

Puget Sound

Health Alliance

**“You Can’t Manage  
What You Don’t Measure”**

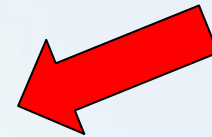
**September 29, 2011  
Clinical Practice Improvement Network**

# Today

- 2011 Community Checkup Results
  - Ambulatory
  - Hospital
- Plans for measuring/reporting Patient Experience

# Community Checkup

## [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org)

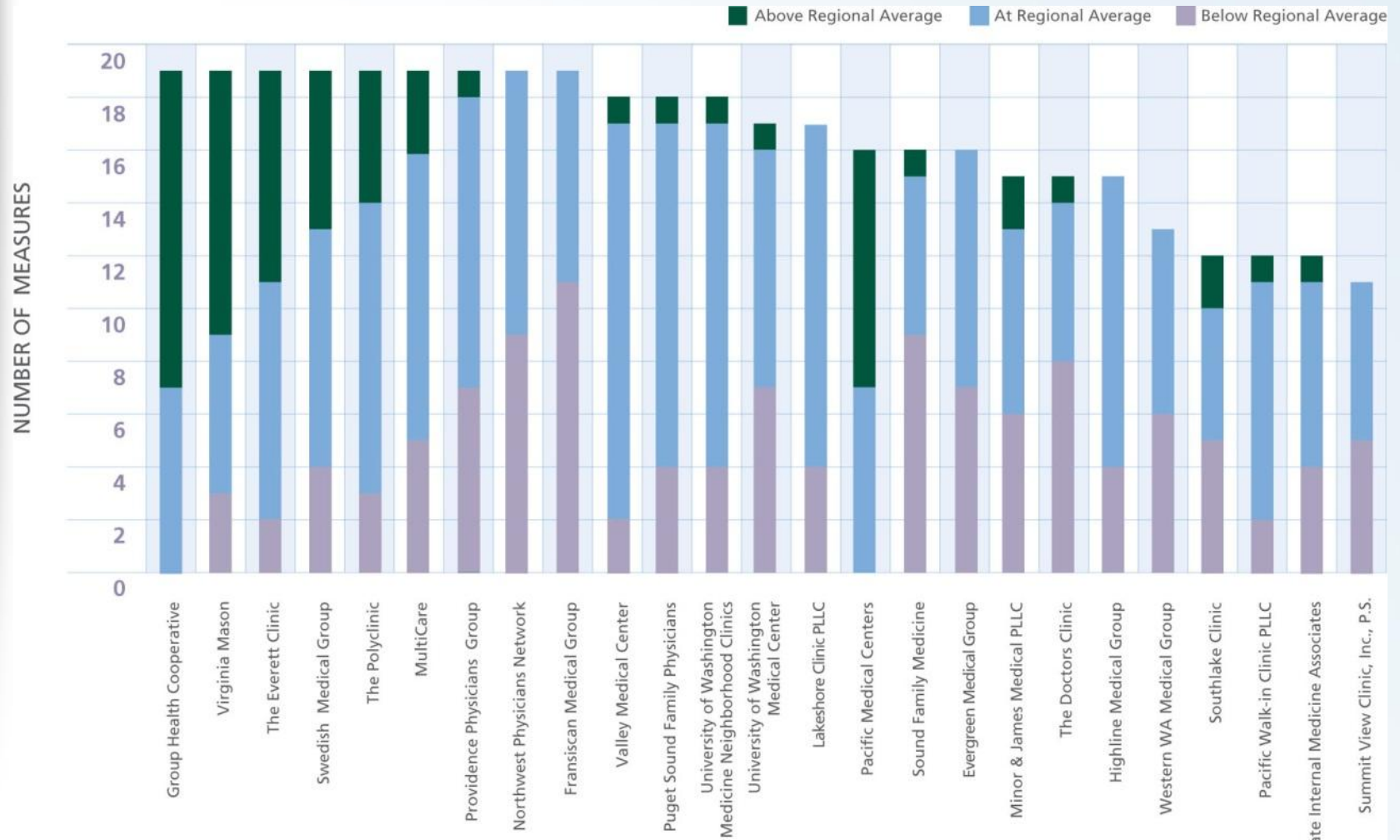


- 5<sup>th</sup> report, published August 2011
- Focus: 5 counties, NW Washington
  - King, Kitsap, Pierce, Snohomish, Thurston
- Results for medical groups, hospitals and health plans
- 18 data suppliers, commercially insured
- 23 measures of ambulatory care
  - Care for patients with chronic disease
  - Appropriate use of services
  - Prevention
  - Access to preventive care
  - Use of generic prescription drugs
- Publicly-available results for 75+ medical groups with 300 clinic locations
  - Based on care received by 1.6 million people, or nearly half of the people in the Puget Sound region
- Providers have access to and can provide feedback on patient-level results on secure portal



