

Practices of High Performers: Patient Experience of Ambulatory Care

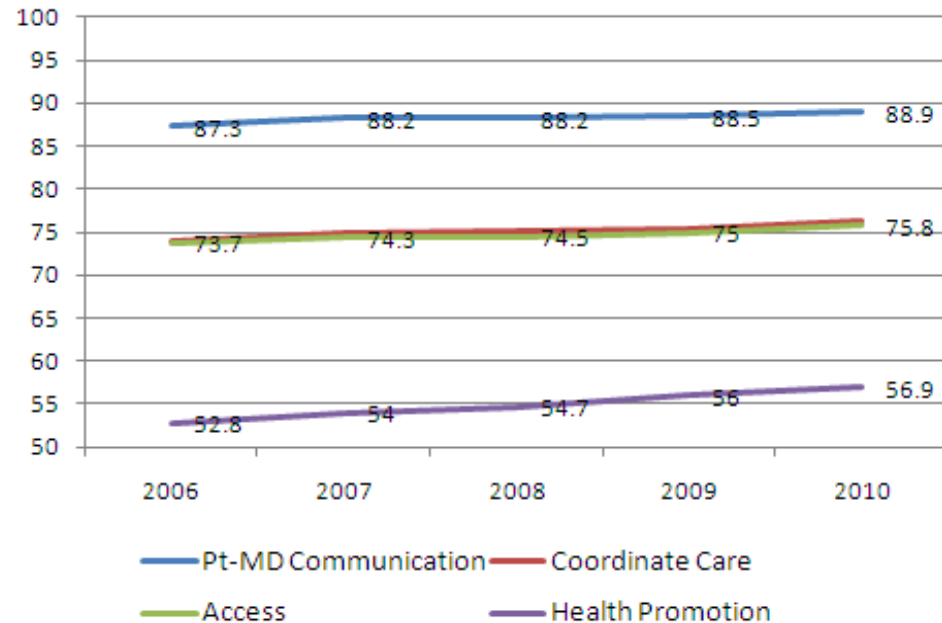
Giovanna Giuliani, MBA, MPH
Senior Manager, California Quality Collaborative
ggiuliani@pbgh.org

March 23, 2011

THE LANDSCAPE

- Public reporting (2002)
- Pay For Performance (2004)
- PAS* improvements on a statewide basis
- Notable sustained performances
- Limited data (CAHPS) shows California lags behind other states

PAS Five-year Trend
Steady Small Gains in Statewide Average Performance



IDENTIFYING “HIGH PERFORMERS”

- Using PAS “overall rating of health care” question (‘06-‘09), identified groups above ~80th percentile for last 3 of 4 yrs
- Conducted structured interviews with leaders to identify common practices and approaches

Medical groups	IPAs	Organizations serving primarily safety net population
Palo Alto Medical Foundation	Hill Physicians – San Francisco	Clinica Family Health Services (Colorado)
Scripps Clinic	Marin IPA	Petaluma Health Center
Scripps Coastal Medical Group	Valley Care IPA	Innovative Care Clinic, San Mateo Medical Center
Sharp Rees-Stealy		Dept of Family Practice and Community Medicine, UC Davis
Sutter West Medical Group		

WHAT DO “HIGH PERFORMERS” DO?

- Leadership commitment
- Patient-centered focus
- Transparent information, used for improvement
- Staff and provider engagement
- Reward and recognition
- Accountability
- Effective improvement strategies

LEADERSHIP COMMITMENT

- Commit time, attention
 - Visible, model behavior
 - Weekly meetings
 - Physician leaders
- Commit resources
 - “Freedom” for staff
 - Leadership development
 - Internal consulting teams
- Lead communication efforts related to patient experience results and goals
- Actively reward and recognize individuals and teams
- Monitor the patient experience closely
- In IPAs, commitment of IPA and physician leaders is critical

“There is not a meeting the medical director attends that does not address patient satisfaction.” (Scripps Clinic)

CEO allows the staff and management to be independent, autonomous and creative.” (Marin IPA)

PATIENT-CENTERED FOCUS

- Strong leadership commitment to patient-centered care
- Core value of the groups = patient is first!
- Believe in relationship between patient experience and clinical quality
- Culture and history of using patient feedback to improve
- Use of the patient voice

“There is a high commitment to patients, to this being a place where patients come first.” (PAMF)

“It’s a message that’s delivered in many ways at every opportunity.” (Marin IPA)

TRANSPARENT INFORMATION

- Measurement & reporting
 - Reporting at site, department and individual provider levels
 - Timely feedback
 - Analysis of key areas to improve
- Results communicated widely, through several methods
 - Leadership plays a key role
 - Scripps clinic example – public posters at sites, weekly email blast to all staff, monthly reports to managers, division summaries to physicians

“You never let us forget about it.” (physician perspective of patient experience results and importance) (Marin IPA)

TRANSPARENT INFORMATION

- Used to guide improvement
 - Routinely discussed at department meetings
 - Used by “quality committees”
 - On the agenda at quarterly and annual all-staff meetings
 - Leaders share suboptimal comments or results privately, with coaching

STAFF AND PROVIDER ENGAGEMENT

- Staff and providers significantly engaged in the design and implementation of improvements in the patient experience
- Belief in relationship between staff and patient satisfaction

- Managers and staff given autonomy and accountability to improve
- Staff involved in setting performance standards/clear expectations for their roles
- Team/staff meetings used to discuss results and interventions
- Friendly competitions initiated among sites/departments
- Exemplary staff serve as peer interviewers
- New employee orientation
- Ongoing on-site training and skill development
- IPAs engage office managers

- Physician engagement – team and site meetings, coaching

REWARD AND RECOGNITION

- Individuals and teams who improve or excel are acknowledged and celebrated
 - Thank you notes and emails from managers and senior leaders – *based on patient comments or mgr feedback*
 - “Above and beyond” or “spot” awards, such as gift cards and movie tickets
 - Public recognition at meetings, huddles or in newsletters
 - Department and site competitions with prizes/parties for meeting goals

ACCOUNTABILITY

- Clear definition of roles, expectations and support in meeting them
 - Hiring
 - Behavioral standards and training
- Continuous feedback and transparent reporting
- “Secret shopper” methods
- “Rounding” on direct reports
 - Manager rounding
 - Senior leader rounding

The senior leader ‘walkabout’ is “the single most useful thing we do.”

IMPROVEMENT STRATEGIES

- Access to care – all have implemented strategies to improve same-day access
- Provider-patient communication – support through individual coaching or shadowing
- Staff-patient communication provided on an ongoing basis
 - Introductions, keeping patient informed, scripting
 - Via new employee orientation, staff meetings
 - Empower practice/office managers

FOR MORE INFORMATION PLEASE VISIT:

- Learn more about the California Quality Collaborative (CQC): www.calquality.org
- CQC Guide to Improving the Patient Experience: <http://calquality.org/programs/patientexp/resources/>
- Paper on patient experience in California ambulatory care: <http://www.chcf.org/publications/2010/12/patient-experience-in-california-ambulatory-care>