The Experience of Care: Patients and Providers as Partners

The Patient Perspective
What is the experience of care? Are we asking the right questions?
Moderator

Klemens Meyer, MD
Tufts Medical Center
Boston, Massachusetts
Past-President, Forum of ESRD Networks
THE EXPERIENCE OF CARE: PATIENTS AND PROVIDERS AS PARTNERS

A 3-part Webinar Series

Improving Patient Experience of Care:
- How to change the way we look at patient experience of care
- How to use new information to improve the patient experience of care
- Breaking down barriers to communication.
The Patient Perspective:  
What is the experience of care?  
Are we asking the right questions?

The Provider Perspective:  
What do we learn from experience of care surveys? Can we do better?

Patient and Provider Engagement:  
Forging true partnerships and changing the culture
ACKNOWLEDGEMENTS

American Association of Kidney Patients for their generous financial donation supporting this webinar series

Northwest Renal Network (#16) for supporting and coordinating the social work and nursing CEs
ACKNOWLEDGEMENTS

Thank you to...
Fresenius Medical Care-NA
DaVita
Dialysis Clinic, Inc.
National Renal Administrator's Association
Renal Physicians Association
WEBINAR #1 : The Patient Perspective

What is the experience of care? Are we asking the right questions?

- Describe the differences between Patient Engagement, Patient Satisfaction and Patient Experience of Care
- Discuss CMS intent of ICH CAHPS and how dialysis facilities can use survey results to improve the patient experience of care.
- Identify the patient's expectations related to the use of survey results and how the results should be used to improve the patient experience of care.
Patient Engagement
Patient Satisfaction
Patient Experience of Care
What’s the difference?

Michelle Richardson, Pharm.D.
Tufts Medical Center
Dialysis Clinic, Inc.
Boston, Massachusetts
Patient Engagement Definition

- How involved the patient is in their care
  - Different from Satisfaction or Experience but can affect both

- ACA definition: “the active participation of patients and their families in the process of making medical decisions”
Nephrologist quickly visits a patient chair-side, explains a change that needs to be made to the treatment and asks if the patient has any questions. A nurse visits later and provides an educational handout regarding the change.

Red items highlight touch points for engagement.
Subjective measure of the extent to which the patient's expectations have been met
After the visit with the doctor and nurse the patient feels pleased with the care team. That said, the patient is also a bit confused about the treatment change and wishes the information had been explained verbally.

Green items highlight touch points for patient satisfaction (expectations).
“The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.” – The Beryl Institute

- Aims to be more objective than satisfaction

http://www.theberylinstitute.org/?page=definingpatientexp
Patient Perception:
The patient knows the clinic is busy and appreciates the education station in the waiting room that contains a variety of professionally produced educational information. The doctor and nurse were nice, but this patient better understands verbal directions and would prefer in-person discussion regarding the changes in addition to or in lieu of being given information to read at home.

Purple items highlight touch points for patient experience.
# Pt Experience vs. Pt Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Patient Experience</th>
<th>Patient Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Assesses frequency of experiences deemed essential for high quality care</td>
<td>Assesses whether patient expectations are met</td>
</tr>
<tr>
<td><strong>Survey Questions</strong></td>
<td>Tend to be more objective&lt;br&gt;&lt;br&gt;EX: Nephrologist/staff listen to you carefully.</td>
<td>Tend to be more subjective&lt;br&gt;&lt;br&gt;EX: How well did the doctor/staff listen to you?</td>
</tr>
<tr>
<td><strong>Sample Scale Difference</strong></td>
<td>Always – Never</td>
<td>Excellent - Poor</td>
</tr>
</tbody>
</table>
Nephrologist quickly visits chair-side, explains a change that needs to be made to treatment and asks if any questions. A nurse visits later and provides an educational handout regarding the change.

Met Expectation? Yes

Perception: Positive engagement, positive experience

Spent time with the Dr. and now can do further reading at home.

Met Expectation? Maybe

Perception: Negative engagement, Neutral experience

The Dr. and Nurse were nice but preferred in-person discussion regarding the changes.

Met Expectation? No

Perception: Negative engagement, Negative experience

Little time was spent with patient and nothing was explained in a way I could understand.
Engagement, experience and patient satisfaction are VERY different concepts

None of them are one size fits all

Engaging patients in their care and improving patient experience are important. Don’t expect that exclusively improving one will result in improving the other
ICH CAHPS & The Patient Experience of Care: The CMS Perspective

Jeneen Iwugo, MPA
Deputy Division Director
Quality Improvement and Innovation Group (QIIG)
Center for Clinical Standards and Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) & The Patient Experience of Care

Forum of ESRD Networks Webinar Series

Jeneen Iwugo
Deputy Division Director, Quality Improvement and Innovation Group
Agenda

- ICH CAHPS History
- Importance to Dialysis Patients
- Importance to Dialysis Facilities, ESRD Networks and CMS
- ESRD Network Activities
- Future Plans for ICH CAHPS
ICH CAHPS History

- In 2000, the Inspector General recommended developing a standardized experience of care survey for ESRD patients.

- In 2003, MedPac's Report to Congress reiterated the need to evaluate ESRD patient satisfaction.