## Community Checkup 2011 - Overview of Results

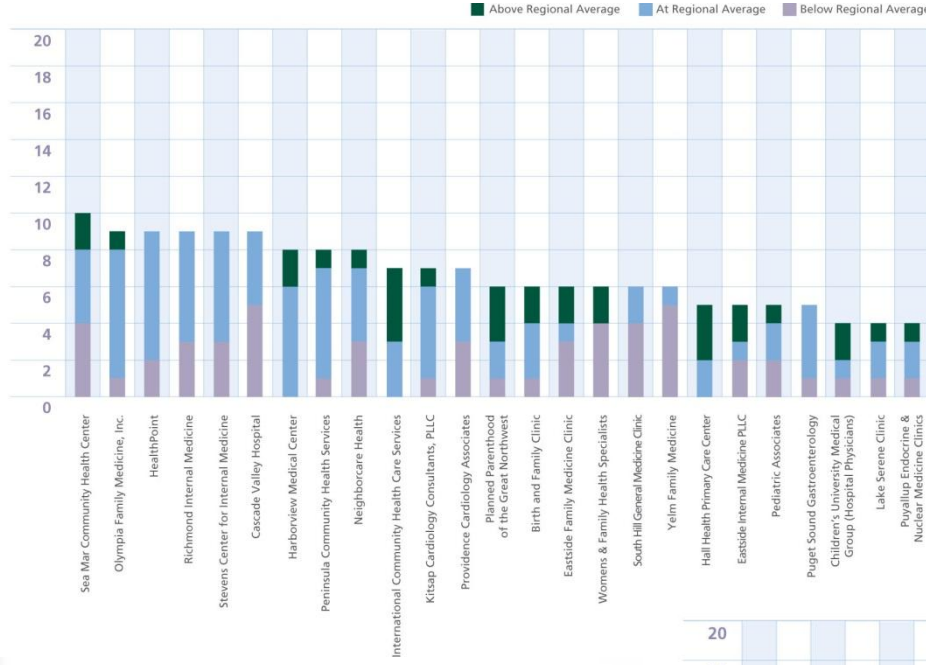
### Medical Group Performance Ratings



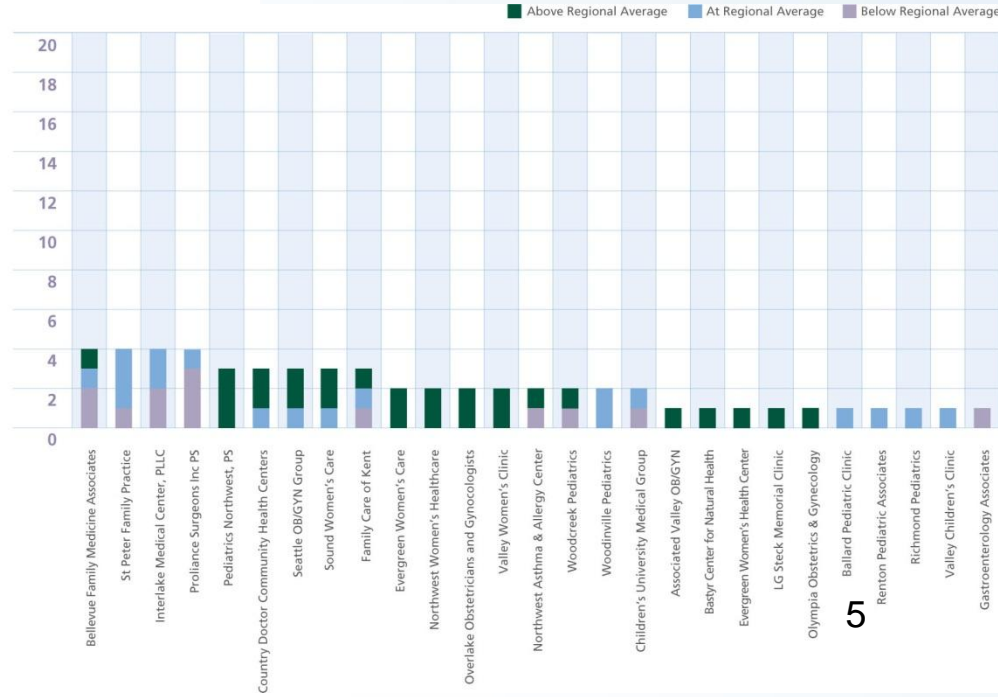
# Community Checkup 2011 - Overview of Results

## Medical Group Performance Ratings

NUMBER OF MEASURES



NUMBER OF MEASURES



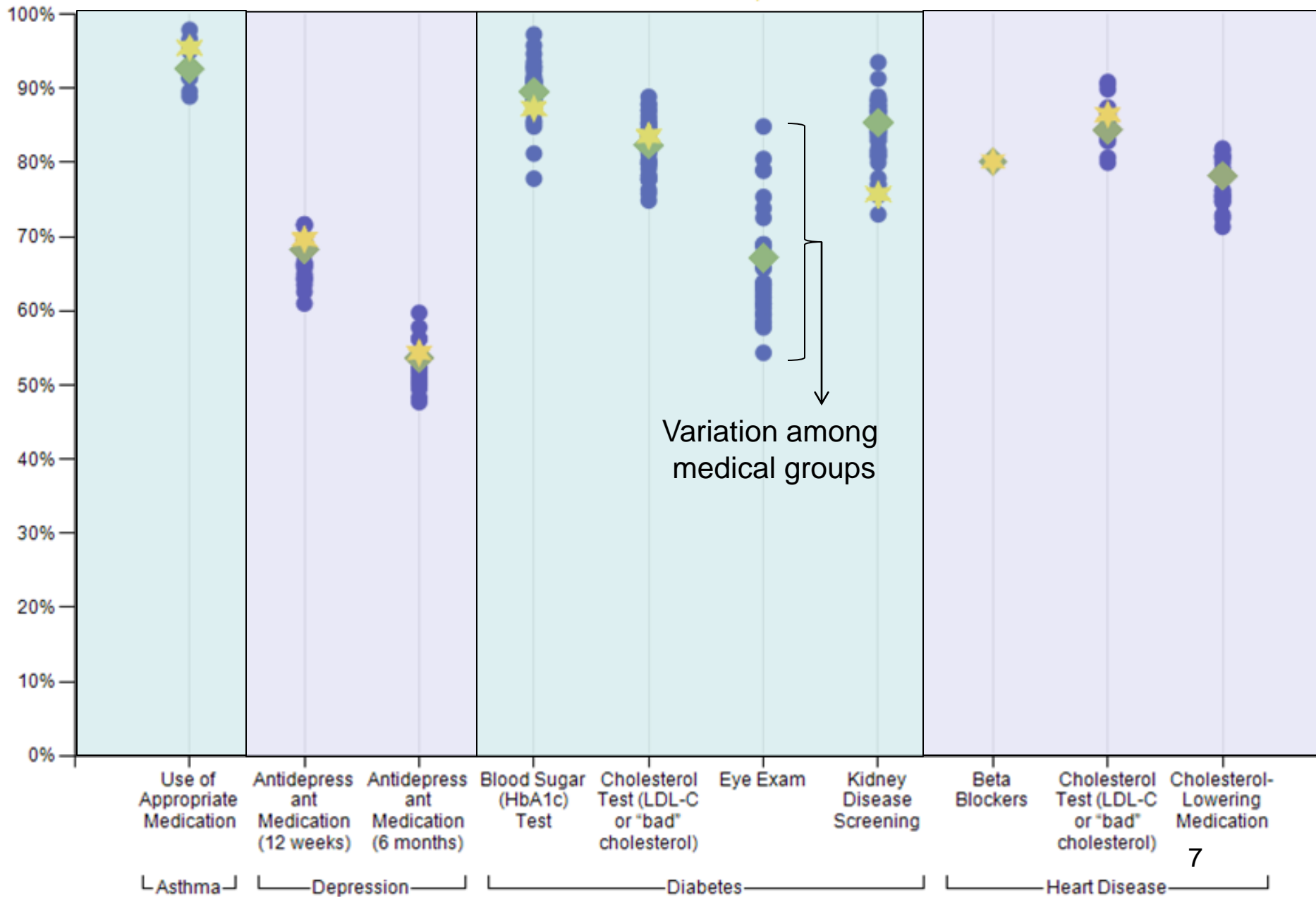
## *Community Checkup 2011 - Overview of Results*

### CHRONIC DISEASE

- **Some variation in performance across medical groups for measures on effective care**
  - Asthma, Depression, Diabetes and Heart Disease
  
- **And, mixed performance on overall regional quality**
  - **Asthma** - Below 90<sup>th</sup> percentile on appropriate use of medications
  - **Depression** - At 90<sup>th</sup> percentile on both measures; but still only delivering effective care 54% - 68% of the time in this region overall
  - **Diabetes** - Above 90<sup>th</sup> percentile on  $\frac{3}{4}$  measures; still lagging on cholesterol screening
  - **Heart Disease** - Below 90<sup>th</sup> percentile on cholesterol screening; Meet 90<sup>th</sup> percentile for persistent use of beta blockers

