
Implementing the New CAHPS® Protocol for Obtaining Patient Comments About Their Care

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Agenda

- Introductions and Overview
- The CAHPS® Narrative Elicitation Protocol
- Study Context: New York-Presbyterian (NYP) Ambulatory Care Network
- Study Design and Implementation
- Findings from Phase One
- Plan for Phase Two
- Q/A

Acknowledgements

- NYP Team Members:
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Project Overview

- Aim: Assess the feasibility, value and use of the CAHPS Narrative Elicitation Protocol (NEP) in ambulatory care practices
 - How feasible is the collection of the NEP in routine patient experience survey operations?
 - What is the added value of the NEP compared to conventional open-ended questions?
 - How can narrative information be reported to practice leaders and clinicians in ways that are easily understood and useful for improving patient experience?

Session Learning Objectives

- Understand how the CAHPS Narrative Elicitation Protocol (NEP) differs from conventional open-ended survey questions, and the amount and type of actionable information that can be derived from it use.
- Acquire working knowledge of how the NEP can be added to existing survey processes.
- Learn about desired characteristics of narrative feedback reporting strategies based on focus groups and early prototype testing with practice leaders, clinicians and staff.

CAHPS Narrative Elicitation Protocol (NEP)

A ***structured series*** of 5 open-ended questions that:

- Prompts survey respondents to tell a ***clear and comprehensive story*** about their experience with a provider and his/her office staff
- ***Complements*** the closed-ended survey questions
- Provides ***value-added information*** helpful to both patients and clinicians

5-Question NEP Protocol

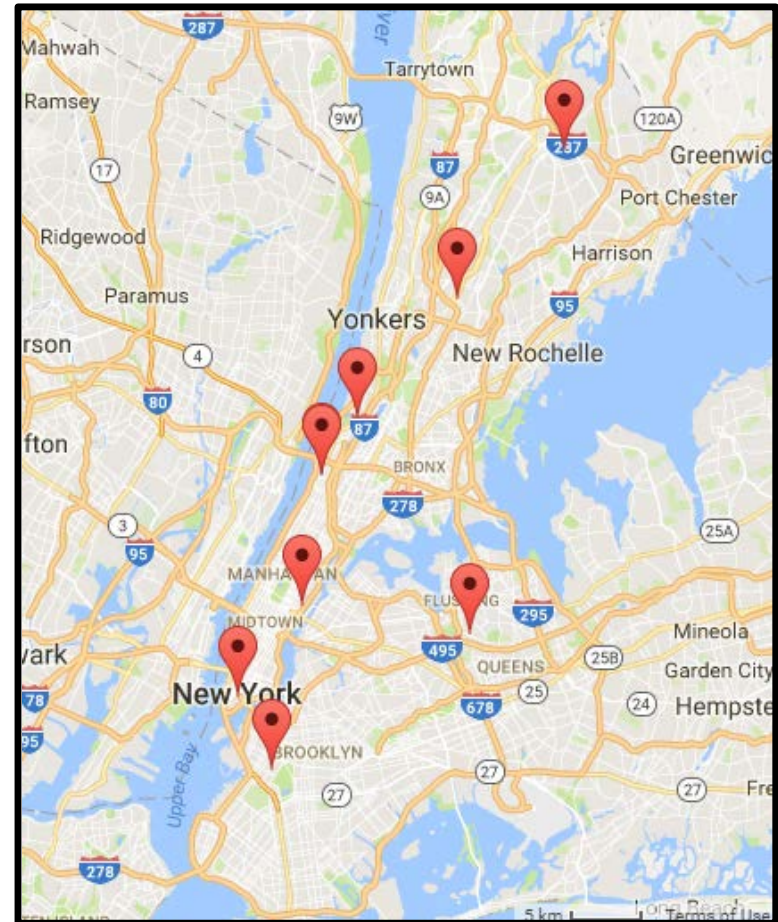
SHORT HAND VERSION	FULL QUESTION WORDING
<p>1. YOUR EXPECTATIONS? What do you look for?</p>	<p>1. What are the most important things that you look for in a healthcare provider and the staff in his or her office?</p>
<p>2. EXPECTATIONS MET? Were expectations met?</p>	<p>2. When you think about the things that are most important to you, how do your provider and the staff in his or her office measure up?</p>
<p>3. POSITIVE EXPERIENCES? What has gone well?</p>	<p>3. Now we'd like to focus on anything that has gone well in your experiences in the last 3 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.</p>
<p>4. NEGATIVE EXPERIENCES? What has not gone well?</p>	<p>4. Next we'd like to focus on any experiences in the last 3 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.</p>
<p>5. PROVIDER-PATIENT INTERACTION? How do you interact?</p>	<p>5. Please describe how you and your provider relate to and interact with each other.</p>

Value of the NEP for Improvement

THREE distinct areas of added value:

1. Illustrate concrete and actionable examples of aspects of care already being measured
2. Highlight missing aspects of existing composite measures
3. Highlight domains of care that are important to patients but not included on CG-CAHPS surveys

Study Setting: New York-Presbyterian Enterprise



NYP Ambulatory Care Network (ACN)

