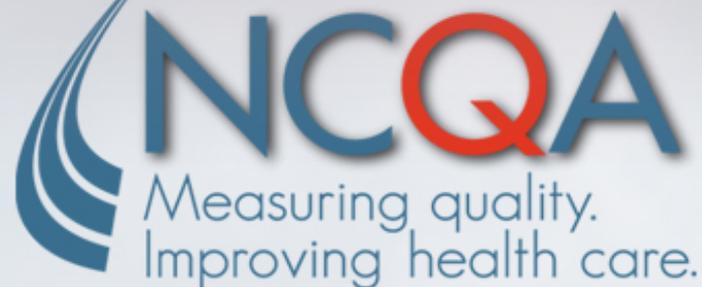


# Distinction in Patient Experience Reporting



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# Overcoming Methodological Challenges to Include Patient Voices in Patient-Centered Medical Home Qualification

- **Identify a core set of survey items**
- **Explore feasibility of alternative sampling and other data collection strategies**
- **Examine the impact of alternative scoring approaches in blending results from the standards and patient experience surveys**

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# NCQA's PCMH 2011 (6 standards/27 elements)

## 1. Enhance Access and Continuity

- A. Access During Office Hours
- B. Access After Hours
- C. Electronic Access
- D. Continuity (with provider)
- E. Medical Home Responsibilities
- F. Culturally/Linguistically Appropriate Services
- G. Practice Organization

## 2. Identify/Manage Patient Populations

- A. Patient Information
- B. Clinical Data
- C. Comprehensive Health Assessment
- D. Use Data for Population Management

## 3. Plan/Manage Care

- A. Implement Evidence-Based Guidelines
- B. Identify High-Risk Patients
- C. Manage Care
- D. Manage Medications
- E. Electronic Prescribing

## 4. Provide Self-Care and Community Resources

- A. Self-Care Process
- B. Referrals to Community Resources

## 5. Track/Coordinate Care

- A. Test Tracking and Follow-Up
- B. Referral Tracking and Follow-Up
- C. Coordinate with Facilities/Care Transitions

## 6. Measure and Improve Performance

- A. Measures of Performance
- B. Patient/Family Feedback
- C. Implements Continuous Quality Improvement
- D. Demonstrates Continuous Quality Improvement
- E. Report Performance
- F. Report Data Externally

# Patient Experience Reporting

- **PCMH 2011 standards allows practices to provide reports of patient experiences results as documentation for meeting relevant elements**
- **Voluntary module allows practices to obtain additional distinction for reporting results**

# PCMH 2011 Element 6B:

## Measure Patient/Family Experience

**The practice obtains feedback from patients/families on their experiences with the practice and their care**

- **The practice conducts a survey (using any instrument) to evaluate patient/family experiences on at least three of the following categories:**
  - **Access**
  - **Communication**
  - **Coordination**
  - **Whole-person care**
- **The practice uses the Patient-Centered Medical Home version of the CAHPS Clinician & Group survey tool (CAHPS PCMH Survey)**
- **The practice obtains feedback on the experiences of vulnerable patient groups**
- **The practice obtains feedback from patients/families through qualitative means**

# Distinction in Patient Experience Reporting

- **Requires Patient-Centered Medical Home version of the CAHPS Clinician & Group survey tool addressing the core set of domains**
  - Access
  - Communication
  - Coordination
  - Whole person care
- **Requires standardized sampling approach**
- **Requires use of approved methodologies**
- **Requires reporting of data to NCQA**
- **Over time, requirements for standardization may increase to allow scoring of results**

# Sampling Guidelines

- ***Unit of analysis:*** The practice
- Random sample of patients who had at least one visit in the last 12 months
- Target sample sizes vary by number of clinicians in the practice, in order to gain sufficient practice-level reliability for items/composites

Number of Clinicians	Starting Sample Size (assuming 35% response rate)	Target Number of Complete Surveys
1	128	45
2-3	171	60
4-9	343	120
10-13	429	150
14-19	500	175
20-28	643	225
29 or more	686	240

# Data Collection Guidelines

- **Administered by NCQA trained and approved survey vendors**
  - ***Mail***: Two survey mailings
  - ***Telephone***: Five telephone call attempts
  - ***Mixed (mail with telephone follow-up)***: One survey mailing and five telephone call attempts to nonrespondents
  - ***IVR***: Five telephone call attempts
  - ***Internet***: Two attempts
- ***Note: The standardized Internet data collection protocol is available for optional use with other methodologies.***

# Data Reporting Guidelines

- **Submit annually to retain recognition**
- **Two time periods for data submission per year**

# What Distinction Means

- **Practices have submitted CAHPS PCMH data**
  - Data will be used for benchmarking
- **Practices will receive credit within PCMH 2011-6B**
- **Practices with PCMH Recognition can announce they have distinction in patient experience reporting**

# Product Design

Product Design	Features
Eligibility	<ul style="list-style-type: none"><li>• Recognized and unrecognized practices may submit data (<i>data used for benchmarking only</i>)<ul style="list-style-type: none"><li>• PCMH-Recognized practices earn distinction</li><li>• Non-recognized practices not eligible for distinction</li></ul></li></ul>
Reporting Periods	Two reporting periods – April 2012 and Sept 2012
Status	PCMH Recognized with distinction in patient experience reporting
Notification	<ul style="list-style-type: none"><li>• Automatic electronic notification</li><li>• Distinction added to PCMH-Recognition in directories</li></ul>
Status Length	1 year –must submit data annually

# For More Information

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**PCMH 2011:**

**<http://www.ncqa.org/tabid/631/Default.aspx>**

**Distinction in Patient Experience Reporting:**

**<http://www.ncqa.org/tabid/1429/Default.aspx>**