

PENS 2015
Patient Experience:
Compassionate Connections that Matter

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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




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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'



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Expectations are Different

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

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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- Outdated View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

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Industry Response

EVOLUTION CREATES 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)



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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, Wojciechowski, McConville & Drain, 2014)



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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 (overseen 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

	2015	2016	2017
Inpatient Hospitals	HCAHPS continues tied to APU and used within VBP		
Pediatric Inpatient Hospitals	Child HCAHPS implementation (voluntary)		
Hospital Outpatient Departments, Ambulatory Surgery Centers	Outpatient Surgery CAHPS survey development	OS CAHPS implementation (voluntary)	Anticipated OS CAHPS tied to APU
Emergency Departments	ED CAHPS survey development	Anticipated ED CAHPS implementation	
Inpatient Psychiatric Facilities	Inpatient Psychiatric CAHPS survey development		Anticipated CAHPS implementation

Legend:
 [Single arrow] Voluntary
 [Double arrow] Required/Penalty

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CGCAHPS Requirements- Key Milestones

	2015	2016	2017
Accountable Care Organizations	ACO CAHPS used within Shared Savings programs		
Medical Practices 100+ EPs	PQRS CAHPS implementation within PQRS	PQRS CAHPS continues tied to PQRS and used within VBPM	
Medical Practices 25+ EPs	PQRS CAHPS (voluntary)	Anticipated PQRS CAHPS used within VBPM	
Medical Practices 2+ EPs	PQRS CAHPS (voluntary)		

Legend:
 [Single arrow] Voluntary
 [Double arrow] Required/Penalty

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CGCAHPS Survey

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

CAHPS® Clinician & Group Surveys

Version: Visit Survey 2.0

Population: Child

Language: English

Notes:

- **Item deleted:** The Visit Survey asks respondents about experiences during their child's most recent visit with a provider, as opposed to all of their child's visits with that provider in the last 12 months. Therefore, this question about access to care asks the respondent for the most recent experience.
- **Reference to "his provider" rather than "his doctor":** This survey asks "his provider" rather than "his doctor" because not all children are seen by a doctor. Some children see a pediatrician, pediatric nurse practitioner, or other health care professional. Changes were made to the survey to include all of these health care professionals. See the CAHPS® User Guide for more information.
- **Supplemental items:** CAHPS® supplemental items for this survey are currently in development. In the meantime, users can add items approved by the Agency for Research on Health Care Quality. The CAHPS® User Guide at cahps.ahrq.gov provides information on how to add supplemental items. For more information, please contact the CAHPS® Help Line at 1-800-402-6021 or cahps@ahrq.gov.
- **Reporting results of the Patient-Centered Research Survey (PCRS):** To evaluate the benefits of the PCRS, the Agency for Research on Health Care Quality is conducting a study. If you are using the Patient-Centered Research Survey items with the Visit Survey, a user manual will be available on the CAHPS® User Guide. For more information, please contact the CAHPS® Help Line at 1-800-402-6021 or cahps@ahrq.gov.

cahps File name: 1356a_Child_Visit_Eng_2012.docx
Last updated: January 27, 2012

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Child HCAHPS Survey

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

CAHPS® Hospital Surveys

Version: Child Version

Language: English

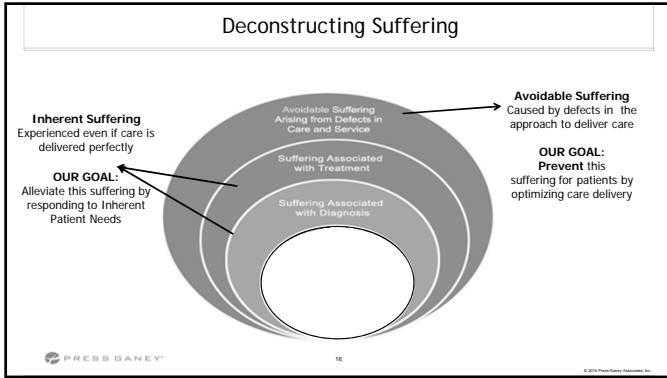
Supplemental items:

