



# Evaluating Patient Experience in 2020

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# *Agenda*

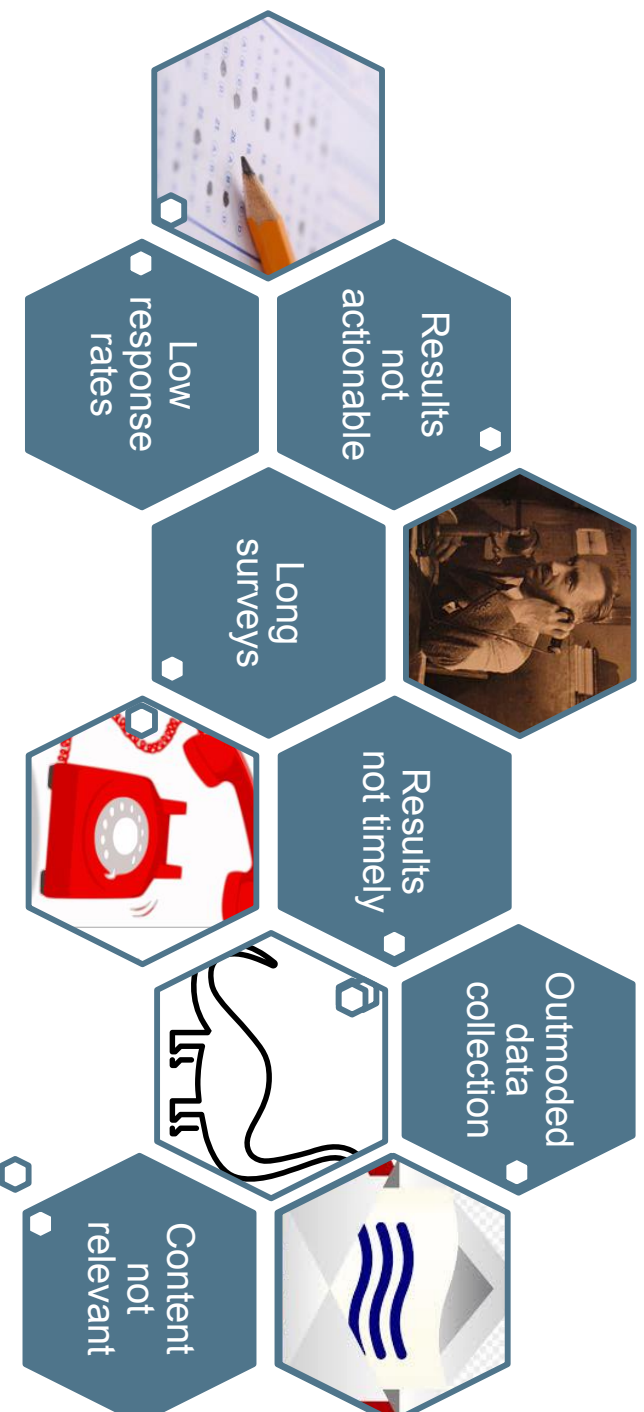
**CARE EXPERIENCES IMPORTANCE AND CHALLENGES**

**NEW OPPORTUNITIES FOR OBTAINING PATIENT FEEDBACK**

**SETTING A COURSE FOR THE FUTURE**

# Current ways of evaluating care experiences are not working

*COVID-19 pandemic and shutdown amplified these concerns*



How did we get here?

What do we need for the  
future?

# In 2001, IOM included patient-centeredness as a core component of quality

“providing care that is *respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.*” [IOM, Crossing the Quality Chasm]



# Care experiences is core component of quality ratings

*Citing their “Patients over Paperwork” initiative, CMS is increasing the weight of care experiences*

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## CMS Star Ratings for Medicare Advantage Plans Weights by Measure Category

	2020	2021 & 2022	2023
<b>Patients’ Experience, Complaints, and Access Measures</b>	1.5	2	4
<b>Clinical Process</b>	1	1	1
<b>Outcome</b>	3	3	3

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# CAHPS brought legitimacy to care experiences surveys

*Developed for accountability and public reporting*

## PRINCIPLES FOR SURVEY DESIGN

Focus on aspects of care for which the patient is the best or only source of information

Ask patients to report on only care they have experienced and/or can observe

Use explicit reference timeframe, event and the clinician, organization, or facility that is the focus of the survey, time

Can be self-administered

## RIGOROUS DEVELOPMENT PROCESS

Literature reviews and environmental scans

Focus groups with patients.

