

UCLA

Faculty Practice Group

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CAHPS & SOPS Users Meeting
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UCLA Experience with using CAHPS data for Ambulatory QI Initiatives

- **UCLA Faculty Practice Group (FPG)**
 - 1.8 million encounters/year (68% ambulatory, 30% primary care)
 - 1261 faculty with 603 Clinical FTE of activity
 - 65+ ambulatory locations (20% primary care)
 - 18 Clinical Departments
 - Provides Central services for the Departmental practice plans of the David Geffen School of Medicine at UCLA

- UCLA Hospital System
 - Total Average Daily Census 711
 - Ronald Reagan UCLA Medical Center
 - Santa Monica UCLA Medical Center & Orthopedic Hospital
 - Mattel's Child Hospital at UCLA
 - Resnick Neuropsychiatric Hospital at UCLA

Launching MD-Level Survey

- Senior Leaders Prioritize Service & Quality (2005-2006)
 - Patient feedback is important data
 - Greater emphasis on ambulatory and service metrics
- Adult Specialist Patient Experience Survey (2006-current)
 - Build upon experience with primary care surveys (pre-2006)
- Strategic & Operational Support for Improvement Efforts (2006- current)
 - Physician Leadership Group identified
 - Ambulatory Services resources increased for support, reporting and interventions
 - Some Departments experiment with incentives
 - Health System rolls out recognition, reward & service recovery program (2008)

Expanded Ambulatory Services Support

- Scorecard (2006)
- Standards & Guidelines (2007)
- Staff training / BRITE (2007)
 - Scheduling and registration
 - Customer service (e.g. “Connecting with the Customer”)
- Performance & Quality Measurement & Reporting & Improvement (2007)
 - UCLA Medical Group HMO only focus (pre-2006)
- Consultative Services (2007)
- Clinical (e.g. staff competencies) (2007)
- Ambulatory Services Director (pre-2005)
- Operations Oversight (pre-2005)

BRITE=Begin Right with Instruction & Thorough Education

Survey Evolution for MD level Reporting

Survey Focus	2005 and earlier	2006	2007	2008
Adult PCP	CAHPS-like PAS	CAHPS-like PAS	CAHPS-like PAS	CG-CAHPS PES
Child PCP	CAHPS-like PAS	CAHPS-like PAS	CAHPS-like PAS	CG-CAHPS PES
Adult Specialist		CAHPS-like PES	CAHPS-like PES	CG-CAHPS PES
Child Specialist			CG-CAHPS PES	CG-CAHPS PES

CG-CAHPS= Clinician & Group CAHPS (Consumer Assessment of Healthcare Providers and Systems)

CAHPS-like= Modified/Testing versions of CAHPS or precursor works

PAS= Patient Assessment Survey Sponsored by PBGH/CCHRI used in California P4P program

PES= UCLA Patient Experience Survey

Light Brown Shading= limited to HMO primary care population; Mustard & Green Shading=All Payors