- CMS responded to these recommendations by partnering with Agency for Healthcare Research and Quality (AHRQ) to develop a survey for ESRD patients for internal quality improvement at the facility level and for public reporting to patients and caregivers.
In 2005, the CAHPS Team initiated a grant for a 18 month pilot project to demonstrate how dialysis facilities can use a survey to improve the quality of care they provide. The grantees worked with 7 dialysis facilities and their ESRD Networks to identify opportunities for improvement based on results from the field test. Resulting in:

- quality improvement programs being developed;
- measures being developed; and
- patients being resurveyed to analyze the effectiveness of the QI initiatives.

In 2007, the ICH CAHPS Survey measures were endorsed by the National Quality Forum (NQF) and that endorsement was renewed in 2015.

The ICH CAHPS Survey is only given to patients.

The ICH CAHPS Survey is administered twice each year.
ICH CAHPS Importance to Patient Experience of Care

Patients

- Communication and time spent with patients is the foundation of relationship building, trust and respect. Staff educate patients regarding their care options. Patients educate staff regarding their preferences, life-styles and goals to inform care decisions.

- Questions in the survey provide data about topics including but not limited to:
  - Education on nutrition;
  - Laboratory test; and
  - Home therapy.
ICH CAHPS Importance to Patient Experience of Care
Dialysis Facilities, ESRD Networks and CMS

- Understanding how patients perceive the care they receive is of great importance to providing quality care. This enables the use of the patient voice when developing quality improvement efforts.

- The data received from the ICH CAHPS survey informs quality improvement activities for dialysis facilities, ESRD Networks and CMS policy decisions.

- The in-center dialysis facilities can target limited resources in the most effective manner to improve patient care. Questions from the survey provide valuable information regarding patient perception of:
  - how comfortable staff made them while on treatment;
  - how closely monitored they felt while on treatment; and
  - if staff were able to manage any problems that occurred during treatment.
Impact of ICH-CAPHS Survey on ESRD Network Activities

- CMS designed a quality improvement activity for the ESRD Network contract utilizing ICH CAHPS Survey data to assist dialysis facilities in improving patient care.

- This activity is specifically designed to address low survey scores within each ESRD Network by adapting interventions to improve identified topics of concern to patients.

- CMS is requiring ESRD Networks to utilize patients in these quality improvement activities to ensure that the patient voice is represented.

- There is also a National Patient and Family Engagement Learning and Action Network (NPFE-LAN) which has patient representative from all 18 ESRD Networks who focus solely on providing recommendations about the ICH-CAHPS Survey.

- Future ESRD Network contract activities will focus more closely on the results of the ICH CAHPS Survey.
What We Have Heard from the ESRD Community about the ICH-CAHPS Survey

- **“What is my ESRD Network’s role in survey administration?”**
  - The ESRD Networks do not administer the survey but are available to provide patients with information on ICH-CAHPS.
  - ESRD Networks currently utilize ICH-CAHPS results to develop interventions to address identified needs.
  - The NPFE-LAN is focusing activities for better dissemination of ICH-CAHPS education and information by ESRD Networks, Patients and Dialysis Facilities.

- **“How does CMS envision clinic staff having a conversation on survey results with their patients?”**
  - Future ESRD Network activities will focus on assisting dialysis facility with best means of sharing survey results and proposed modifications with patients

- **“How do I know what the results of the survey are?”**
  - CMS has plans for Winter 2016 to address this issue.
Upcoming ICH-CAHPS Survey Results Dissemination

**Winter 2016** ICH-CAHPS Survey Results will be linked to Dialysis Facility Compare

DFC individual dialysis facility data will include 3 ratings measures [0 (lowest) – 10 (highest)]
1. Staff
2. Center
3. Kidney Doctor

DFC individual dialysis facility data will include 3 composite measures [0 (lowest) – 10 (highest)]
1. Nephrologist Communication and Caring (comprised of 6 survey questions)
2. Quality of Dialysis Center Care and Operations (comprised of 17 survey questions)
3. Providing Information to Patients (comprised of 8 survey questions)
Panel: Patient Perspectives
What is important?

Stephanie Dixon – Forum KPAC
Jerry Nailon – AAKP
Allen Nelson, AA, BA – Forum KPAC

KPAC: Kidney Patient Advisory Council
Stephanie Dixon
Forum KPAC
Brooklyn, NY

Jerry Nailon
AAKP
Bethany, OK

Allen Nelson
AA, BA
Forum KPAC
Glen Mills, PA
Question #1

Do you believe the content of the CAHPS survey represent your experience of care? Is the CAHPS survey asking the right questions about your experience of care?
Question #2

What are your expectations of participating in the survey?
What are your expectations of how your facility will use the results for quality improvement?
QUESTIONS & ANSWERS

Use the “Question” box on your GoToWebinar panel to submit your questions

All unanswered questions will be reviewed by our co-chairs and speakers; they will be summarized in a Q & A document which will be posted to the Forum website after the webinar.
In addition to ICH-CAHPS, a clinic can use other techniques to understand how patients view their experience of care.
Thank You For Joining Us

Please join us for Webinar #2

The Provider Perspective:
What do we learn from patient experience of care surveys?
Can we do better?