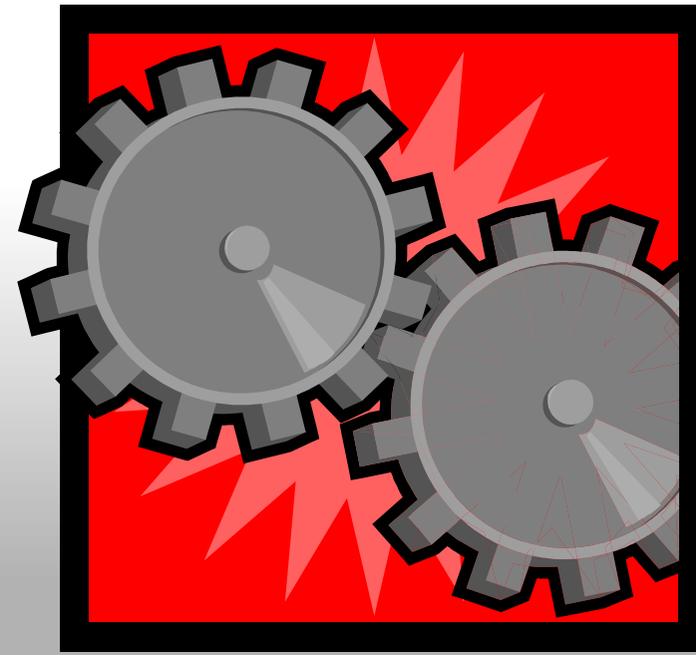


The Challenge of Integrating Public Reporting and Quality Improvement

by Tom Schlesinger Ph.D.
Executive Consultant

Track: Improving Patients' Experiences With Care
Session: Strategies for Improving Patients' Experience With
Hospital Care
Date & Time: April 20, 2010, 9:30 am
Track Number: CAHPS T2- S1-1

Gundersen
Lutheran®



The Pressure for Change

- Health care is under tremendous pressure to fundamentally change
 - To improve Quality and Cost
 - Value

- Patient-Centered Care
 - The patient experience



Before we begin,
let's get something
on the table...

The 'ugly stepsister'
syndrome

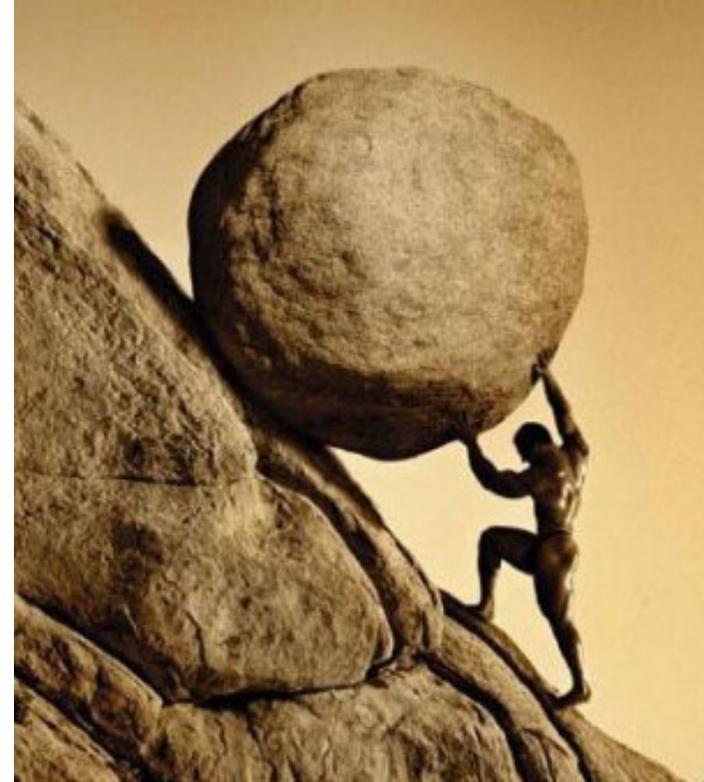


Both the work of improving
quality and the patient
experience have been faced
with similar challenges

Many within the health care industry have resisted any effort to 'quantify' quality and the patient experience



But if we can't measure quality, it is very difficult to improve it.