Early Issues

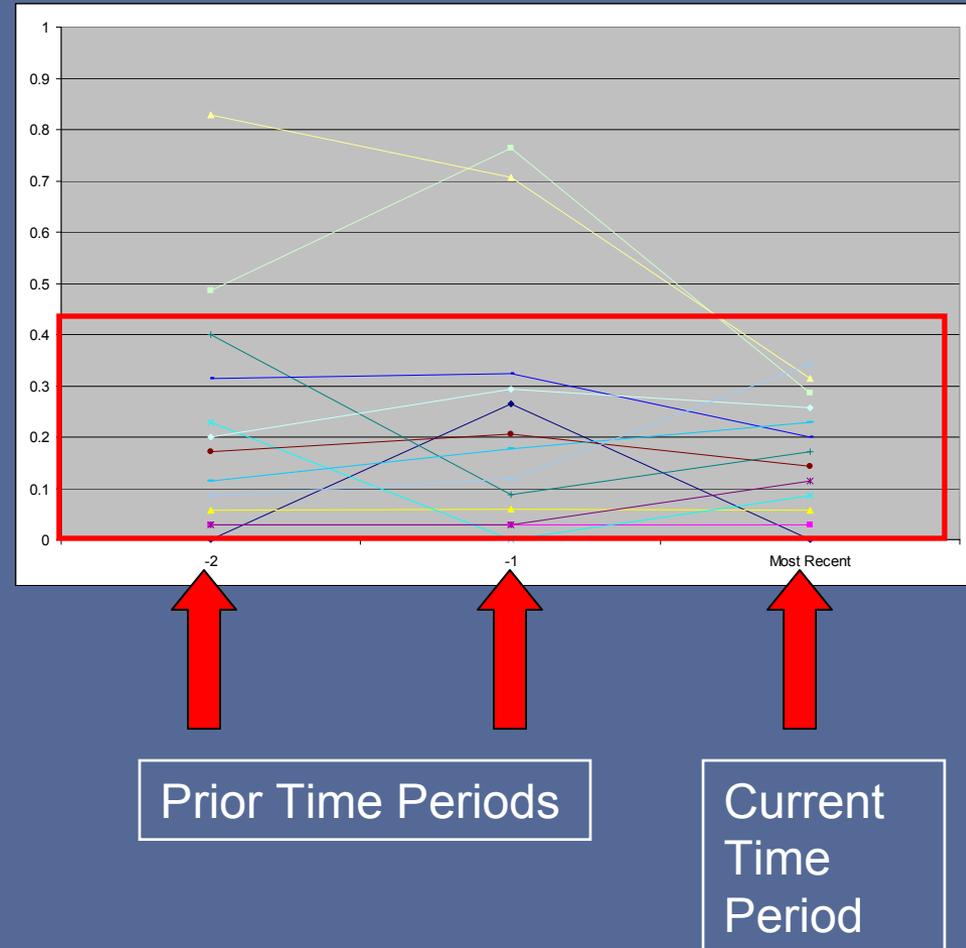
- “Federalist” governance and diversity of settings and practice realities limit standardized approach
- Do we know what to do?
 - Strategy appropriately lagged behind learning
- Improvement priorities vary across Departments/Units
- Thin evidence base for QI improvement strategies
- Specialists challenge relevance of some CAHPS survey items
- Lack of appropriate benchmarks

Our Strategy - I

- Ambulatory Service Improvement Efforts (regardless of CAHPS performance):
 - CAHPS data as component of Ambulatory Scorecard metrics (with Standards support)
 - Use CAHPS data in discussions with Departmental & Practice Leadership
 - Staff Training
 - Customer Service
 - Systems
 - Add “Point of Service” surveys
 - Enterprise-wide Standards & Guidelines Work Group

Identify Target Practices

- Used CAHPS data to focus on the lowest third performing practices by creating a summary score across the major domains
- Metric used: Averaged score derived from the major CAHPS domains
- Simple rank order (highest to lowest)
- In retrospective analysis, low current performers tended to have low scores in the prior times periods (more recent data to the right)



Our Strategy - II

- Ambulatory Service Improvement Efforts (for targeted lower performing practices)
 - Practice Consultation
 - Operational assessments, reports, recommendations
 - Patient Experience QI Collaborative
 - Experimental data-driven diagnostic approach
 - Leadership and opinion makers
 - Identify goals & Key changes to target
 - Small cycle change
 - Spread

Initial Engagement

- Distributed MD level & practice reports
- Shared methods, data, information with administrative and physician leaders in various meetings
- One-on-one tutorials with Department leadership
- Group and individual tutorials with physicians
- Grand Rounds presentations
- Presentation to different levels of management and leadership of PES results.
- Accepted feedback on evolution of reporting templates

Exploratory Dialogue with Providers - I

- Concepts behind CAHPS
 - What patients report is important
 - Only one component of total health care received
- How we chose the MDs to survey
- Specific items and composites
 - Structure of CAHPS

Exploratory Dialogue with Providers - II

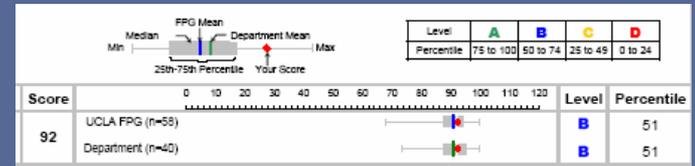
- Variation of MDs within “average sites”