- 32 practices across Manhattan
 - Primary care, family planning, and specialty clinics
- Located in two major campus settings:
 - Weil Cornell Medical School (east side)
 - Columbia University (west side)
- Each campus has a distinct culture and patient population
 - Weil Cornell: higher income, elderly patients
 - Columbia: lower income, strong neighborhood identity; unionized staff

Current Collection of Patient Comments in ACN

- Press Ganey (PG) is the third party vendor
 - administers the surveys via mail and e-mail,
 - collects the surveys,
 - houses the survey data and patient comments, and
 - provides reports to ACN Patient Experience Office

- PG survey is similar to CG-CAHPS
 - 4 composites: Access, MD Communication, Care Coordination, Office Staff
 - 2 rating items: MD rating, Willingness to Recommend

- PG survey includes 3 open-ended questions:
 1. What do you **like best** about our office?
 2. What do you **like least** about our office?
 3. Is there **anything else** you would like to share about your experience?

Current Reporting of Patient Comments

- Survey comments are distributed weekly to Practice Administrators, Supervisors, Medical Directors, ACN leadership, and “Care Champions”
- Current format: PDF attachment to email

SITE	SURVEY	COMMENT	VISIT DATE	SPECIALTY	Kept inform if wait >15
CU/AIM	1472830411	Very good.	1/10/2018	Int. Med.	Yes
CU/AIM	1472830411	She is kind & loving to talk to.	1/10/2018	Int. Med.	Yes
CU/AIM	1472835723	The office was very hot. Just a small fan.	1/12/2018	Int. Med.	No
CU/AIM	1472835723	The office was very clean, and everything looks perfectly in order.	1/12/2018	Int. Med.	No

Study Design

Two-phase, quasi-experimental study of 9 NYP ACN sites

- Phase 1 (10/17 – 3/18): Assess value of NEP content
- Phase 2 (4/18 – 12/18): Assess value of 1) enhanced feedback, and
2) NEP content delivered through enhanced feedback

Phase 1 Intervention Sites (N=3)	Phase 1 Control Sites (N=6)	
<ul style="list-style-type: none"> • PG survey • 5-question NEP protocol 	<ul style="list-style-type: none"> • PG survey • 3-question PG protocol 	<ul style="list-style-type: none"> • PG survey • 3-question PG protocol
Phase 2 Intervention Sites (N=6)	Phase 2 Control Sites (N=3)	
<ul style="list-style-type: none"> • PG survey • 5-question NEP protocol • Enhanced feedback 	<ul style="list-style-type: none"> • PG survey • 3-question PG protocol • Enhanced feedback 	<ul style="list-style-type: none"> • PG survey • 3-question PG protocol • Standard feedback

Collection of Site Comparison Data:

How comparable are sites independent of “treatments”?

- PG survey scores
- Gallup employee engagement survey scores
- Practice size (personnel and patient volume) and specialties
- Patient demographics
- Payer mix

Phase 1 Intervention: Enhanced Invitation Language with NEP

Standard PG Invitation

We are absolutely committed to fulfilling the promise of ***We Put Patients First*** to all who walk through our doors. Our goal is to ***always*** meet and exceed the needs of our patients and their families. To reach this goal, we need your feedback about the quality of care and service that you received during your stay with us.

On an ongoing basis, we use the survey results and your suggestions to improve care, service, and the overall environment at the Hospital. We would truly appreciate if you could please take a moment to complete the enclosed survey

Enhanced NEP Invitation

We are absolutely committed to fulfilling the promise of ***We Put Patients First*** to all who walk through our doors. Our goal is to ***always*** meet and exceed the needs of our patients and their families. To reach this goal, we need your feedback about the quality of care and service that you received during your stay with us.

We especially value hearing about your experiences in your own words. The enclosed survey gives you the chance to tell us what went well and what may need improvement. We carefully review your answers and comments along with others so we can provide better care and service to our patients.

Phase 1 Intervention: Enhanced Transition Language with NEP

Standard PG Survey

ADDITIONAL COMMENTS ABOUT THIS VISIT

Now that we have asked you to tell us about what happened during your recent experience with the provider and his/her office, we would like to ask you for any additional comments about the services you received during this visit.

What do you like best about our office?

What did you like least about our office?

Is there anything else you would like to share about your experience?

PG Survey with NEP

IN YOUR OWN WORDS

Please tell us in your own words about your experiences with the care and services from your provider. Health care providers value feedback from their patients that helps them understand what is working well and what may need improvement.

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 3 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 3 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.

Phase 1 Findings: Comparative Value of the NEP

- Findings from Phase 1 qualitative analysis to be added

How can narrative information be reported to practice leaders and clinicians in ways that are easily understood and useful for improving patient experience?

