Northeast Valley Health Corporation
da california health+ center

Improving CG–CAHPS Scores in a Federally Qualified Health Center

Presented By

Debra Rosen, RN, MPH
Director, Quality & Health Education

“Strategies for Improving CAHPS Clinician & Group (CG-CAHPS) Survey Scores”

A Webcast Presented by the AHRQ CAHPS User Network
March 15, 2016
12:00 – 1:00 pm EDT

“Caring for our community’s health since 1973”
Northeast Valley Health Corporation

- FQHC Los Angeles County
  14 sites
  65,910 users/patients
- 291,152 visits in 2014
- 23% state they are best served in a language other than English
- 98% below 200% of FPL
- 81% below 100% of FPL
- 43.8% adults uninsured
- 6.8% of children uninsured

“Caring for our community’s health since 1973”
Analysis of Data

- Overall and site-specific data are reviewed.
  - Typical of all of our QI work, we look to sites that are performing well and share best practices
- Comparison to the benchmark is also made
- Changes from one year to the next are analyzed to determine if the change is statistically significant.
- NEVHC also uses other surveys and data to supplement the CAHPS data.
  - Pulse one-minute survey (Point of Care survey using Natural Language Program)
  - Patient shadowing
  - Patient and Family Advisory Councils
Adult Summary Rates
Overall NEVHC

Caring for our community’s health since 1973
Where do we start?

- Review the internal data
  - CG-CAHPS with PCMH Items
  - Supplemental Data
- Compliance with regulatory agencies
  - The Joint Commission
  - Meaningful Use
  - BPHC HRSA/Uniform Data System (UDS)
- Affordable Care Act – Patient Choice
- Board of Directors
Success and Challenges

- Communication Training: Not sufficient. (education is not enough to change behavior)
- Self-Management Support: Current organization-wide effort
- Adult Behavioral Health: Successfully implemented annual depression screening for ages 12+
- Access to Care: Successful interventions; data improving!
Access Category

- Saw provider within 15 minutes of appointment time
- Response: Always/Usually

![Bar chart showing access category for adults and children from 2012 to 2014](image)

- Adult: 40.1%, 41.0%, 45.5%
- Child: 41.1%, 39.3%, 41.6%
Access was identified as a priority focus area
- Identified through patient experience surveys
- Driven by Board of Directors and Executive Team

Developed mechanism to measure

Share data widely across the organization and review monthly (friendly competition)

Allow site specific comparison & interventions

Learn best practices (secrets)
- Start Medical Assistants 30 minutes earlier
- Asked patients to come 15 minutes prior to appt.
- Robust calling to assess insurance problems
- Team competitions
Trending Data for all NEVHC Sites

Overall
% Patients Seen in 15 Minutes

April  May  June  July  August  September  October  November  December  Jan.16

25%  25%  30%  30%  29%  31%  28%  29%  30%  31%  33%
Trending Data for all NEVHC Sites

Overall
Cycle Time in Minutes
Goal <60 Minutes

<table>
<thead>
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<th>Month</th>
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<td>Jan.16</td>
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Goal: <60 Minutes

“Caring for our community’s health since 1973”
Lesson Learned: Next Steps

- Analyzing variation between sites and as compared to the benchmark helps to determine priority focus areas
  - Identify areas we excel in
  - Identify opportunities for improvement
- Utilize data from CAHPS, but supplement with other patient experience data
- Determine and prioritize overall and site-specific interventions (compliance with regulatory agencies)
- Focus priorities at the site or organizational level
- Significant change/efforts must occur to see CAHPS scores improve.
Debra Rosen, RN, MPH
Director, Quality and Health Education
Northeast Valley Health Corporation
(818) 270–9700 ext. 41517
debrarosen@nevhc.org