FPG Patient Experience Survey Results for 10 Physicians (same specialty) at One Site

Name	Patient Survey count	Patient Access (adjusted)	Coordinated Patient Care (adjusted)	Helpful Office Staff (adjusted)	Patient Doctor Interactions (adjusted)	Patient Recommends Doctor (adjusted)
1	48	78.11	70.75	88.5	101.2	96.88
2	56	73.65	81.69	92.66	94.92	96.62
3	26	85.97	79.48	92.14	91.04	95.4
4	40	73.02	77.16	83.16	97.91	90.98
5	50	64.61	78.45	85.18	98.25	89.52
6	34	68.77	78.36	78.02	90.16	87.65
7	33	78.42	75.72	83.22	90.31	87.61
8	50	79.26	69.78	91.5	83.7	84.42
9	43	59.15	55.26	80.29	77.71	78.45
10	37	60	57.76	69.2	81.89	75.37

- Interpretation of Reports

- Response distributions
- Comparison to mean
- Trend from prior
- Response histograms



Question	This Practice Site's Score This Survey Period (n=418)*	UCLA FPG Mean Score This Survey Period (n=16,911)*	UCLA FPG 90th Percentile Score This Survey Period**
Global Ratings			
Q29 Using any number from 0 to 10, what number would you use to rate this doctor?	89	90	95
Q30 Would you recommend this doctor to your family and friends?	90	91	95

Question	This Doctor's Score Previous Survey Period (37 returned surveys)	This Doctor's Score This Survey Period (33 returned surveys)
Global Ratings		
Q33 Using any number from 0 to 10, what number would you use to rate this doctor?	88	92
Q34 Would you recommend this doctor to your family and friends?	90	90

Q32. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for your child, how often did someone from this doctor's office follow up to give you those results?

	Percent of This Doctor's Survey Responses (n=10)	Percent of All UCLA FPG Pediatric Specialist Survey Responses (n=1,161)
Never	20%	15%
Almost never	0%	5%
Sometimes	10%	6%
Usually	0%	9%
Almost always	0%	12%
Always	70%	53%
This Doctor's Adjusted Mean Score	71	
UCLA FPG Pediatric Specialist Survey Mean Score	72	

Outcomes from Dialogue

- Operational and structural issues affect CAHPS data
- General agreement on face validity
- Some disagreement, e.g. over relevance of some items
- More data more quickly
- Desire for explicit tools and strategies to improve performance... "what do I do?"
- Stakeholder groups tend to focus on what they can personally control
- Need for team-work (MDs, CAO's, Managers, staff) to achieve most improvements

Our Strategy - Qualified

- Reporting in itself has many challenges that we must still address.
- Building engagement & learning became priorities for our work.
- Need to balance core FPG improvement needs and diverse needs & priorities of practices.

Interventions Linked to CAHPS

- BRITE Training (Helpful Office Staff)
- Physician communication training pilots (MD-Patient Interaction)
- Patient Experience Quality-Improvement Collaborative (Multiple domains)
- Standards & Guidelines re: communication of diagnostic test results (Coordination of Care)

