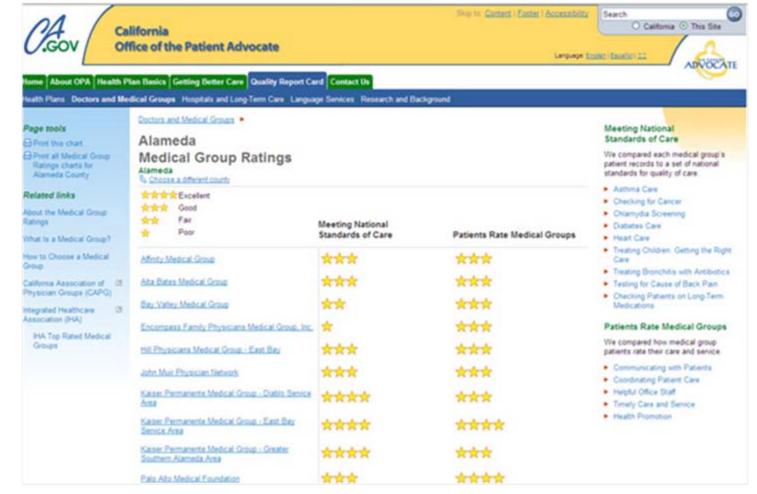
- Roughly 25% of \$48 million annual payments based on patient experience scores <u>www.iha.org/financial\_transparency.html</u>
  - Participating health plans: Aetna, Anthem, Blue Shield, CIGNA, HealthNet, United, Western Health Advantage
  - Some pay for improvement as well as attainment
- Public report on State of California Office of Public Advocate web site (<u>www.opa.ca.gov</u>)





## California Public Report Card

#### http://www.opa.ca.gov/report\_card/medicalgrouprating.aspx?County=ALAMEDA





# **IMPROVEMENT SUPPORT**

- Increasing Cost and Ambition
- 1. Summarize Interventions that work www.calquality.org/documents/Improving Pt Experience Spread Change Pkg.pdf
  - Reference for local tools and best practices
  - \$ Staff time, start with CAHPS Improvement Guide, then interview local high performers
- 2. Improving Patient Experience Conferences
  - Conference showcasing Improvers
  - \$ \$8,000 for a day at a hotel with lunch for 125 people
- 3. Teleconference Series
  - Topics: Doctor-Patient Communication, Access, Key Drivers
  - \$ \$350 per hour for 60 people
- 4. Collaborative
  - Year-long program with coaching and training
  - \$ \$300,000 per "wave", affects roughly 500,000 patients and 300 practices per wave





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