A new model - driven originally by payers
Now with provider groups



This New Model for Improvement

- Questioned underlying assumption that healthcare quality is uniformly high.
- Believed the problem is the absence of transparency and thus accountability.
- Makes use of power of the internet.



But wait...how is
public reporting
supposed to improve
quality and the
patient experience?



The Model

Measures
developed

National
standard

Widely
adopted

Publicly
Report

Leadership
Reviews

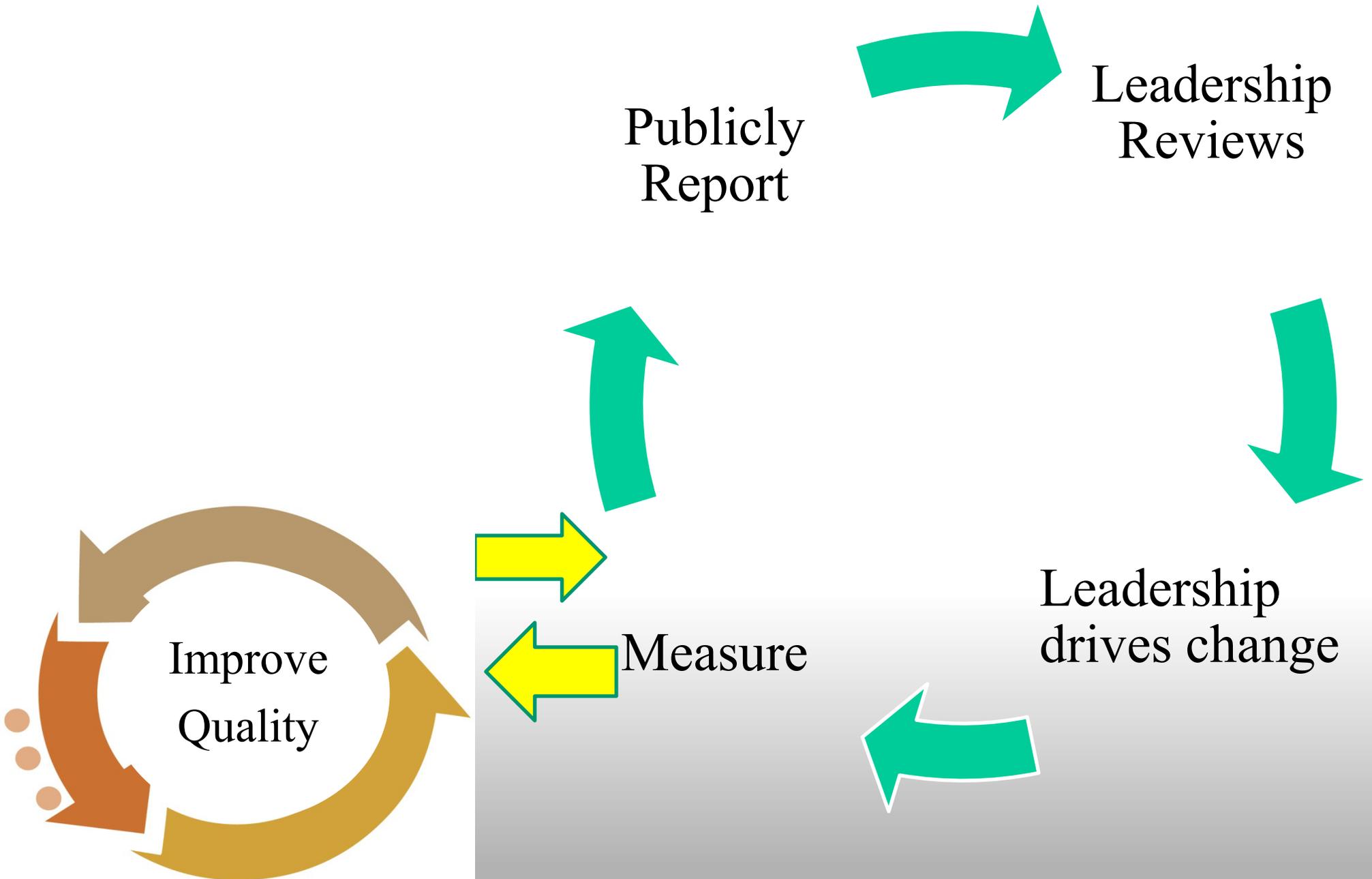
Provider Org

Measure

Leadership
drives change



The Model



Publicly Report

Leadership Reviews

Leadership drives change

Measure

Improve Quality

Reviewing the Implementation of HCAHPS

The Model

Measures developed

National standard

Widely adopted

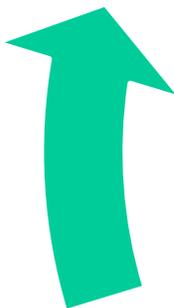
Publicly Report

Leadership Reviews

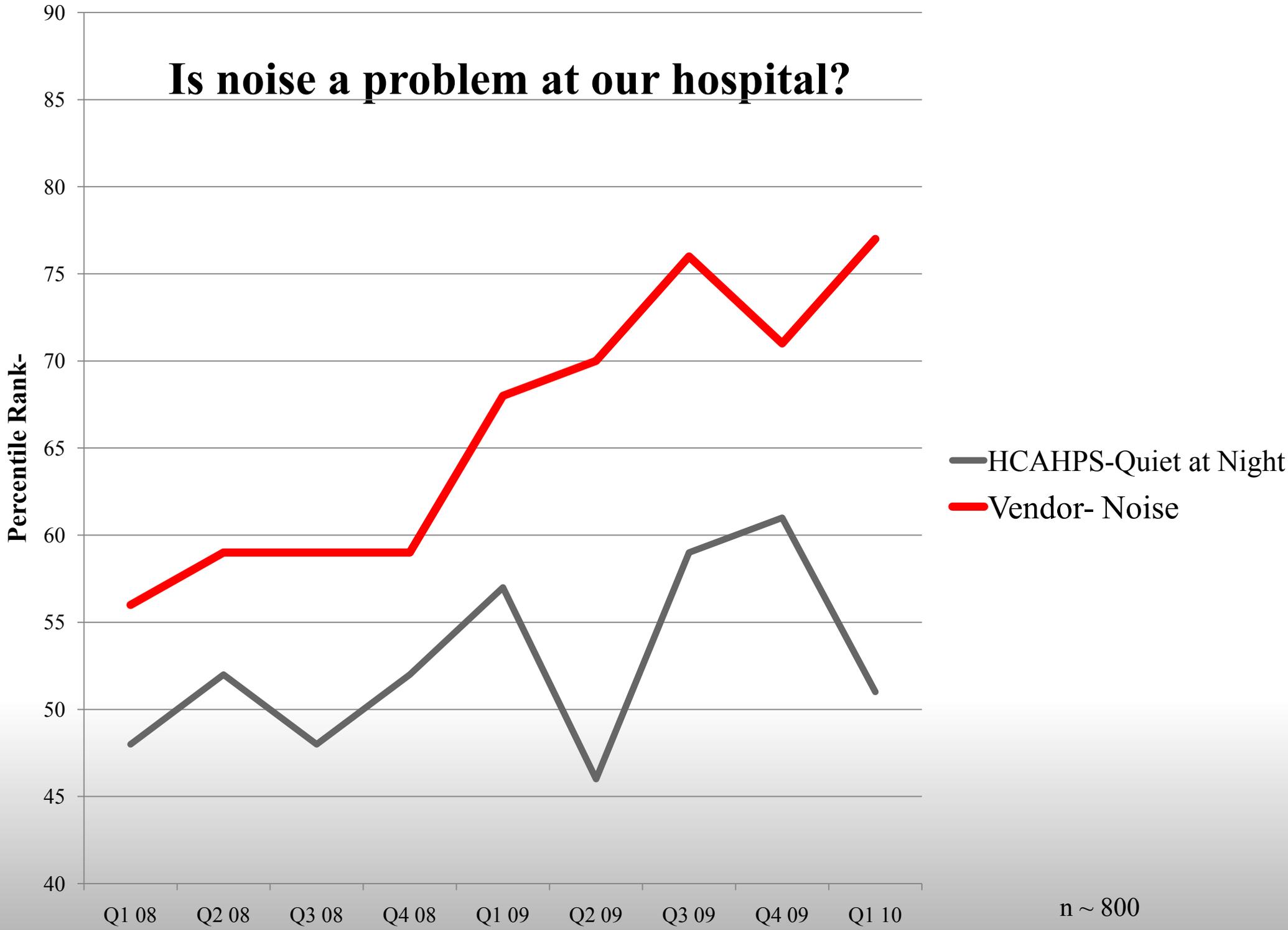


Measure

Leadership drives change

