Learning Objectives

- Discuss the evolution of the patient experience
- Describe regulatory updates for patient experience measurement including Child HCAHPS
- Explain the Compassionate Connected Care Framework related to patient suffering
- Identify strategies for improving patient experience in different practice settings

Evolution of Patient Experience
Patient Satisfaction- The Early Days

- Early patient satisfaction feedback
  - Home grown surveys
  - Addressed satisfaction with amenities, food & parking
- 1985: Doctors Press and Ganey pioneers of satisfaction in healthcare
  - Measuring satisfaction with reliable instruments
  - Benchmarking among like groups in different patient populations
- 2002: CMS and AHRQ developed HCAHPS (Adult)
  - 2006: Implemented by CMS
  - 2008: Voluntary public reporting – ‘pay for reporting’
  - 2010: Affordable Care Act moved to ‘pay for performance’

Expectations are Different

- Experience reaches far beyond ‘happy’ or ‘satisfied’
- Excellent clinical care is expected
- Compassionate connections are needed to build trust

Redefining the Patient Experience

YOU CANNOT SEPARATE THE PATIENT EXPERIENCE FROM WHAT HAPPENS TO THE PATIENT

- Outdated View
  - We need to delight to compete
  - We need to focus on amenities
  - We need to create wows- because we’ve already addressed defects
    - predates transparency of performance
- Contemporary View
  - We need to understand the defects in the process - show empathy when responding
  - We don’t have the right to make care worse for patients (clinically or experientially)
  - It’s against the mission of healthcare
  - Every patient and family, every interaction, every setting, every day
Industry Response

EVOLUTION CREATE A REVOLUTION

- Patient & Family Centered Care framework
- Focus on Empathy vs Sympathy
- Focus on Experience vs Satisfaction
- Call to Action for Quality and Safety
- Transparency
- Era of Consumerism
- Providers competing on Value

- Measurement and public reporting of metrics that matter to patients & families

(Cassel, Conway, Delbanco, Jha, Saunders & Lee, 2014)

Compassionate Connections

“Bringing people who care for patients back to the heart of compassion, connection, and care reminds us that we have an obligation that is more than a number.”

-Christy Dempsey, CNO, Press Ganey

(Dempsey, Wojcieszowski, McConville & Odrul, 2014)

Regulatory Updates and Patient Experience Measurement
**Consumer Assessment of Healthcare Providers and Systems**

**PROGRAM OF THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

- Family of surveys designed to capture patient experience
  - Frequency based questions focused on areas most important to patients
- CAHPS Surveys are approved by CAHPS Consortium (oversen by AHRQ)
- CAHPS surveys are designed to:
  - measure experiences across large samples of patients
  - produce comparable data for public reporting
  - create incentives to improve
  - enhance public accountability and transparency

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**Acute CAHPS Requirements - Key Milestones**

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Inpatient Hospitals</td>
<td>HCAMS continues tied to APU and used within VBP</td>
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<tr>
<td>Pediatric Inpatient Hospitals</td>
<td>Child HCAMS implementation (voluntary)</td>
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<tr>
<td>Hospital Outpatient Departments, Ambulatory Surgery Centers</td>
<td>Outpatient Surgery CAMPS survey development</td>
<td>OS CAMPS implementation (voluntary)</td>
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<tr>
<td>Emergency Departments</td>
<td>ED CAMPS survey development</td>
<td>Anticipated ED CAMPS implementation</td>
</tr>
<tr>
<td>Inpatient Psychiatric Facilities</td>
<td>Inpatient Psychiatric CAMPS survey development</td>
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**CGCAHPS Requirements - Key Milestones**

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<td>ACO CAMPS used within Shared Savings programs</td>
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<tr>
<td>Medical Practices 100+ EPs</td>
<td>PQRS CAMPS implementation within PQRS</td>
<td>PQRS CAMPS continues tied to PQRS and used within VBPM</td>
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<td>PQRS CAMPS (voluntary)</td>
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</table>
SECTIONS OF THE VISIT SPECIFIC SURVEY

- Care from Provider (retrospective)
  - Access to Care
  - Wait Times
  - Questions about your Child
- Care from Provider (most recent visit)
  - Provider Communication
  - Overall Rating 0-10
  - Recommend Provider Office
- Clerks and Receptionists at this Provider Office
  - Helpfulness
  - Courtesy and Respect