Our Learning Process

- Focus Groups to Assess User Needs
- Design Sprint for Prototype Development
- Prototype User Testing Sessions
- Prototype Implementation in Study Phase 2
- Analysis of:
 - PG/CG-CAHPS scores
 - Staff Surveys
 - Administrator and Clinician Interviews

Focus Groups to Assess User Needs

- Process
 - Three 90-minute sessions conducted in January 2018
 - 29 participants in total across 6 practice sites
 - Participant roles included: Practice Administrator, Medical Director, Physician, Nurse, Medical Assistant, PFA (Patient Financial Advisor)

- Topics Discussed:
 - Reflections on current weekly comment reports
 - Reaction to sample NEP content
 - Ideas about report content, display, access, and distribution
 - Thoughts about how to facilitate taking action for improvement

Focus Group Findings:

What would make a feedback report most useful to practices?

- Report Content

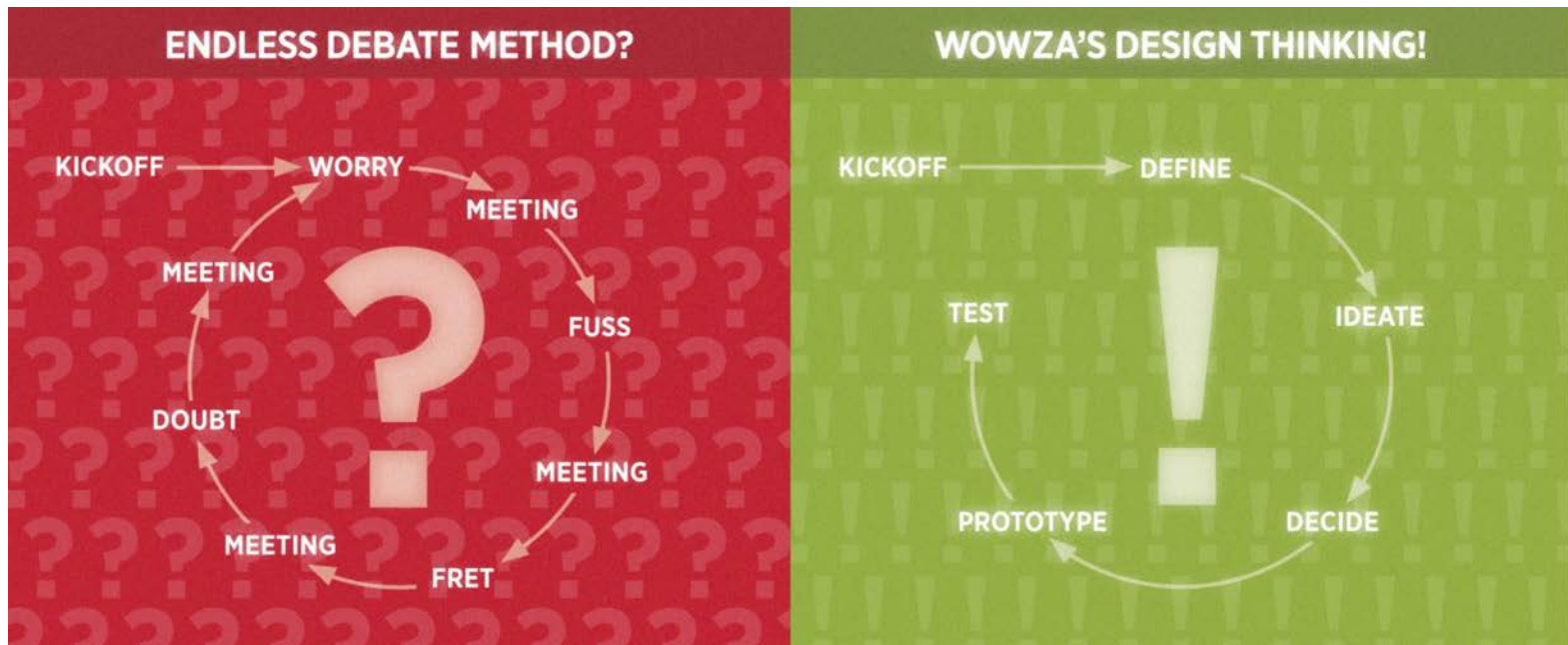
- Extract and present key themes, but also allow drill-down to actual comments
- Indicate valence and frequency of themes (but include “outliers” too)
- Link comments to survey scores and “target indicators”
- Link comments to patient demographics, visit date
- Provide comparisons to peer groups where possible
- Show trends over time
- Provide links to “helpful tips” for improvement
- Attribution to individual clinicians/staff: include names for positive comments only; redact names for negative comments

- Report Format/Access

- Provide a print-ready summary snapshot, as simple as possible
- Attach the report to an email message: ***no password required!***

Designing the Report based on Feedback: “Design Sprint”

- Partnered with Wowza, Inc. (creative design firm in Minneapolis)
- Engaged in a 5-day virtual “design sprint” to develop report prototype:



Prototype Report Design

- Selected screen shots to be added

What Happens Now/Next: Plan for Phase 2

- Field staff survey across all 9 sites in April (baseline data)
- Finalize feedback report design based on user testing
- Roll out enhanced feedback reports in 6 sites in May
- Continue collection of NEP through September to provide updated content to feedback reports
- Field second staff survey and conduct interviews with practice leaders and clinicians to assess "value added"
- Return to Beryl Institute in Spring 2019 to report findings!

Discussion