# 2011 Community Checkup - Chronic Disease (Commercial)

★ National Top 10%    
 ◆ Regional Average    
 ● Medical Group Res

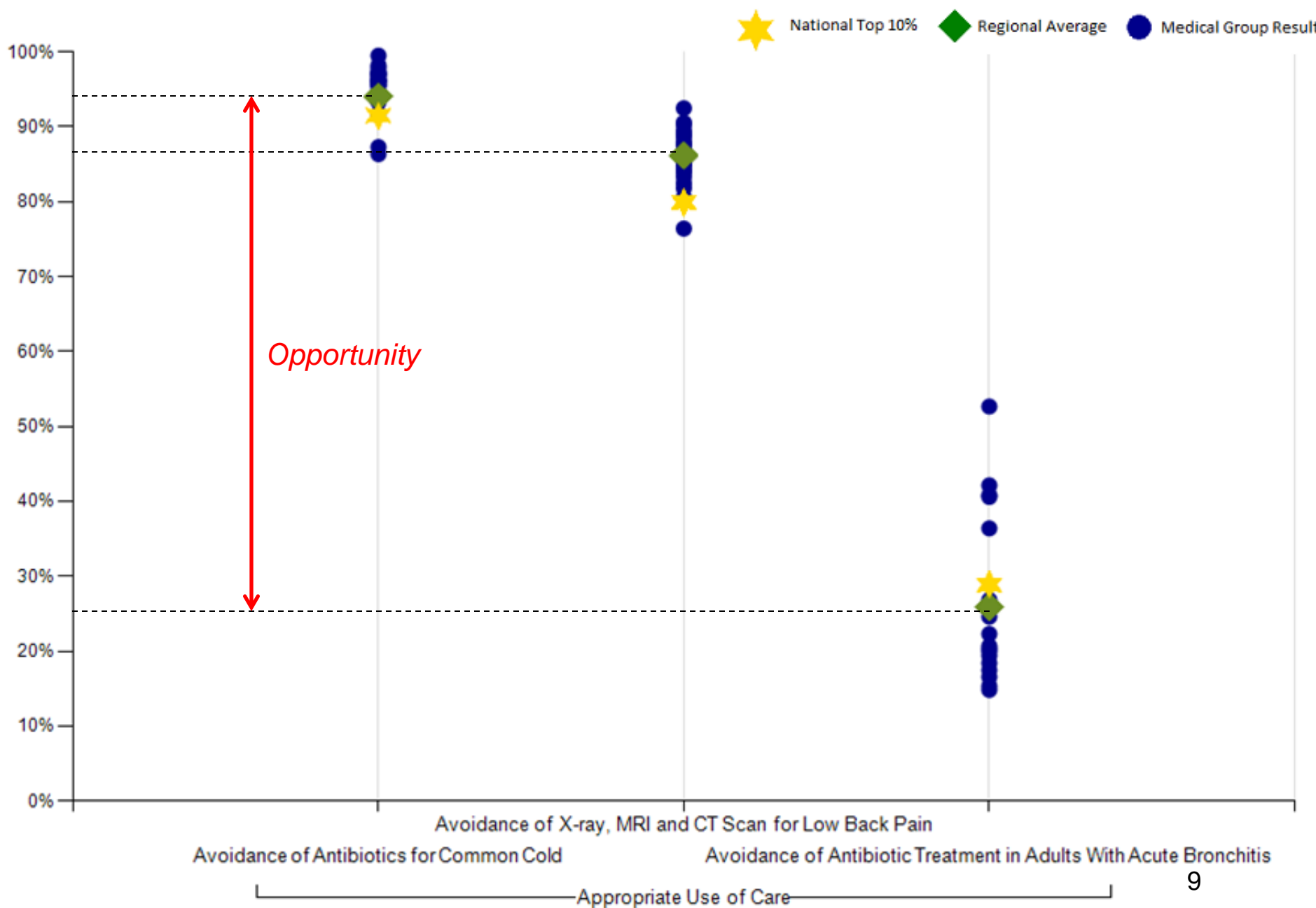


## *Community Checkup 2011 - Overview of Results*

### APPROPRIATE USE OF SERVICES

- Minimal variation across medical groups and overall high performance in two areas:
  - Avoidance of Antibiotics for the Common Cold
  - Avoidance of X-ray, MRI and CT for Low Back Pain
  
- Variation across groups AND significant room for improvement:
  - Avoidance of Antibiotics in Adults with Acute Bronchitis

# 2011 Community Checkup - Appropriate Use of Care (Commercial)



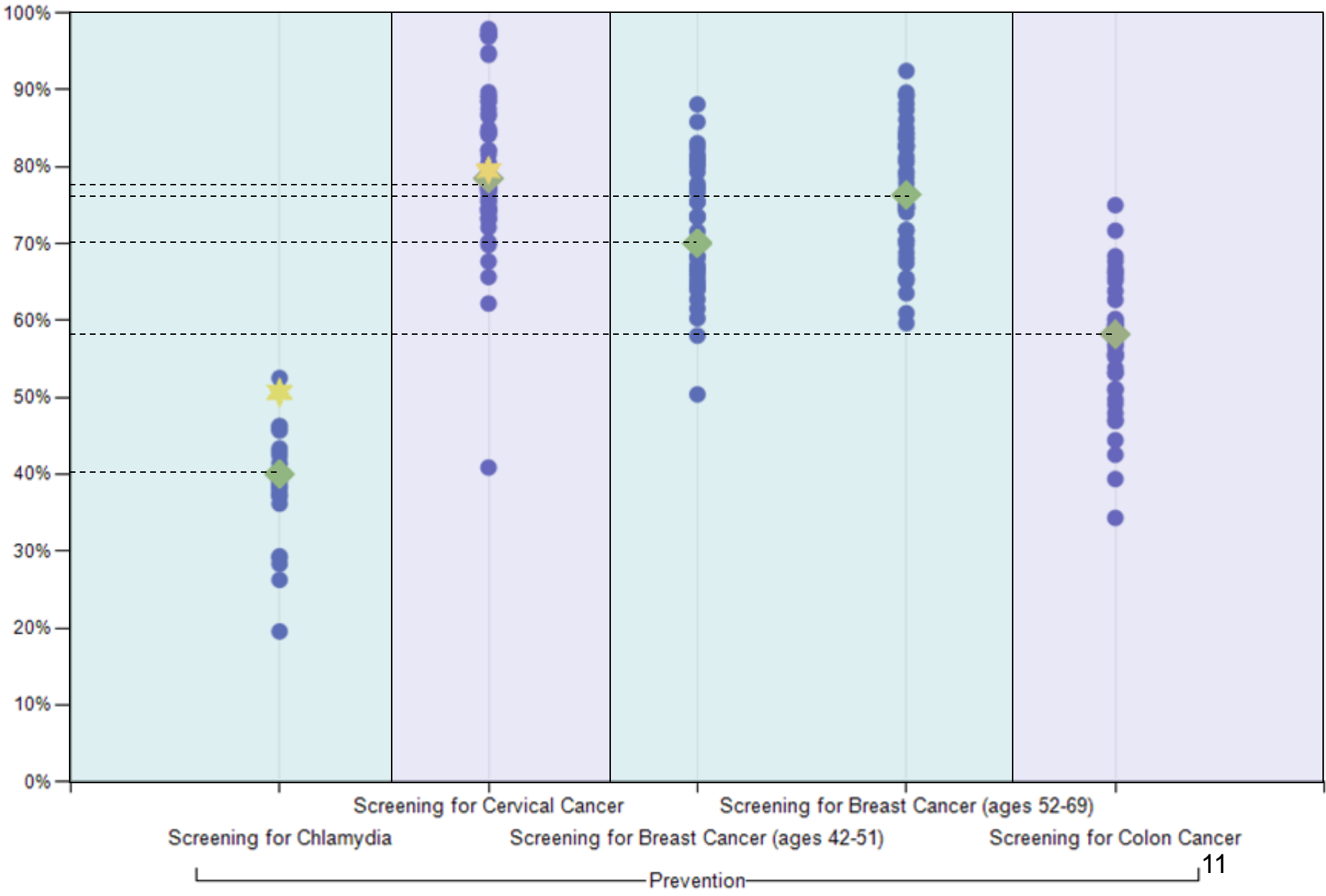
## *Community Checkup 2011 - Overview of Results*