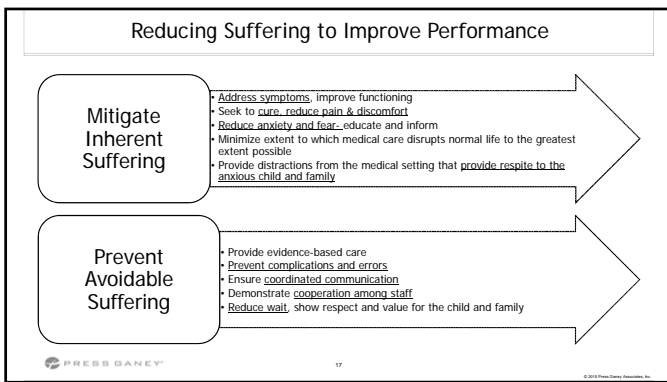
- The Child Hospital CAHPS Survey includes core items only. A number of supplemental items developed by the CAHPS Consortium and identified by major item sets is available on the Agency for Research on Health Care Quality's Web site cahps.ahrq.gov. For information on creating supplemental items, please contact the CAHPS® Help Line at 1-800-402-6021 or cahps@ahrq.gov.

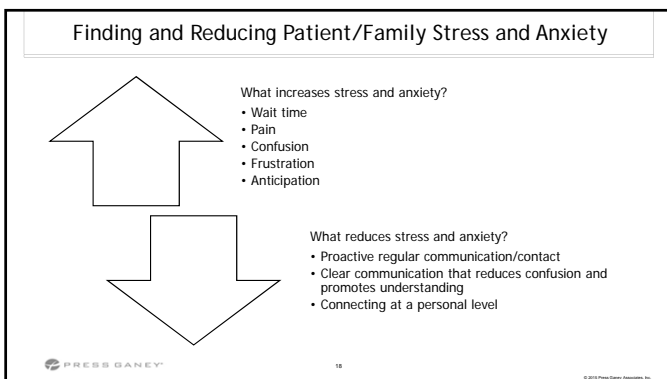
cahps File name: 954_Child_HCAHPS_English.docx
Last updated: July 25, 2014

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Measuring What Matters to Improve Patient Experience







Reducing Suffering

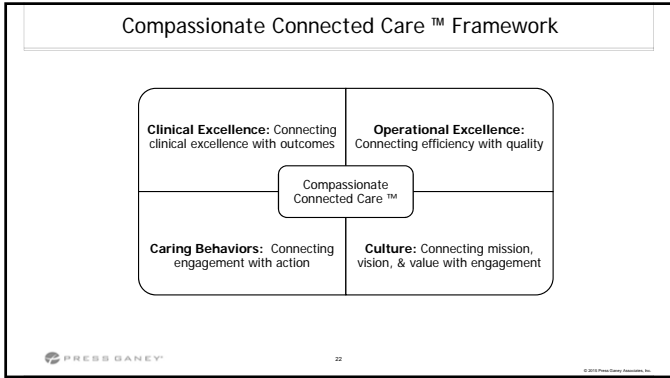
"If good organizations have ambitious goals, great organizations are effective in pursuing them. They close the gap between their mission statements and their operations. They find ways to measure what matters and organize themselves to improve their performance."

-Tom Lee, MD; CMO, Press Ganey

Reframing the Patient Experience

Empathy vs Sympathy






- ### Compassionate Connected Care™ Themes
- | | |
|-----------------------------|--|
| Acknowledge Suffering | <ul style="list-style-type: none"> • We should acknowledge that our patients are suffering, and show them that we understand |
| Body Language Matters | <ul style="list-style-type: none"> • Non-verbal communication skills are as important as the words we use |
| Anxiety is Suffering | <ul style="list-style-type: none"> • Anxiety and uncertainty are negative outcomes that must be addressed |
| Coordinate Care | <ul style="list-style-type: none"> • We should show patients that their care is coordinated and continuous, and that "we" are always there for them |
| Caring Transcends Diagnosis | <ul style="list-style-type: none"> • Real caring goes beyond delivery of medical interventions to the patient |
| Autonomy Reduces Suffering | <ul style="list-style-type: none"> • Autonomy helps preserve dignity for patients |
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Patient-Centered Care- "Old School"

"It's far more important to know what person the disease has than what disease the person has."



- Hippocrates

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Strategies for Improving Patient Experience in Pediatric Practice Settings

Compassionate Connected Care Themes in Action

Acknowledge Suffering
Body Language Matters
Anxiety is Suffering
Coordinate Care
Caring Transcends Diagnosis
Autonomy Reduces Suffering

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Patient/Family Centered Care

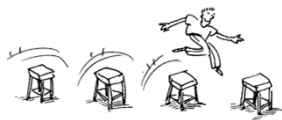
PRIMARY PROVIDER THEORY PRINCIPLES

- 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

27 (Aragon, McGuinn, Bavin & 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



The Journey...



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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.

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