Objectives

- Learn the importance of providing excellent service in the changing health care environment.
- Learn the requirements of models, such as PCMH, in measuring and accessing service quality.
- Learn mechanisms to track and measure service quality within your health centers.
- Learn how to incorporate staff and patients in improving your service-quality measures.

The Change

In today’s health care environment, the focus is shifting from “Customer Service” to the “Patient’s Experience”
What's Patient Experience...?

The quality and value of all of the interactions—direct and indirect, clinical and non-clinical—spanning the entire duration of the patient/provider relationship.

Why does patient experience matter?

It matters because the patient is the center of the care we provide.
Did You Know…?

- Patients find it easier to evaluate the quality of the service they receive than to evaluate the quality of the care they receive.
- Therefore, quality of service may play a bigger role in their choice of physician and practice.

And if the service isn't great...

Even if We Provide the Highest Quality Care...

If the patient perceives poor customer service, it could have a significant, adverse impact on the practice.

For example...

Enters Ms. Karen Jones...

Karen Jones, a mother of three, attempts to make an appointment for the same day but is not scheduled for four days. She is experiencing sharp, infrequent pains in her right side.
Ms. Jones...

She presents to the clinic to an unfriendly registration clerk who doesn't smile or look in her eyes and simply says “Sign in and have a seat.” As she sits and waits for 1.5 hours, she sees the clerk laughing and chatting on her cell phone.

Ms. Jones...

Finally, a nurse appears to the door and screams “Ms. Jones!” and ushers her back to a triage area to take vitals. She is eventually roomed and sees a provider 30 minutes later and the provider addresses all of her clinical rules and reminders (i.e. Pap rule, mammogram rule, etc.) but quickly addresses her abdominal pain, provides a referral for an ultrasound and closes the encounter.

Ms. Jones...

After this experience and many others like this, Ms. Jones decides to transfer not only her care, but also the care of her three children who all have insurance, to another local primary care provider.
Does this sound familiar…?

Ponder this for a moment…

- What did that one bad customer service experience cost the practice?
- How many people did Ms. Jones tell about the poor service?
- How many patients will never come to the practice as a result of that one bad visit?
- When you have a bad experience somewhere, how many people do you tell?

Think it over…

More to Consider…?

Who could a patient possibly deal with during a visit?

- HIM Staff
- Medical Assistant
- Dental Assistant
- Dentist
- Pharmacist
- Nurse
- Receptionist
- Physician
- Behavioralists
- Billing
- Administrator/CEO
- Mid-Level Providers
- Front Office Staff

Any of the health center staff could deal with your patients!
Many people interact with a patient before, during and after a clinic visit. Just one poor exchange with someone in our clinic could turn a patient away. This could even be before the first visit, as a result of a call to the center.

Every contact with a patient or patient representative is important and should be treated as such!

And it doesn’t stop with our scenario…

- An average dissatisfied patient tells 25 others about the negative experience.
- For every patient who complains, 20 other dissatisfied patients don’t complain.
- Of those dissatisfied patients who don’t complain, 10 percent will return while 90 percent won’t.
- It costs 10 times more to attract new customers than it does to retain current ones.¹

¹Zimovski, HFMA Journal 2004, Rubin, et. al. JAMA 270

And there is more…

Health care reform is changing the landscape and will eventually require providers to become more accountable about the care provided

We are already witnessing these developments in the hospital industry…
Health Care Reform

- The Patient Protection and Affordable Care Act of 2010 mandates the creation of a hospital value-based purchasing program that ties Medicare financial incentives to hospital performance on Hospital CAHPS, among other performance indicators.

- The Medicare-required, 27-question Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients about such things as communication with doctors, communication with nurses, responsiveness of hospital staff and communication about medicines.

The Impact thus far...