Input from healthcare providers and other key stakeholders

Cognitive testing of survey questions and reporting labels

Field testing

# Incorporating patient-centeredness results in PCMH evaluation

*We worked with CAHPS team to develop a survey specifically for Medical Homes*

## CORE

Access  
Communication  
Coordination  
Office Staff

## PCMH supplement

Information  
Coordination  
Behavioral health  
Self management support  
Shared decision-making

## Practices use CAHPS for quality improvement

- Identify areas for improvement
- Monitor trends
- Provider-level coaching (Quigley et al 2015)

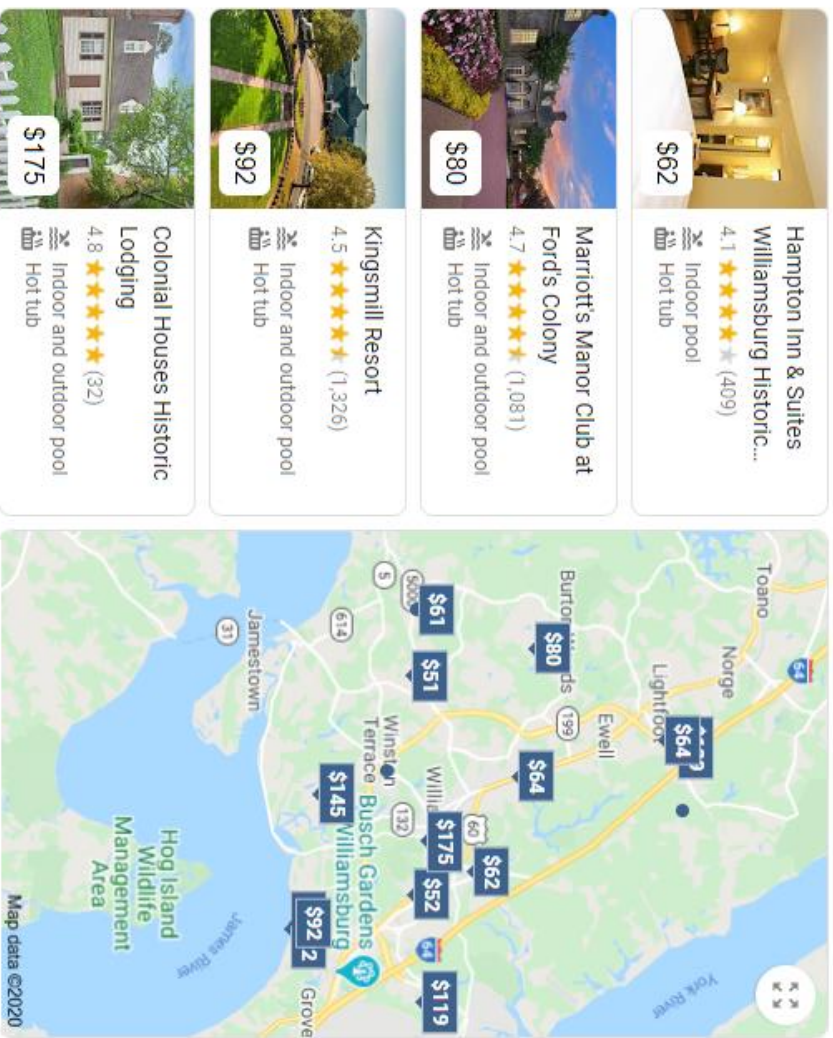
**Distinction in Patient Experiences offered, but uptake was low**

## Barriers to implementation

Survey length  
Resources for implementation  
Lack of financial incentives  
Concerns about connection to quality improvement



