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The Case for Improving Patient Experience

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Speaker

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Carla Zema

The Agency for Healthcare Research and Quality's CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experiences with care. I'm Carla Zema from St. Vincent College and consultant to the CAHPS User Network. I'm here today with Dr. Larry Morrissey, the Medical Director of Quality Improvement for Stillwater Medical Group in Stillwater, Minnesota. Larry is a Pediatrician and leads the quality improvement efforts for this large medical group, including efforts around patient experience.

This is one of the first podcasts of this quality improvement, or QI, podcast series. These initial podcasts are looking at the value of improving the patient experience each from a different perspective. Larry is here to help us think about this from the perspective of an ambulatory practice. Thanks for joining us today, Larry. Can we start off by telling us why the patient experience information was important to your practice?

Larry Morrissey

Carla, we felt that giving patients a good experience was really central to the mission of what we were trying to accomplish as a clinic and as an organization. And it was a core piece of our values, what we thought made us special and important. And as we looked at our success as a business, we also recognized that it was critical to that success because if patients had a good experience they would tell their friends, and that would generate for us the loyalty and returning customers that we knew could make us successful. And we understood that if you want to do something well you need to measure it.

And all the other areas of our business if we want to do well with things, we measure them and make sure that we're doing a good job. And so we didn't want to assume that we were doing well with patient experience and we wanted to be able to have something tangible that we could look at to show that we were being successful in that area.

Carla Zema

Sounds like a great foundation for a truly patient-centered practice. How does your practice actually use the information?

Larry Morrissey

Well there are two different ways that we kind of look at this data. One is sort of a general sense of where things are at and how we are doing. In the past, we might have relied more on external sources of information to let us know that. Like surveys that were done by health plans. But by having our own information that we were collecting and being able to compare to local medians and kind of thresholds of what we would expect for ourselves it gives us kind of a general sense of how we're doing with regard to patient experience.

And the second way is that we can take specific questions and start to dive a little bit deeper into a specific area that we were already working on for something else and look and see how the patient experience related to that area and were we achieving the goals that we wanted to.

Carla Zema

Sounds great. So we hear all the time about how there's often a physician champion within a practice who gets patient experience and is really excited about it, but others in the practice that really consider it to be not valuable information. So when you first started to collect patient experience data, was everyone on board?

Larry Morrissey

No, not really. I think it was difficult because there was that sense of this is something we do really well and we don't need to measure this 'cause we know we're doing well with it. So that was definitely a barrier for us. And I think the other piece which was challenging is that it was a sensitive area for people to look at. If you're looking at a clinical outcome measure like what's your rate of treating patients with diabetes, people were invested in that data, but not in the same way as they were emotionally invested in the relationships that they have with their patients.

And so trying to measure that and quantify that, I think really generated some strong responses from people because they weren't sure if these were the right questions would you be able to do this in a way that was really rigorous and what would be the result of looking at those questions if there was variation and variability between different people. It made people nervous, it made people worry.

Carla Zema

Sounds like a very emotional and personal response. So what changed their minds? How did you support them as you started to get results back?

Larry Morrissey

Well I think one of the things that we did was to be persistent. We held to the idea that we knew this was something we needed to do, and so when there was pushback we said no we're going to keep measuring this and we might have changed how we presented it and we would try to be sensitive about how we handled the information, this is something that we tended to more report to people individually rather than in front of a large group and we in other situations, we tended to be more unblended about posting data in front of everybody.

And this one we were a little more careful about that and kept things a little more blinded and a little bit more at a group level and I think that helped and then conversations with people about why they had concerns. What their issues were, and then as they got more comfortable with the information, you got more of a sense that it

was something actionable that they could deal with if there was an issue, then the resistance kind of started to melt away.

Carla Zema

That's great. Are there are particular aspects or domains of patient experience that are useful to your practice?

Larry Morrissey

Well an example that we felt was real important is good communication surrounding the visit and so we really focused on some of the communication questions like 'did the provider listen to you' because we felt there was a strong correlation in our own data between that and people giving their providers an overall high ranking and being willing to recommend. And ultimately from a business standpoint, the willingness to recommend is really what's going to help you to be successful. So we tried to look at things that were correlated with that and we felt the communication questions were strongly correlated with that.