- **Hospital Experience:**
  - One study found that patient perceptions of quality explained nearly 30% of the variation in hospital financial performance.\(^2\)
  - Patients hospitalized for acute myocardial infarction (AMI) who reported more problems with care were more likely to have poor health outcomes post-discharge than patients who reported few problems.\(^3\)
  - A focused endeavor to improve patient experience at one hospital also resulted in a 4.7% reduction in employee turnover.\(^4\)
  - Similarly, nurse satisfaction is strongly positively correlated with patients’ intent to return to or to recommend the hospital.\(^5\)

One Last Consideration...

Health Care Reform will provide patients with more options to seek health care.
If given a choice, will your patients choose you?

Excellence in Patient Experience will be vital in the new health care frontier

And, how do we get there…?

PCMH Standard 6B

- Conducts a survey (using any tool) to evaluate patient/family experiences on three or more of the following: access, communication, coordination and whole-person care/self-management support
- Uses the CAHPS Patient-Centered Medical Home (PCMH) survey tool
- Obtains feedback on the experiences of vulnerable patient groups
- Obtains feedback from patients/families through qualitative means
**Patient Experience Survey**

- Survey must include questions related to at least 3 of the following:
  - **Access**: Availability of routine, urgent & after-hours care
  - **Communication**: Assessing whether patient’s felt respected, heard and had their questions answered
  - **Care Coordination**: Provision of referral updates, medications changes & lab/imaging results
  - **Whole-Person Care/Self-Management Support**: Provision of comprehensive care such as mental health, routine/urgent care, advice, assistance with health habits & making health care decisions

**CAPHS-PCMH Survey**

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey with PCMH items for Clinicians & Groups addresses the above areas in four groups:
  - The provider
  - The care from the provider within the last 12 months
  - The reception staff within the practice
  - The patient's background

**Vulnerable Patient Groups**

- Those who are made vulnerable by:
  - Financial circumstances
  - Place of residence
  - Health, age, personal characteristics
  - Functional or developmental status
  - Ability to communicate effectively
  - Presence of chronic illness or disability
  - Those with multiple co-morbidities or
  - Those at high-risk for frequent hospital or ER visits

*AMRQ*
Qualitative Feedback

- Focus groups
- Individual interviews
- Patient walkthrough
- Suggestion boxes
- Phone or video conferencing

PATIENT EXPERIENCE
STRATEGIES

Some approaches of CCHS...

- Personal Interviews:
  - Use a qualitative approach through personal interviews
  - Track results through Survey Monkey
  - Report monthly to Board of Directors and Leadership
  - Tool: Net Promoter Score asking 3 questions:
    - On a scale of 1-10 with 1 being “the least satisfied” and 10 being “very satisfied”, how would you rank our services?
    - What are the reasons that led to your response?
    - Are there improvements we should make to become a provider for your friends and family?
### Additional approaches of CCHS...

- Preparing to include aspects of CAPHS Survey in interview
- Developing a Patient Advisory Committee with a member of Board serving as Chair
- Re-vamping Quality Committees to ensure proper dissemination of results at all levels of the organization
- Reviewing means to disseminate reporting to health centers and their respective care teams to develop improvement strategies
- Posting performance on company SharePoint and website

### Strategies to Consider

- Define standards for your facility, services, and interactions with patients.
- Practice and learn to meet your standards.
- Measure and monitor the extent to which you meet your standards.
- Share and report progress and challenges transparently and regularly.
- Empower patient experience innovators
Benefits of Changing Focus…

- Positively impacts word of mouth referrals and patient loyalty.
- Correlates with stronger financial performance for clinics.
- Helps clinics become more competitive and prepared for any changes in the environment.
- Excellence in patient experience makes working with third party payers possible and realistic.
- Improves health outcomes.
- Increases patient engagement with care.
- Improves likelihood that patients will follow provider recommendations and treatment plans.

7 Good for Health, Good for Business: The Case for measuring the patient experience of care. The Center for Health Care Quality at the George Washington University Medical Center School of Public Health and Health Services, 2010.
8 Gold RB and Sonfield A, Working Successfully with Health Plans: An Imperative for Family Planning Centers, New York: Guttmacher Institute, 2012,

QUESTIONS…

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