# Today, rapid consumer ratings are commonplace



My wife and I were in town for our honeymoon and had an awful experience with another hotel in the area. This Hampton location saved our honeymoon. They were able to accommodate a last minute stay for five nights

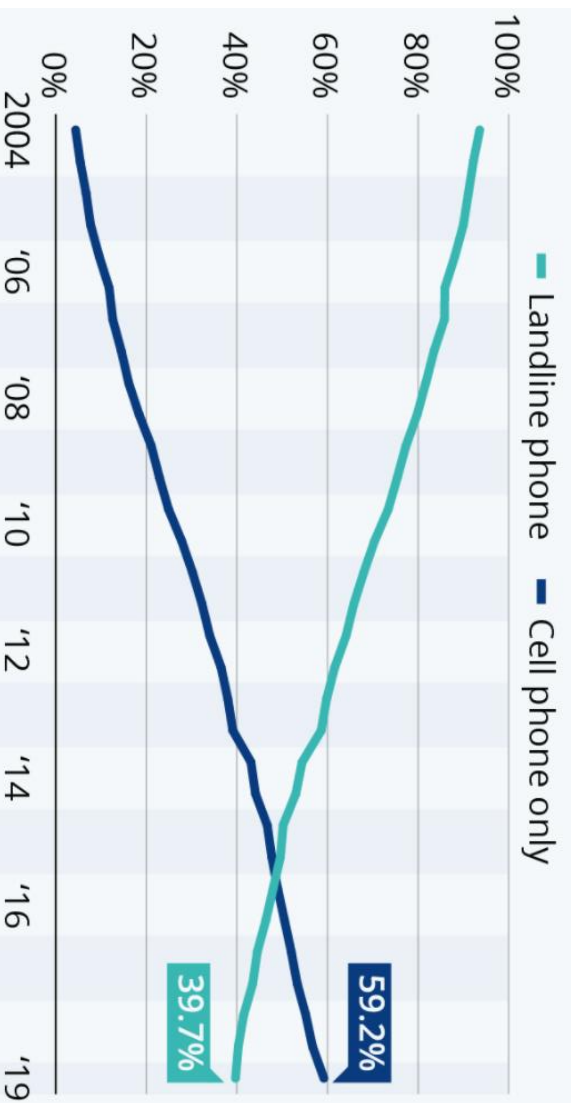
Pretty disappointed. The staff was kind thru the duration and things seemed relatively clean. However we had multiple electrical issues

# Technology has changed since 1995 when CAHPS started

*Most CAHPS surveys are completed by mail or telephone*

## Landline Phones Are a Dying Breed

% of U.S. adults living in households with/without a working landline telephone \*



\* based on the CDC's biannual National Health Interview Survey of 15,000+ U.S. households