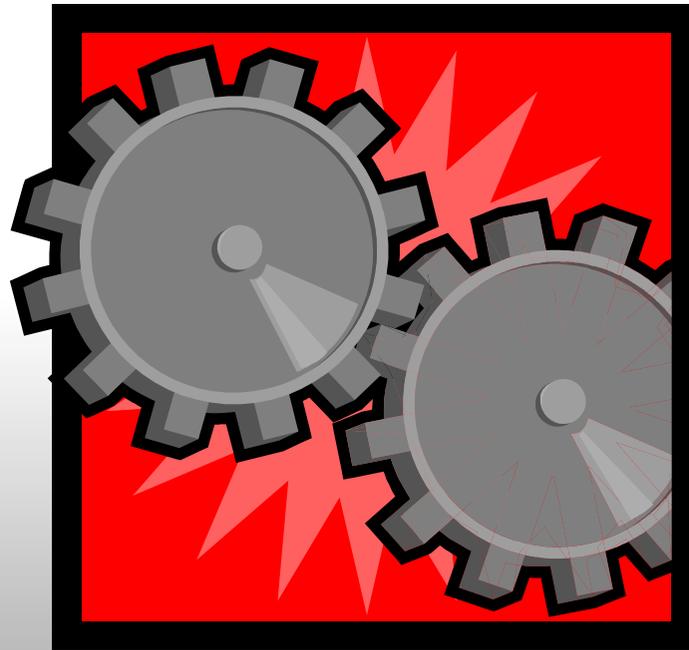


Is noise a problem at our hospital?



n ~ 800

We worked with our vendor so that we use publicly reported data to drive our internal improvement efforts.



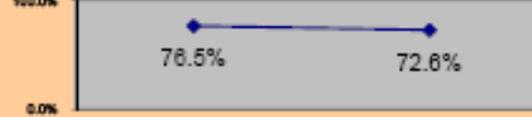
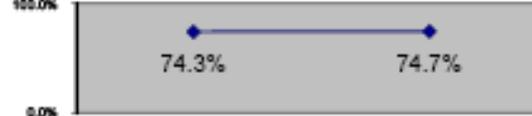
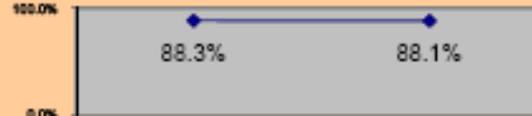
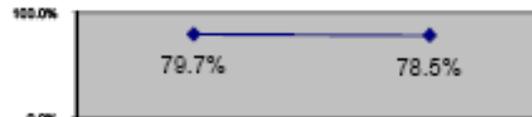
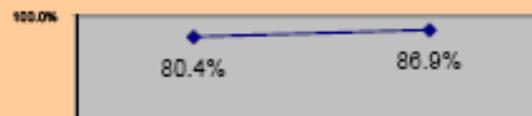
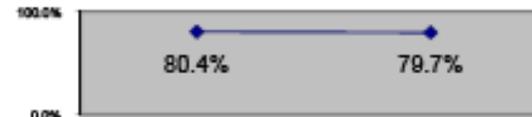
Our Process