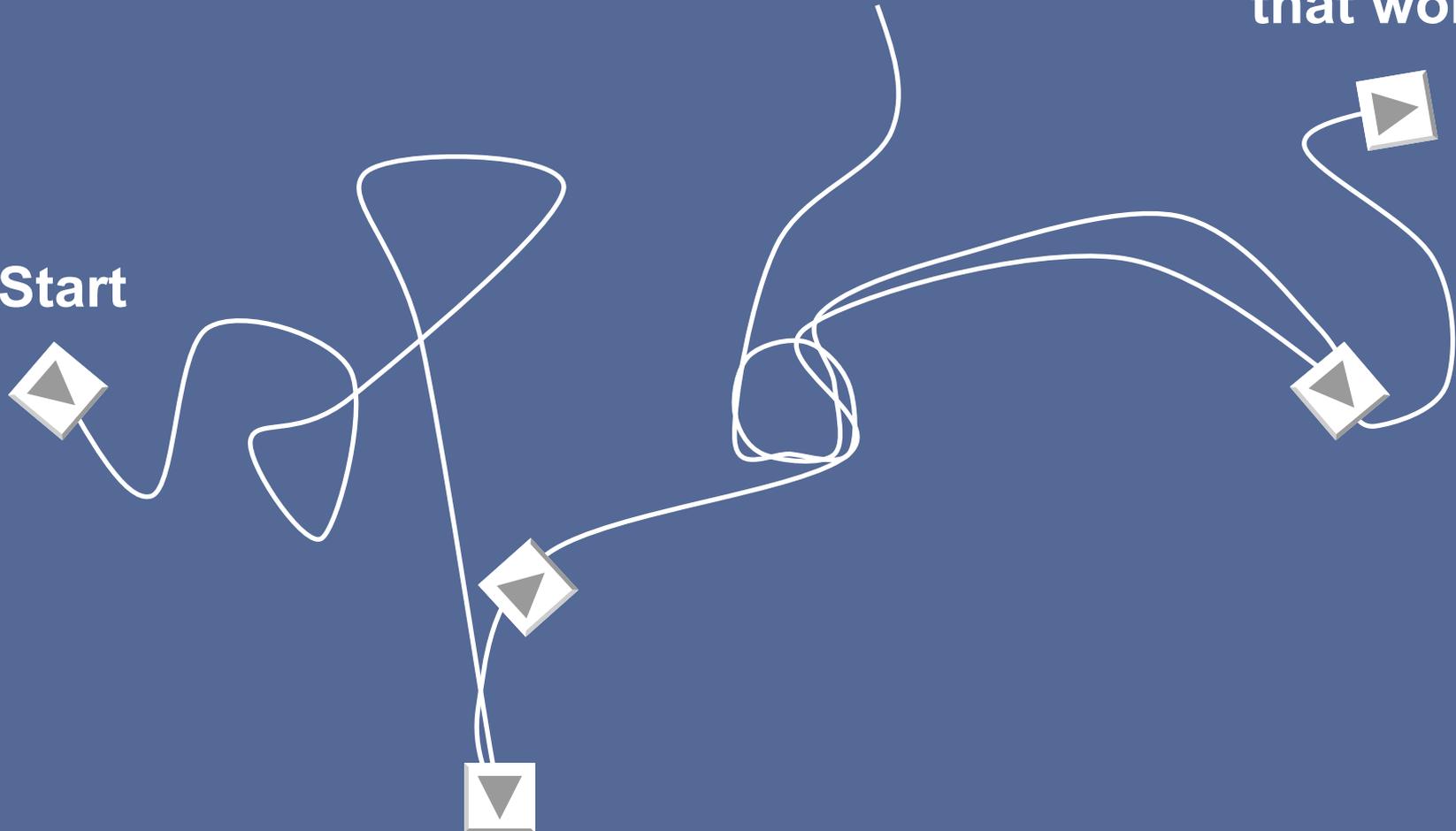
Other Interventions

- Ambulatory Scorecard
- Rapid-Cycle “Point of Service” Feedback
- Systematic review of complaint database
- Education & Information: For physicians and staff
- Departmental alignment and incentives:
 - Community Practice Network (stronger)
 - UCLA Medical Group (weaker)

Not a linear path

Something that works

Start



Something that didn't work

Lessons Learned

- Faculty willing to accept CAHPS when there is face validity
- Diffuse authority
 - Difficult to get engagement
- More rapid feedback of survey results better
- Practice-Level Reporting Challenges
 - Variable MD clinical effort
 - Sampling methods
 - Relevance to practice
- Culture change takes time
- Support for direct incentives & recognition needs to be more fully explored in our environment

Our Improvement Team

- Laurie Johnson, Director, Ambulatory Services
- Anne Staunton, PhD, MPH - Quality Improvement
- Lisa Sergy – BRITE Training
- Brandie Guenther, RN, MSN – Clinical Quality
- Jamie Gallus – Consultative Services