Source: CDC

<https://www.statista.com/chart/2072/landline-phones-in-the-united-states/>

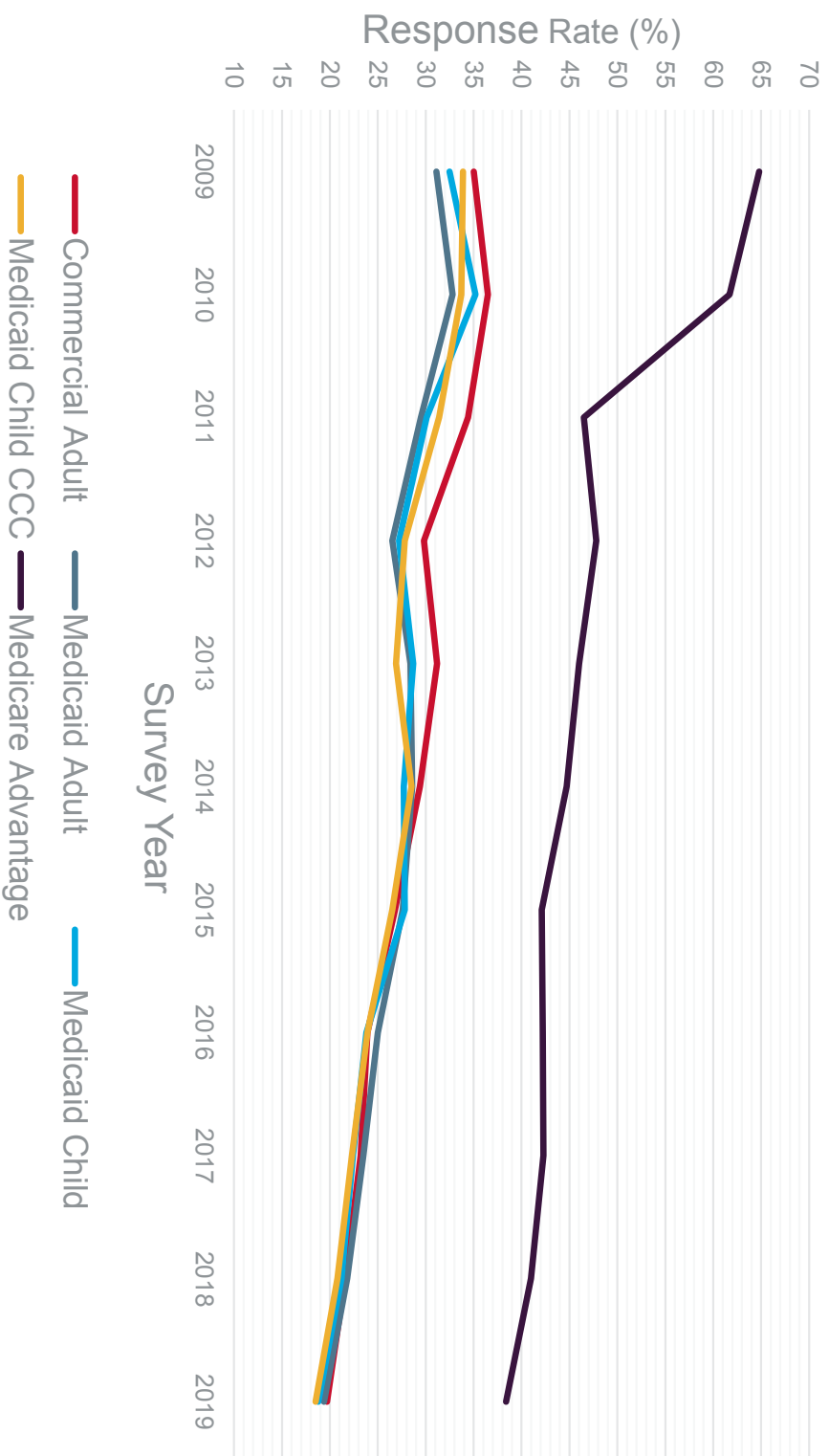
Crowdsourcing  
reviews of products  
and services are the  
norm

Google 1998

Trip Advisor 2000

Yelp 2004

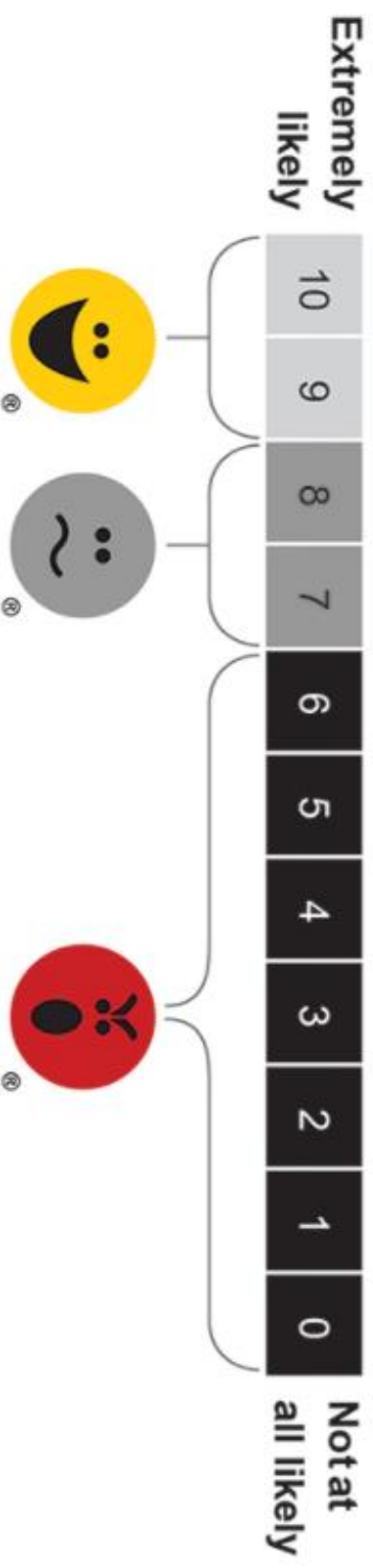
# CAHPS Response Rates are dropping, even in Medicare