### PREVENTION - SCREENING

- These measures show wide **variation among medical groups**
- On an overall basis, there are **some bright spots**:
  - **Cervical Cancer Screening** - At 90<sup>th</sup> percentile overall
  - **Colorectal Cancer Screening** - While we can't use 90<sup>th</sup> percentile because measure is different - screening for *newly eligible* individuals surpasses national 90<sup>th</sup> percentile for entire HEDIS age group
- However, **region has significant room for improvement**:
  - **Chlamydia Screening** - Low and significantly below 90<sup>th</sup> percentile

# 2011 Community Checkup - Prevention (Commercial)

★ National Top 10%    
 ◆ Regional Average    
 ● Medical Group Result



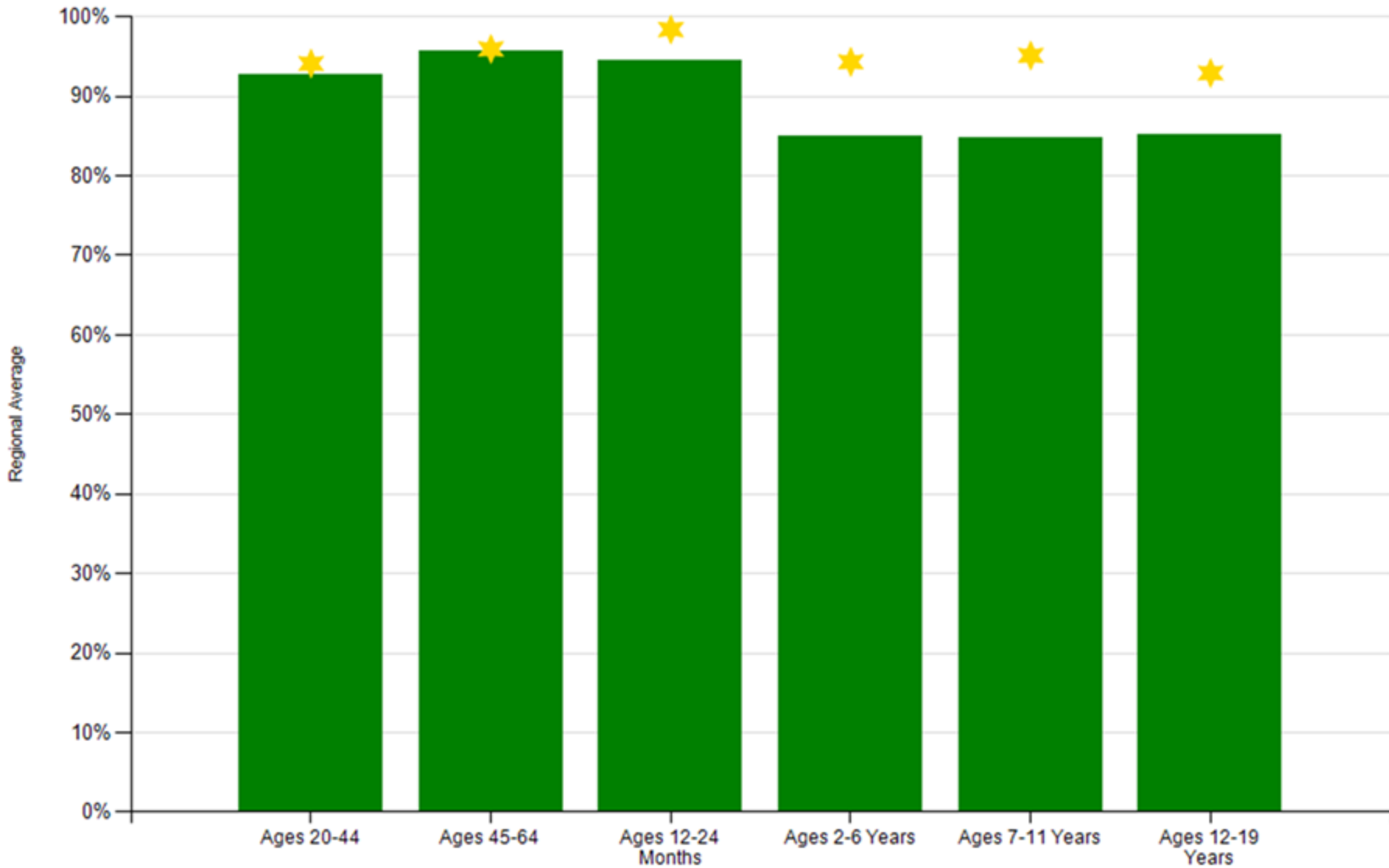
## *Community Checkup 2011 - Overview of Results*

### ACCESS TO PRIMARY CARE

- Adult access to preventive care in line with national 90<sup>th</sup> percentile for both measures
- Child and adolescent access to primary care is below 90<sup>th</sup> percentile for all measures