SECTIONS OF THE SURVEY

- Experience with Nurses
- Experience with Physicians
- Experience with Providers
  - Given privacy
  - Interacting with child
  - Results of tests/procedures
- Care in the Hospital
  - Patient safety
  - Responsiveness
  - Pain management
- Hospital Environment
  - When your Child Left the Hospital
  - Teens Care in Hospital
  - Overall Rating 0-10
  - Recommend to Family and Friends

Measuring What Matters to Improve Patient Experience
Deconstructing Suffering

Inherent Suffering
Experienced even if care is delivered perfectly

OUR GOAL:
Alleviate this suffering by responding to inherent Patient Needs

Avoidable Suffering
Caused by defects in the approach to deliver care

OUR GOAL:
Prevent this suffering for patients by optimizing care delivery

Reducing Suffering to Improve Performance

Mitigate Inherent Suffering

- Address symptoms: physical, psychological
- Reduce anxiety and fear, provide dignity and reassurance
- Provide distraction from the medical setting that provide respite to the anxious child and family

Prevent Avoidable Suffering

- Provide evidence-based care
- Prevent complications and errors
- Efficient, organized communication
- Demonstrate compassion towards staff
- Reduce wait, show respect and value for the child and family

Finding and Reducing Patient/Family Stress and Anxiety

What increases stress and anxiety?
- Wait time
- Pain
- Confusion
- Frustration
- Anticipation

What reduces stress and anxiety?
- Proactive regular communication/contact
- Clear communication that reduces confusion and promotes understanding
- Connecting at a personal level
Reducing Suffering

“If good organizations have ambitious goals, great organizations are effective in pursuing them. They close the gap between their mission statements and their operations. They find ways to measure what matters and organize themselves to improve their performance.”

-Tom Lee, MD; CMO, Press Ganey

Reframing the Patient Experience

Empathy vs Sympathy
Compassionate Connected Care™ Framework

- Clinical Excellence: Connecting clinical excellence with outcomes
- Operational Excellence: Connecting efficiency with quality
- Caring Behaviors: Connecting engagement with action
- Culture: Connecting mission, vision, & value with engagement

Compassionate Connected Care™ Themes

- Acknowledge Suffering
  - We should acknowledge that our patients are suffering, and show them that we understand
- Body Language Matters
  - Non-verbal communication skills are as important as the words we use
- Anxiety is Suffering
  - Anxiety and uncertainty are negative outcomes that must be addressed
- Coordinate Care
  - We should show patients that their care is coordinated and continuous, and that "we" are always there for them
- Caring Transcends Diagnosis
  - Real caring goes beyond delivery of medical interventions to the patient
- Autonomy Reduces Suffering
  - Autonomy helps preserve dignity for patients

Patient-Centered Care- “Old School”

“It’s far more important to know what person the disease has than what disease the person has.”

- Hippocrates
Strategies for Improving Patient Experience in Pediatric Practice Settings

Compassionate Connected Care Themes in Action

Patient/Family Centered Care

PRIMARY PROVIDER THEORY PRINCIPLES
- Clinical excellence not enough
- Transmission of knowledge requires effective communication
- Patient-centeredness is provider quality that affects transmission
- Providers uniquely responsible for transmission of knowledge
- Clinically competent and patient-centered providers have better outcomes
- Patients and families value patient-centered providers
- Patient-centeredness is more important than profit
- Providing for best interests is ethical duty of providers
- Patients/families are best judge of patient-centeredness

(Aragon, McGuire,Buim & Gesell, 2014)
Game Changers for Patient/Family Centered Care Organizations

- Removing barriers to care
- Improving transparency and coordination in all practice settings
- Supporting direct caregivers and staff
- Keeping patients’ needs in the center of care
- Creating buy-in and engagement on shared purpose
- Capturing the voice of patients
- Storytelling

References

Questions?

Thank You!!
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Conflict of Interest Disclosure

☐ Conflicts of Interest
☐ None
☐ Julie Classen

A conflict of interest exists when an individual is in a position to profit directly or indirectly through application of authority, influence, or knowledge in relation to the affairs of PENS. A conflict of interest also exists if a relative benefits or when the organization is adversely affected in any way.