- All sampled patients receive integrated HCAHPS/vendor survey
- Higher volume allows break-out by unit
- HCAHPS data is trended over time and benchmarked



HCAHPS Top Box Trend **Unit Name**

				Large DB	WI Peer Group	
Domain		7/1/2009	10/1/2009	Change in Top Box	10/1/2009 Rank	10/1/2009 Rank
n	Question/Global	9/30/2009	12/31/2009		12/31/2009 Rank	12/31/2009 Rank
Overall Score (Section Average)					72	
237	Rate hospital 0-10	80.4%	79.7%	-0.7%	90	71
236	Recommend this hospital	80.4%	86.9%	6.5%	90	71
Communication with Nurses		79.7%	78.5%	-1.2%	69	86
236	Nurses treat with courtesy/respect	88.3%	88.1%	-0.2%	74	86
237	Nurses listen carefully to you	74.3%	74.7%	0.4%	68	71
234	Nurses expl in way you understand	76.5%	72.6%	-3.9%	63	71

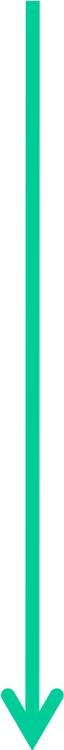


The Advantages of this Approach

- Same patients respond to HCAHPS and vendor survey.
- Publicly reported data can be analyzed so as to:
 - Quickly spot issues
 - Identify problem units
 - Measure improvement

What are the barriers to
adopting this sort of
approach?