### 2011 Community Checkup - Access to Care, Regional Average (Commercial)

★ National Top 10%



Adult Access to Preventive/Ambulatory Care

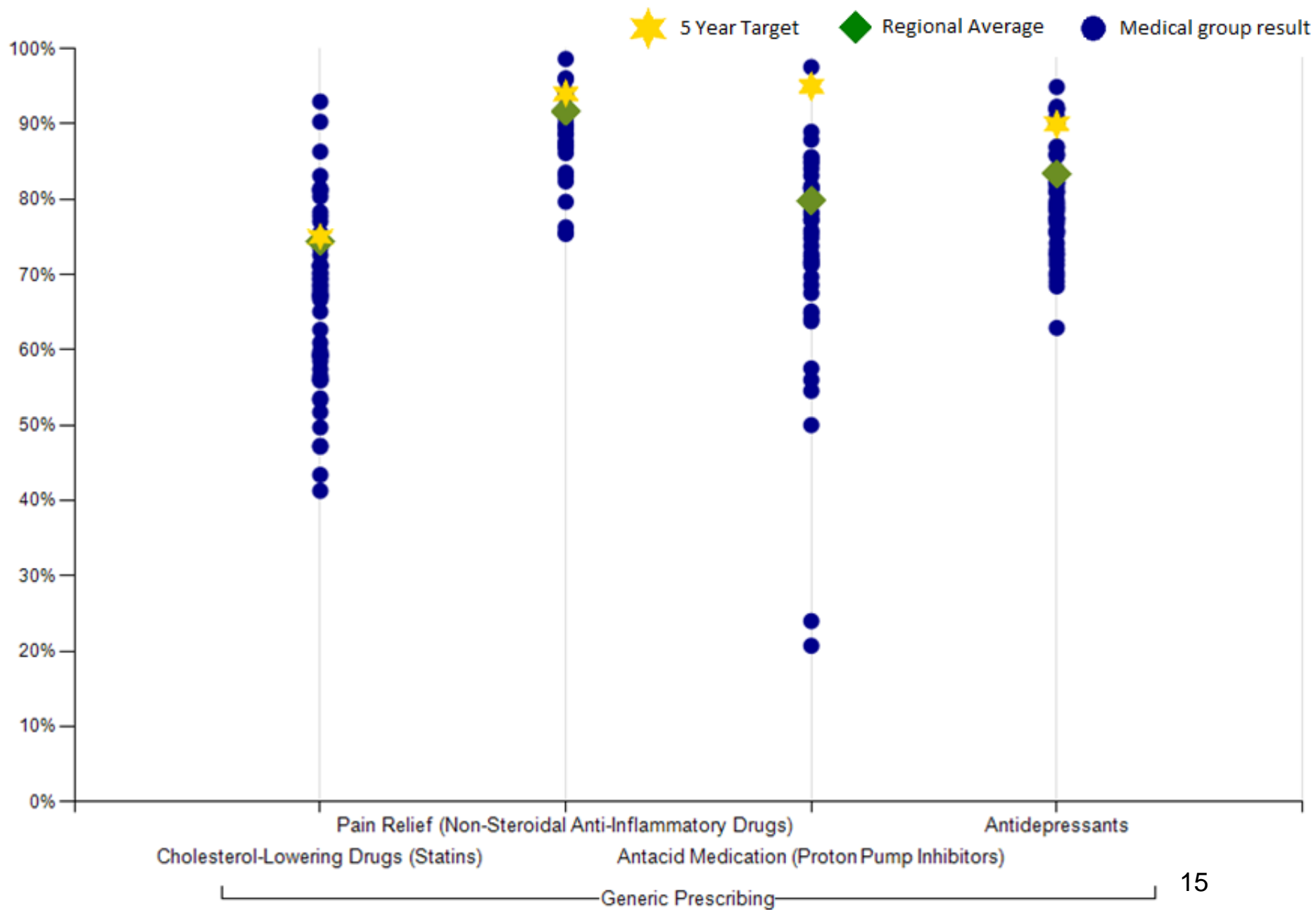
Child and Adolescent Access to Primary Care

## Community Checkup 2011 - Overview of Results

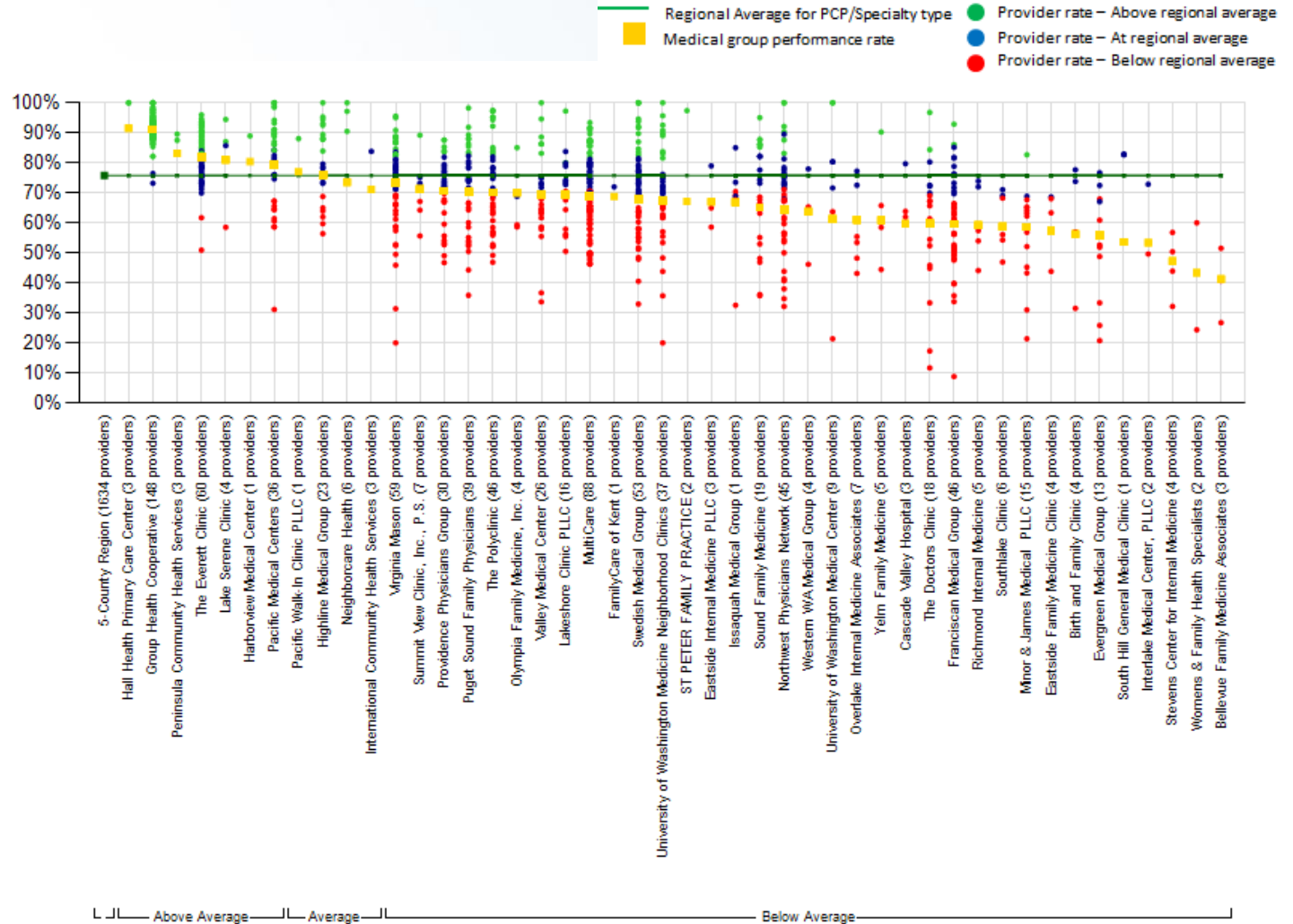
### GENERIC PRESCRIBING

- These are the measures with most significant variation in performance *across* medical groups! And, while we don't currently publicly report individual results, we know **there is significant variation *within* medical groups.**
- Based on the regional average:
  - We are **very close to hitting our 5-year targets** in two areas:
    - Cholesterol-lowering Drugs (Target: 75%)
    - Pain Relief (NSAIDs) (Target: 94%)
  - We have **significant room for improvement** in hitting our 5-year targets in two areas:
    - Antacid Medications (Target: 95%)
    - Antidepressants (Target: 90%)
- We will be reporting *individual* provider results in 2012

# 2011 Community Checkup - Generic Prescribing (Commercial)



## Cholesterol-Lowering Drugs (Statins) - Primary Care Providers



Note: Results are limited to those providers who prescribed at least 30 scripts and have a confidence interval range that spans no more than 20 percentage points.

