

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

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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?

September 14
October 19
November 9

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



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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

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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**”



Example - Engagement

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.



Patient Satisfaction Definition

- Subjective measure of the extent to which the patient's expectations have been met



Example Continued - Satisfaction

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).



Patient Experience Definition

- “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



Example Continued - Experience

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

	Patient Experience	Patient Satisfaction
Purpose	Assesses frequency of experiences deemed essential for high quality care	Assesses whether patient expectations are met
Survey Questions	Tend to be more objective EX: Nephrologist/staff listen to you carefully.	Tend to be more subjective EX: How well did the doctor/staff listen to you?
Sample Scale Difference	Always – Never	Excellent - Poor

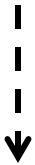


Concepts in Action

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 way could
understand**



Remember

- 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

ICH CAHPS History (Continued)

- 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





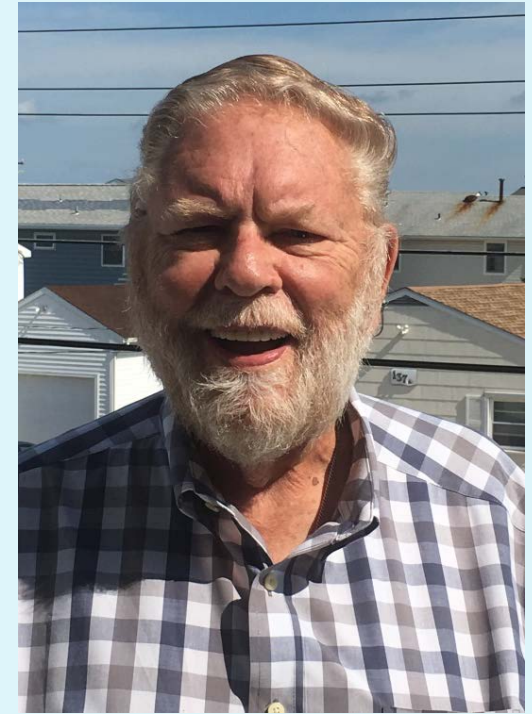
**Stephanie
Dixon**

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.

OBSERVATIONS & CHALLENGES

CLOSING REMARKS

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?