Now, let's think about
CG-CAHPS in terms of the
model discussed here



**Measures
developed**

12 month vs. visit specific versions
4-6 point vs. 3 point response scales

**National
standard**

No single national standard exists

**Widely
adopted**

Absence of a single national standard makes
providers reluctant to adopt

The Model

Measures developed

National standard

Widely adopted

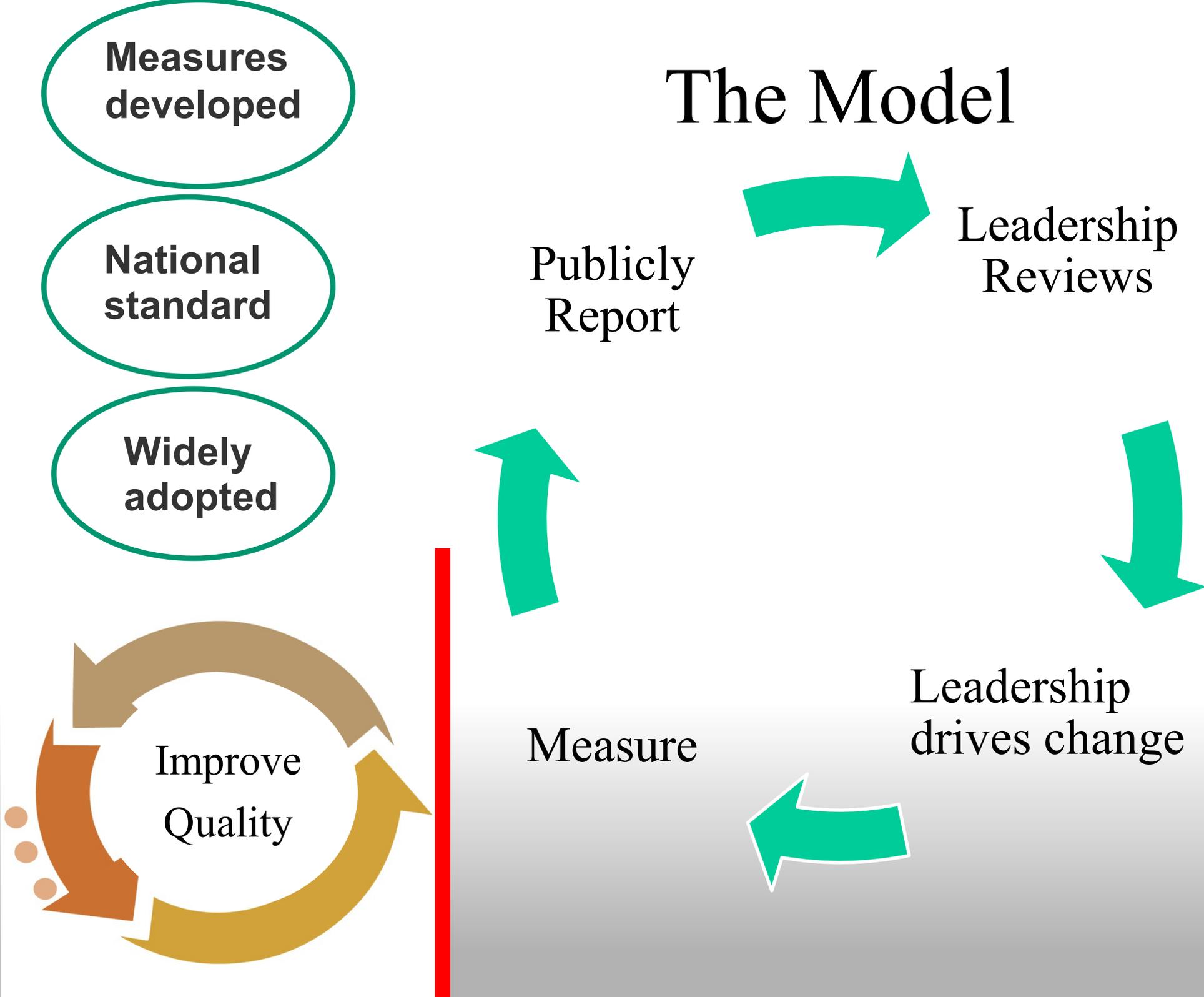
Improve Quality

Publicly Report

Leadership Reviews

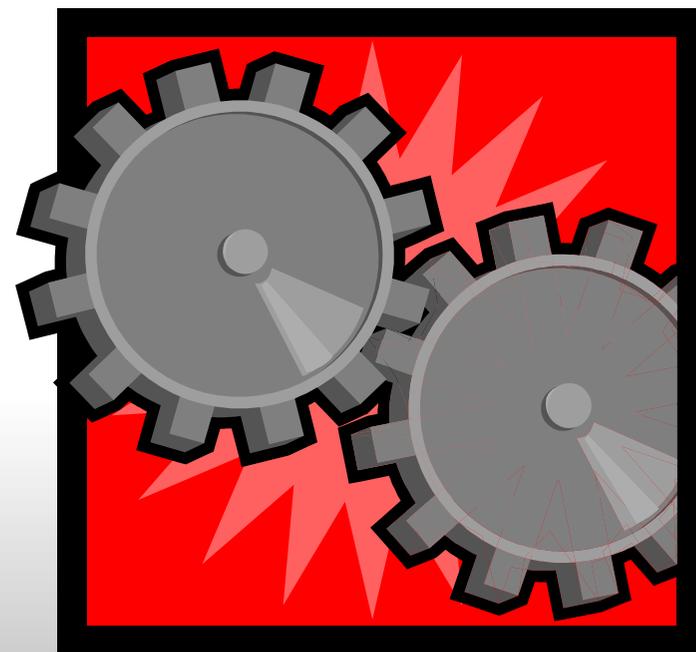
Measure

Leadership drives change



Based on the ideas presented here...

It would be preferable for the CG-CAHPS survey to be based around the visit-specific rather than retrospective 12 month version.



Discussion