## What's New on the Horizon?

- Potentially avoidable ER visits, by medical group
- Potentially avoidable hospitalizations, by medical group
- 30-day all-cause readmissions
- Patient experience with primary care providers
- Cost of care
  - Hospitalization episodes
  - Potentially avoidable complications



## Community Checkup - Results for Hospitals

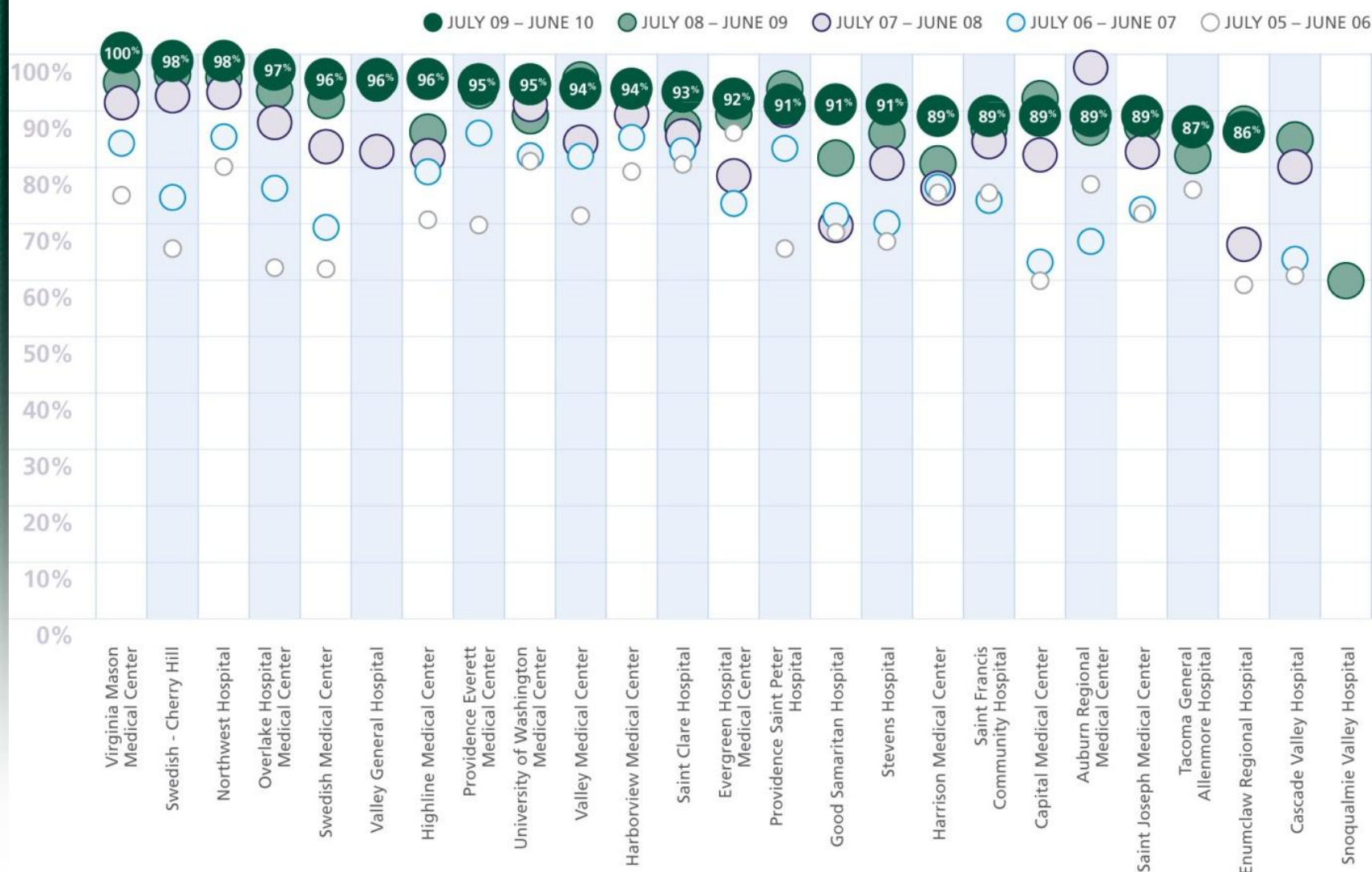
- 26 hospitals
- 50+ measures
- Results drawn from:
  - Hospital Compare (CMS)
  - Washington Department of Health
  - The Leapfrog Group
- Focus on:
  - Heart care
  - Pneumonia care
  - Surgical care
  - Early elective deliveries
  - Patient safety and serious adverse events
  - Patient experience

