



Milbank MPC Network October 2020 Virtual Webinar: *Enhancing Patient and Community Engagement*

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*A Successful Approach to Community Engagement with Healthcare -
The Oregon Story*

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Evaluating Patient Experience in 2020

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Presentation Background

A Successful Approach to Community Engagement with Healthcare -- The Oregon Story

Oregon implemented a statewide accountable care model in 2012 with the launch of CCOs. CCOs are partnerships of payers, providers, and community organizations that work at the community level to provide coordinated health care for children and adult Oregon Health Plan Enrollees. Local networks of participating healthcare providers receive a global budget to serve enrollees. The legislation that created CCOs also required these networks to create at least one community advisory council (CAC) to integrate community and OHP member voices in their work. State agencies and healthcare systems are increasingly seeing the value in engaging consumers not only to direct patient care, but also to guide organizational decisions about that care to drive progress on improving health outcomes and stabilizing health costs. (See [case study](#) for additional information)

Takeaways

CACs have had a positive impact on CCOs and members through:

- Health and wellness resources
- Collaborative health planning
- Improving CCO policies and procedures
- Making health planning more inclusive

CACs have been particularly successful in generating consumer engagement through key actions, including:

- Prioritizing consumer engagement by dedicating state-level staff and financial resources to the program through the Transformation Center.
- Creating strong lines of communication between OHA, CCOs, and CACs, such as through Innovator Agents. Innovator Agents have diverse and extensive backgrounds in community development, public health, behavioral health and/or social work.
- Providing opportunities, including in-person events, for councils to learn from one another. This includes in-person events convening representatives from all CCOs and their CACs to discuss strategies, webinars and trainings, and monthly technical support calls among other resources.
- Supporting an inclusive environment, e.g. physical facilities, opportunities and methods for members to communicate, etc.
- Conduct key program measurements on ongoing operations, meeting frequency, diversity in representation, etc. and communicating program outcomes

Building on the success of CACs in community engagement, OHA's future goals include eliminating health inequalities in OR within the next 10 years.

Q&A

Are there specific quality metrics which CACs are measured upon?

- No, however CACs are assessed against other contractual requirements e.g. diversity, involvement in key decision-making, etc.

How do CACs relate to other payer assessments conducted?

- CAC advises the CCO
- CACs program and support is a complement to services provided by payers

Presentation Background

Evaluating Patient Experience in 2020

The current methods of evaluating patient care experiences are insufficient for providers and payers to drive change. The timeframe and relevancy of results, varying response rates by demographic, and outmoded forms of data acquisition are all factors contributing to our limited success with understanding the care experience. Patient-centeredness was identified by the Institute of Medicine as an essential component of measuring quality. CMS star ratings give increasing weight to the patient experience. CAHPS surveys were initially developed to drive accountability and public reporting in healthcare by gauging patients' experiences with, and ratings of, health care providers and insurers. Surveys ask questions for which the patient is the best source of truth, hone in on the patient's first-hand experience, apply specific contextual, and are designed to be independently completed. Going forward, they can be further utilized as a tool to assess the care experience and identify quality improvement opportunities.

Takeaways

Relative to consumer ratings tools and experience data evolved in other industries, the CAHPS survey as a patient experience tool lags. Response rates are declining as surveys historically administered on landline telephones or through postal mail are inaccessible to growing segments of the population. New methods of survey distribution need to be utilized to modernize the tool and consequently its ability to accurately measure patient experience.

Content enhancements, however, are underway; commercial insurers incorporate questions to gauge the "net promoter score", a popular metric for estimating user experience in other industries. Survey questions also feature a growing focus on the patient's interpretation of their ongoing relationship with their clinician. As COVID-19 accelerates telehealth as an avenue for healthcare services, CAHPS surveys provide an opportunity for healthcare professionals and plans to understand and address the rising challenges through tailored questions for patients on communication, care access, coordination, responsiveness, and access to technology.

As we move forward, our approach to defining the care experience should ensure vulnerable populations are heard, results are action-oriented, new forms of healthcare service delivery evaluated, and data is captured which can complement other information sources.

Q&A

Has anyone delved into whether there are care or relationship differences between independent vs employed providers? Does being the owner of an organization make accountability more likely?

- Can vary, may not be an explicit or overwhelming difference

Some results show that neither shortening the CAHPS survey or emailing it has an impact on response rates. What can we do about declining response rates?

- May need to move beyond email addresses and instead possibly text messages, chat boxes, etc.

Discussion Highlights

- Abridged survey
 - Length of survey limits response rates
 - Utilized an abridged survey with 16 questions that still allowed practitioners to assess patient experience
 - Survey had a 15% response rate, exceeding expectations
- Challenges with CAHPS surveys
 - Effort required to distribute, collect, and analyze surveys
 - Survey results may be biased toward poor experience
 - The multi-stakeholder accountability of CAHPS can inhibit progress, due to various buy-ins required to implement changes
- Role of modern technology
 - May alleviate some current CAHPS issues in the future and result in increased response rates
 - Critical to maintain privacy and security
- Survey is a regulatory tool, not exclusively a quality improvement tool
- Consider distributing surveys to key demographics
 - May want to focus on people with complex needs rather than patients requiring minimal care, as there will be different physician-patient relationships
 - While some patients seek a continuity of care, some patients prioritize time, convenience, and immediately availability of a healthcare provider
- Open questions for consideration
 - How often should the survey be administered?
 - How can we determine that investments in primary care are resulting in improvements?
 - Have payers included patient engagement into the value-based payment structure?