# Providers and plans are interested in customer relationship

*Half of commercial health plans include a net promoter question on their CAHPS survey*

**How likely is it you would recommend us to a friend?**



Source: Bain & Company

# New tools focus add attention to relationship and support

## *Person-Centered Primary Care Measure (PCPCM)*

<b>For each item, choose the response that best fits your experience:</b>
The practice makes it easy for me to get care.
This practice is able to provide most of my care.
In caring for me, my doctor considers all of the factors that affect my health.
My practice coordinates the care I get from multiple places.
This doctor or practice knows me as a person.
My doctor and I have been through a lot together
My doctor or practice stands up for me.
The care I get takes into account knowledge of my family.
The care I get in this practice is informed by knowledge of my community.
Over time, this practice helps me to meet my goals.
Over time, my practice helps me stay healthy.

Response options:  
Definitely, Mostly,  
Somewhat, Not at all

Etz et al, A New Comprehensive Measure of High-Value Aspects of Primary Care. Ann Fam Med. 2019 May; 17(3): 221–230.

# CAHPS narrative elicitation protocol offers tools for gathering comments as complement to standardized surveys

*Developed based on criteria: complete, balanced, meaningful, and representative*

What are **the most important things that you look** for in a healthcare provider and the staff in his or her office?

When you think about the things that are most important to you, **how do your provider and the staff in his or her office measure up?**

Now we'd like to **focus on anything that has gone well** in your experiences in the last 6 months with your provider and the staff in his or her office. Please explain what happened, how it happened, and how it felt to you.

Next we'd like to focus on **any experiences** in the last 6 months with your provider and the staff in his or her office **that you wish had gone differently**. Please explain what happened, how it happened, and how it felt to you.

Please describe **how you and your provider relate to and interact** with each other.

# Telehealth: new opportunities and concerns for care experiences

Virtual video visits for established patients were preferred by patients and had similar ratings in “overall quality of the visit” compared to in person visits. (Donelan et al, AJMC, 2019)



- Communication
- Care access and coordination
- Responsiveness
- Teaming
- Access to technology**

Milstein & Kindt, NEJM Catalyst 2020

*Taskforce on Telehealth Policy: Leverage telehealth’s digital aspects to improve timeliness, targeting, and engagement in assessing patient experience*

<https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/>

# Care Experiences: Plan for the Future

<b>GOALS</b>	<b>METHODS</b>	<b>CONTENT</b>
Rapid-cycle improvement Targeted information on vulnerable groups <i>Accountability as a by-product?</i>	Timely Short Actionable Mobile-device ready Simple item wording Targeted to specific populations based on need Qualitative methods like interviews and focus groups	Access Communication Relationship Culture and trust Telehealth <i>Capacity to add new topics that arise</i>



# Key Takeaways

Care experiences are a key component of quality, and health care clinicians and organizations should be accountable for improvement

Today's approaches should provide

- Insight on experiences of diverse and vulnerable populations
- Timely, actionable data that support improvement and accountability
- Information on new care delivery approaches
- Simple tools suitable for electronic data collection



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