## Hospital Quality - Themes

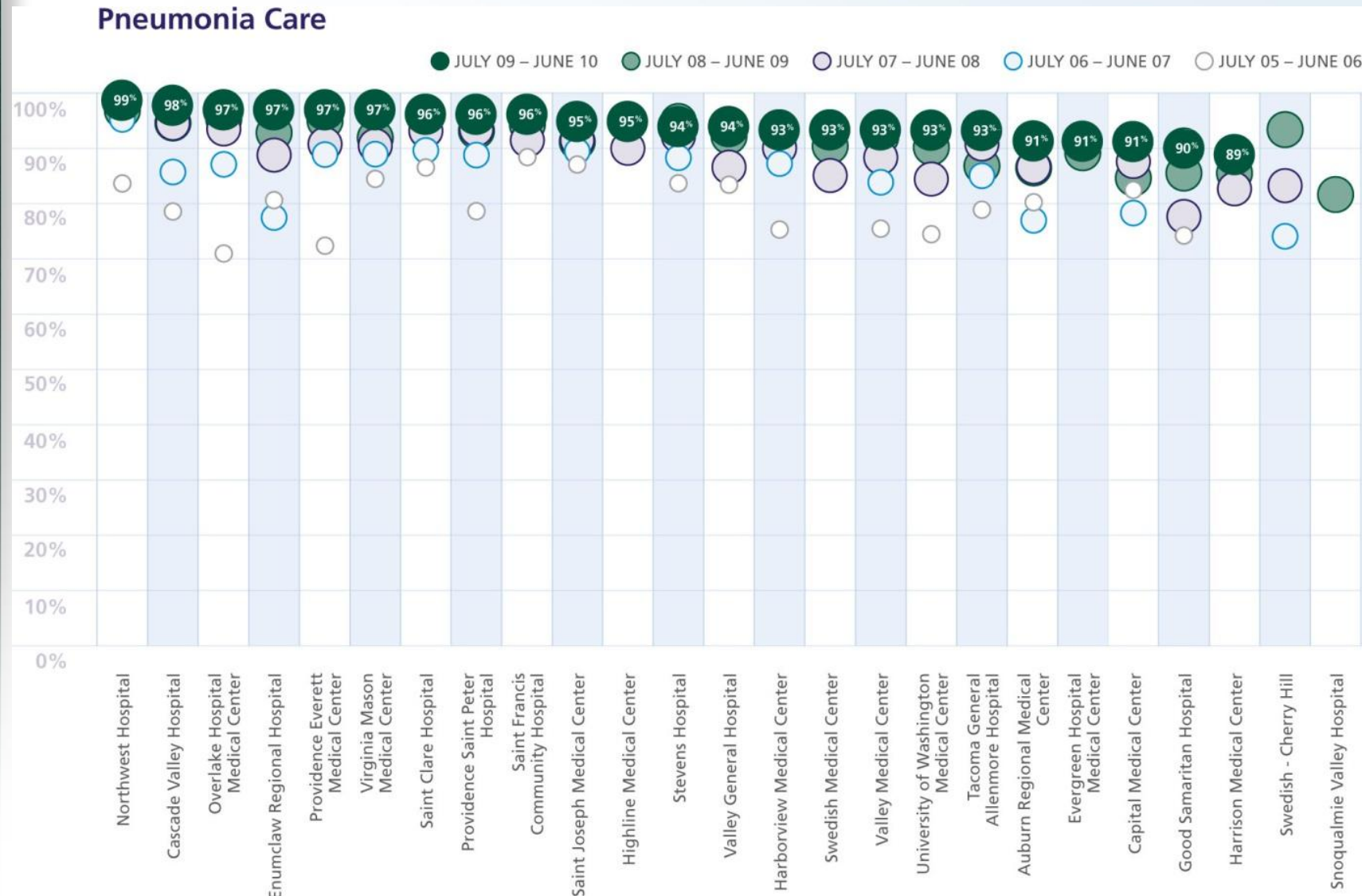
- Care is improving over time
- Yet, there remains variation in the quality of care delivered - everyone has room to improve
- Patient experience lagging behind clinical measures

# Hospital Quality – Showing Improvement Over Time

## Heart Failure Care

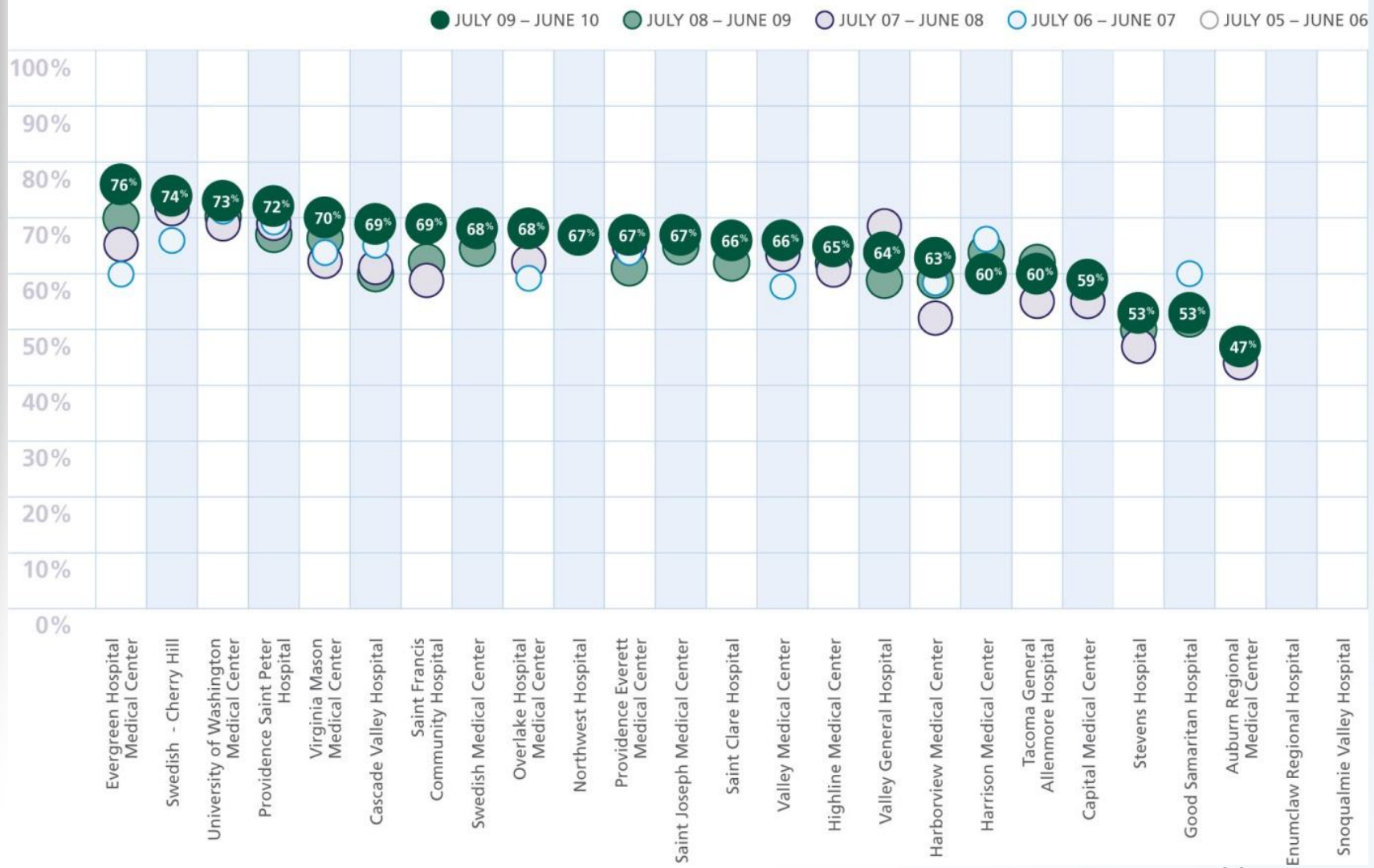


# Hospital Quality – Showing Improvement Over Time



# Hospital Quality – Room for Improvement and Less Change Over Time

## Patient Experience



# Community Checkup

[www.wacommunitycheckup.org](http://www.wacommunitycheckup.org)



Puget Sound

Health  Alliance

**“Your Voice Matters”**

**Patient Experience Measurement**

# Why is the Alliance interested?

1. The patient's experience is considered an essential component of patient-centered care. Patient-centered care is considered one of six essential aims of the Institute of Medicine.
2. There is only one way to understand the patient's experience of care - ask them.
3. Measurement stimulates improvement and publicly reporting patient experience has the potential to make a difference.
  - Consumer engagement
  - Quality improvement
4. There is no current method for providing consumers, purchasers or health plans with aggregated, standardized, comparative patient experience information for medical groups in the Puget Sound area.
  - Many medical practices not measuring patient feedback
  - Variation in approaches makes it impossible to aggregate current results
  - Current focus predominantly on satisfaction rather than experience
  - Results not made public (other than through selective marketing)

