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# **Improving Patient Communications by UCLA Practice Office Staff Using CAHPS**

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# What Is Medical Specialty Suites?



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- **Eleven specialties in one suite of offices**
  - Cardiology
  - Endocrinology
  - Nephrology
  - Gastroenterology
  - Rheumatology
  - Pulmonology
- **Located in the UCLA 200 Medical Plaza**
- **Total of 76 physicians and 65 office staff seeing 75,000 patients annually**
- **Physical configuration**
  - One suite for all specialties
  - Each specialty assigned to corridor(s)
- **One call center with different incoming lines**



# Diagnosis of the Problem



- **On arriving in the office, I found that staff had an “entitlement” mindset, rather than service orientation**
- **Observed problems in staff interactions with patients**
- **Problems reflected in CAHPS scores**
  - Clerks/receptionists were helpful - 84%
  - Clerks/receptionists courtesy & respect - 90%
- **Acceptable scores, not excellent**
- **Set a goal to improve scores**





# BRITE Training Became Available

- **BRITE = Begin Right with Instruction & Thorough Education**
- **UCLA Faculty Practice Group established training for practice office staff & managers**
  - Connecting with customers
  - Registration 101 & Managed Care 101
  - Working with difficult patients
- **How BRITE training is provided**
  - Practice managers take course first
  - Then send office staff, a few at a time
  - Practices decide who to send and schedule



# MSS One of the First to Do BRITE



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- **I was eager for the training – saw the need from diagnosing the situation**
- **I participated in first session (Feb 2007)**
- **Then I sent the office staff – not voluntary**
- **Approach: train staff in the order that patients encounter them**
  - Phone staff first – 2 to 3 from each corridor
  - Then authorization staff
  - Finally nursing staff
- **New staff are set up for BRITE training**



# Office Manager's Role Is To Reinforce Training



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- **The office manager must actively reinforce the patient communication practices taught in BRITE**
- **Monitoring changes in staff behaviors**
  - Monitored calls in the call center
  - Observed interactions to detect changes
- **Methods used for reinforcement**
  - Awarded gold stars for positive encounters
  - Gave positive reinforcement publicly
  - Gave private feedback on improvement needs



# Successes from the Training



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- **Staff responded positively to the training**
- **Increased desire by those not yet trained**
- **Fast effect on interactions with patients**
- **Reached sustainability, but need to refresh**



# Challenges Experienced



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- **Scheduling difficulty in getting office staff to training, especially nurses**
- **Some pushback and resistance from staff**
- **Cardiology was hard to get on board**



# Effects on Staff Behaviors

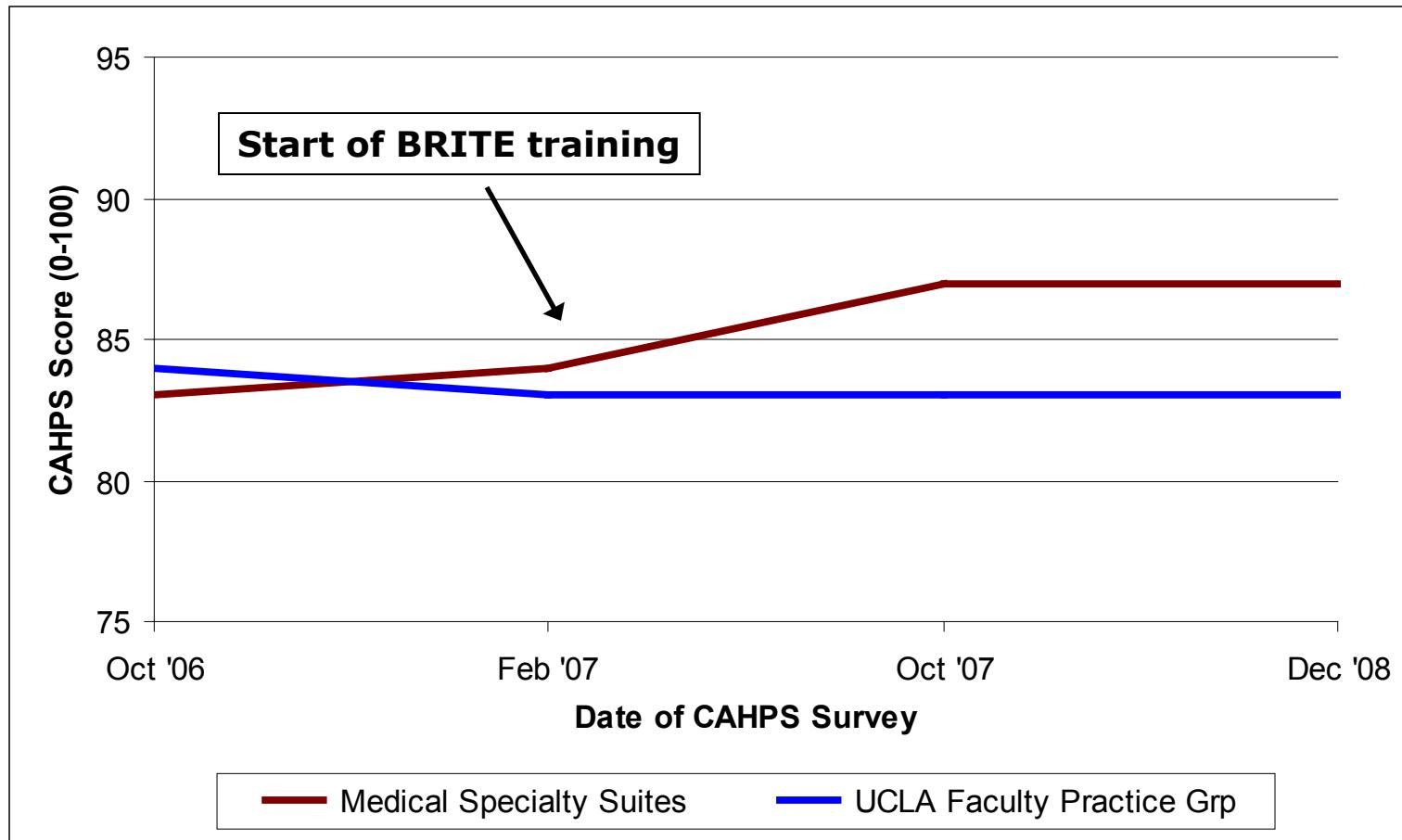


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- **Effects observed by managers**
  - Different demeanors, “pep in step”
  - Conversations with patients improved, on the phone and at the front desk
  - Cross-department interactions improved
- **Improved results from mystery callers**
- **Emails from physicians about good encounters with patients by staff**
- **Positive feedback from new consults**



# CAHPS Scores Improved: Helpfulness of Office Staff



**Note: Original scores were transformed to 0-100 scale**



# Lessons From Our Experience



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- **Keep an open mind; look at the training as a QI/PI project**
- **Accept that the training will not change some staff, but the majority will respond**
- **Need effective and enthusiastic trainers**
- **Go to the class yourself**
- **Meet with staff regularly to share information and excitement**
- **Ask for feedback from staff with the training**
- **Reinforce positive actions with public praise**