Carla Zema

We do know from analytic data that communication is one of the strongest drivers of that overall rating and willingness to recommend. So it sounds like you took a very thoughtful approach to this. Can you share a specific example of maybe how you looked at communication data and used it for quality improvement?

Larry Morrissey

Sure, one of the things that we were doing at this time is to implement an electronic medical record, and we're trying to work towards the goals of meaningful use. And one of those goals is to provide patients with better information about their visit through a tool called an after visit summary (AVS). And what we tried to do was sort of connect the dots between our patient care experience piece and the EMR meaningful use piece and the clinical interaction by looking at the questions surrounding 'did the doctor give you easy-to-understand instructions'.

In seeing what the impact was of changes in the process surrounding delivering that after visit summary to patients and improvement in the score on that specific patient experience question. And we were able to find that in providers who had a high rate of increase in their adoption of use of the AVS who had low scores on easy-to-understand instructions, they were able to show an improvement, a significant improvement in that score and that's kind of what you're trying to accomplish with the AVS. So the two things kind of worked together effectively and that's just an example of how we integrated in the QI project both a clinical element, the quality improvement element, and the patient experience element together.

Carla Zema

I think that's a great example of how patient experience is valuable in it of itself, but when you use it to look at the big picture along with clinical information and other quality pieces, it really does help to give you a very comprehensive story of the care that you're providing. Thanks for that great example. So last question – what would you say, or what advice would you give to other practices that say collecting patient experience data is not useful?

Larry Morrissey

I think you have to try it and look at the information that's available to you and then kind of make a decision about whether or not it's something that you think you can change, but if you don't ever look at the data, then you won't ever know kind of where you stand and sometimes what you need to move people is an emotional appeal and that can be that everybody in your group really wants to give patient experience and then there are going to be other people in your group who will be moved by the data.

And so making sure that the data is a piece of the equation can help your group be able to process what you're doing and that you can sort of find out whether or not it's going to be valuable to you as you start to collect the information. And most of the time once you start collecting information on something, you start to see things that need to be changed and then you realize that you need to keep collecting it going forward in order to maintain high performance.

Carla Zema

That's great. And for those of you out there that are thinking that, well, sure it's probably the high performing doctors that really buy into this, I do want to share with you that Larry is actually one of the lower scoring physicians within his practice. As a pediatrician, he makes the choice to have very tough conversations with parents around things like for example antibiotic use, things that are difficult for parents to often understand about the treatment of their child and so often times, that's reflected in his scores. And it's things that he's working on, so I think it's wonderful that you speak so highly and find this information so valuable not only to your practice but also to your personal use as well.

Larry Morrissey

I wasn't expecting that I was going to be lower than my peers, you know. When I went into this, I thought, wow, I'm going to get the best score because I'm Larry. And when I got my scores back and was able to see, okay, I'm not doing as well as the person in the desk next to me. It helped me look at some specific things that I was doing that I could do differently and be more effective.

And it's not that you don't have those difficult conversations because you need to talk about things and you need to bring things up. But at the same time there are things that you can do to help make the interaction with the patient more effective and give them a better experience and so here you just have to try and improve and try to keep getting better at your job, and that's what quality improvement is all about.

Carla Zema

That is great advice and thank you so much, Larry for sharing your expertise not only from the practice's perspective, but also from your own personal experience in looking at your own data. The next podcast in our series will look at aspects that are important to any QI initiative, not just those that focus on patient experience. These podcasts will be followed by some specific strategies to address topic areas that are measured from the patient's perspective.

You can download all of the podcasts in this series at the CAHPS User Network Web site at www.cahps.ahrq.gov. That's www.c-a-h-p-s-a-h-r-q.gov [www.cahps.ahrq.gov]. For more information on making the business case for collecting and using patient experience data, check out the CAHPS Improvement Guide on the Web site. This guide has a lot of useful information from planning a QI initiative all the way through a specific strategy that you can use. You can also access other quality improvement resources such as case studies detailing the use of CAHPS survey results for QI. In fact, we will also be posting a detailed description of the QI effort at Stillwater Medical Group as part of a case study series that was done for the Aligning Forces for Quality Communities.

Remember that the CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS helpline at 1-800-492-9261 or via e-mail at cahps1@ahrq.gov. That's CAHPS, the number 1, at [[@ahrq.gov](mailto:cahps1@ahrq.gov)] [cahps1@ahrq.gov]. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

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