## Why Experience (vs. Satisfaction)?

- This is an important distinction.
- Most groups still focusing on patient satisfaction.
- Patient satisfaction
  - survey obtains information about how patients *rate* various aspects of the care they receive in terms such as poor, fair, good, very good, and excellent
  - considered a business loyalty measure
  - Little, if any, correlation to quality
- Patient experience
  - generally obtain information about *how often* specific and clinically relevant aspects of the care process occur
  - respondents asked to describe their experience in terms such as never, sometimes, usually and always
  - Correlated with quality outcomes (e.g., improved biometrics)
  - designed to go beyond, but not exclude, the assessment of patient satisfaction

## So, what do we plan to do?

- During the first week of October, we will mail out approximately 110,000 surveys to patients in the 5-county area
- Patient sample coming from multiple health plans
- Utilizing external vendor (Center for the Study of Services)
- We are using the CAHPS Clinician-Group Adult Primary Care survey instrument
  - 4-point scale (Never, Sometimes, Usually, Always or Yes/No )
  - 12-month version (Reflects care experience over time)
- 48 questions, including all core questions and select supplemental questions
- We will (hope to) publicly report results for 44 medical groups with 165 clinic locations during 1<sup>st</sup> quarter 2012
  - Report results that achieve .7 reliability or higher
  - Results will be on our Community Checkup website:  
[www.wacommunitycheckup.org](http://www.wacommunitycheckup.org)

## Medical Groups Included In Survey Process

1. Bastyr Center for Natural Health (1)	23. Pacific Walk-in Clinic (1)
2. Bellevue Family Medicine Associates (1)	24. Planned Parenthood (1)
3. Birth and Family Clinic (1)	25. Providence Physicians Group (6)
4. Cascade Valley (1)	26. Puget Sound Family Physicians (4)
5. Eastside Family Medicine Clinic (1)	27. Richmond Internal Medicine (1)
6. Eastside Internal Medicine Clinic (1)	28. Sound Family Medicine (3)
7. Evergreen Medical Group (7)	29. South Hill General Medicine (3)
8. Evergreen Women's Care (1)	30. Southlake Clinic (2)
9. Familycare of Kent (1)	31. St. Peter Family Practice (1)
10. Franciscan Medical Group (10)	32. Stevens Center for Internal Medicine (1)
11. Group Health Cooperative (21)	33. Summit View Clinic (1)
12. Hall Health Primary Care (1)	34. Swedish Medical Group (11)
13. Highline Medical Group (6)	35. The Doctors Clinic (3)
14. Interlake Medical Center (1)	36. The Everett Clinic (9)
15. Lake Serene Clinic (1)	37. The Polyclinic (5)
16. Lakeshore Clinic (2)	38. University of Washington Medical Center (2)
17. Minor & James Medical (1)	39. UW Neighborhood Clinics (7)
18. Multicare (19)	40. Valley Medical Center (7)
19. Northwest Physicians Network (3)	41. Virginia Mason (5)
20. Olympia Family Medicine (1)	42. Western Washington Medical Group (1)
21. Overlake Internal Medicine Associates (1)	43. Women & Family Health Specialists (1)
22. Pacific Medical Centers (7)	44. Yelm Family Medicine (1)

## Clinician-Group CAHPS (CG-CAHPS)

- NQF-endorsed
- Rapidly becoming “gold standard” for measuring patient experience
  - CMS Physician Compare, American Board of Medical Specialties, NCQA PCMH Certification, Press-Ganey/Avatar, NRC Picker
- Some of the CAHPS measures for reporting may be grouped into 3 composites (combines two or more survey items). Research shows that consumers prefer composite measures that “simplify” results.
  - Getting Timely Appointments, Care, and Information
  - How Well Doctors Communicate With Patients
  - Helpful, Courteous and Respectful Office Staff

## Patient Experience - Thoughts on Public Reporting





















- **Composite #1: Getting Timely Appointments, Care and Information**

  - Asks patients how often they got appointments for care as soon as needed and timely answers to questions when they called the office
- **Composite #2: Provider-Patient Communication**

  - Asks patients how often their provider explained things clearly, listened carefully, showed respect, provided easy-to-understand instructions, knew their medical history, and spent enough time with the patient
- **Composite #3: Courteous and Helpful Office Staff**

  - Asks patients how often office staff were helpful and treated them with courtesy and respect
- **Rating of the Provider**

  - Asks patient to rate their provider on a scale of 1 to 10, with 0 being the worst and 10 being the best

Patient Experience Survey Results				
Medical Groups	How Well Providers Communicate with Patients	Getting Timely Appointments, Care and Information	Helpful, Courteous, and Respectful Office Staff	Patients' Rating of the Provider
	What is this?	What is this?	What is this?	What is this?
Mt. Rainier Group	 Average	 Average	 Below Average	 Average
Mt. Baker Group	 Better than Average	 Better than Average	 Average	 Better than Average
Mt. St. Helens Group	 Below Average	 Below Average	 Average	 Below Average
Mt. Hood Group	 Average	 Better than Average	 Average	 Average
Mt. Shasta Group	 Better than Average	 Below Average	 Better than Average	 Better than Average

- Top Page: Summary Scores using Average Scores or “Top Box” Scores (or both)
- Provide drill down capability with data (scores, frequency scale, # of completed surveys, etc.)
- Benchmark to the National CAHPS Data Base

## Who Else is Doing This?

### *Examples*

- Boston
- California (linked to P4P)
- Colorado
- Detroit
- Kansas City
- Maine
- Memphis
- Minnesota
- New York
- Wisconsin

Others in Planning Phase (New Mexico, Indiana, Ohio, Pennsylvania, Michigan, Oregon)

# Patient Experience Measurement

## Common Myths

- **“Survey length is too long and people won’t complete it.”**
  - Research confirms that survey length doesn’t negatively affect response rates. No statistically significant difference in response rates for surveys with 23, 54, and 76 items
  - Most communities getting 30% - 35% response rates
- **“Reading level is too high.”**
  - Expert review to simplify wording; extensive focus group and cognitive testing completed
- **“Handing the Survey out in the office is cheaper and easier.”**
  - Research demonstrates that “point of service” survey results are not comparable to mail; significant bias introduced

# Patient Experience Measurement



## How This Will Help You

- Primary care providers (adult care) who have not already been measuring patient experience (and most have not) will now have the opportunity to receive detailed information about their performance . . . based on the patient's voice
- You will also, for the first time, be able to see a statistically reliable comparison among medical groups



## How You Can Help

- Learn about patient experience and understand the link between positive patient experience and improved outcomes for your patients
- If your patients ask you about the survey, please be positive and encourage them to take it and give their honest feedback!
- Once the results are available, use them to understand opportunities for improvement in your practice

THANK YOU!

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