

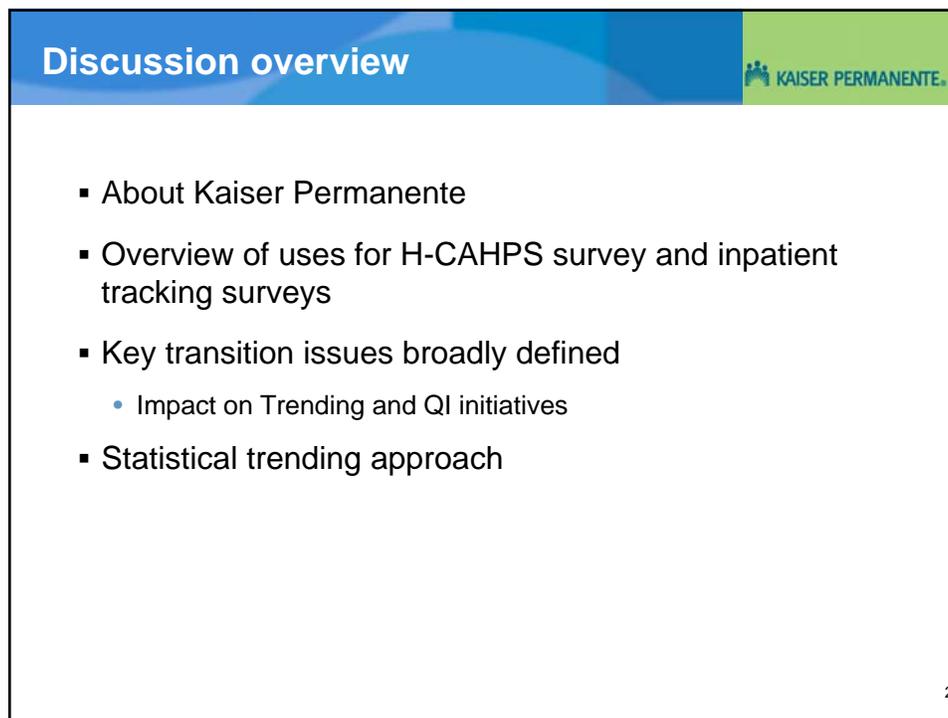
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CAHPS Hospital Survey Integration and Trending: Kaiser Permanente's Experience with Reporting and QI Initiatives

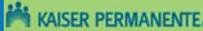
CAHPS User
Group Meeting
March 31, 2006

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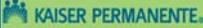
Discussion overview

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- About Kaiser Permanente
- Overview of uses for H-CAHPS survey and inpatient tracking surveys
- Key transition issues broadly defined
 - Impact on Trending and QI initiatives
- Statistical trending approach

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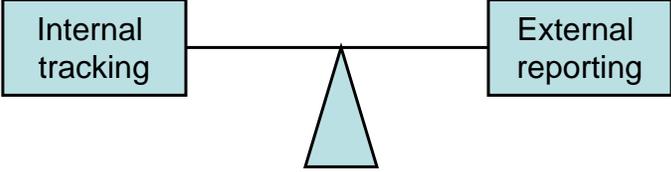
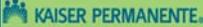
Kaiser Permanente



- Integrated health care organization of > 8 million members
 - Health plan, Hospital, and Medical groups
- 32+ KP Hospitals in California, Northwest, Hawaii
 - All switching now to H-CAHPS Survey
 - CA fully switched, NW and Hawaii within a month
- Surveys used to benchmark performance, provide accountability, diagnose challenge areas

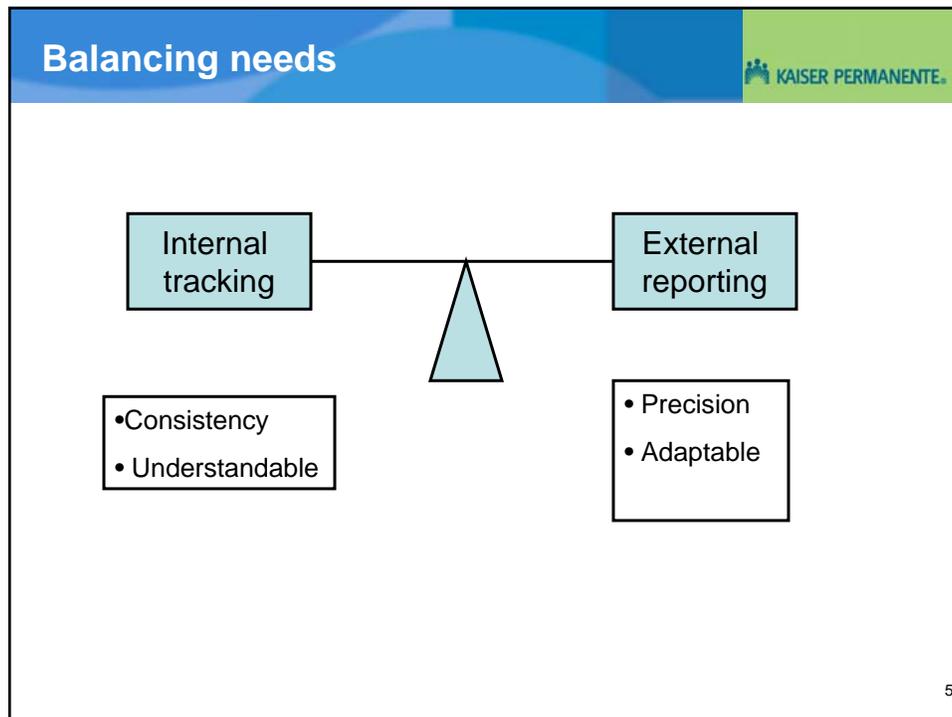
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Inside-outside survey



- Surveying every eligible patient
- Surveying patient only once
- One survey instrument needs to serve both purposes

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- ## Key trending issues
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- Transition involves changes along many fronts: new questions, new dimensions, raw vs. case mix analysis, sample timing and frame
 - Conceptual consistency is as important as statistical consistency, at least for **this current** change
 - Since survey is continuous, this one time change is in some ways less disruptive
 - Can just pick up where other left off
 - Increasing focus on outside comparisons, so getting those benchmarks is critical...
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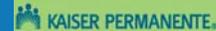
H-CAHPS Survey transition benefits



- Accountability increased by focus on separate Dr. and Nurse dimensions
- Benchmarking
 - Apples to apples comparisons for facility performance and for individual items
 - Helpful to have one common survey across all hospitals
- Provide confidence and guidance in targeting specific areas and for creating accountabilities
- Case mix allows for better internal and external apples to apples comparisons

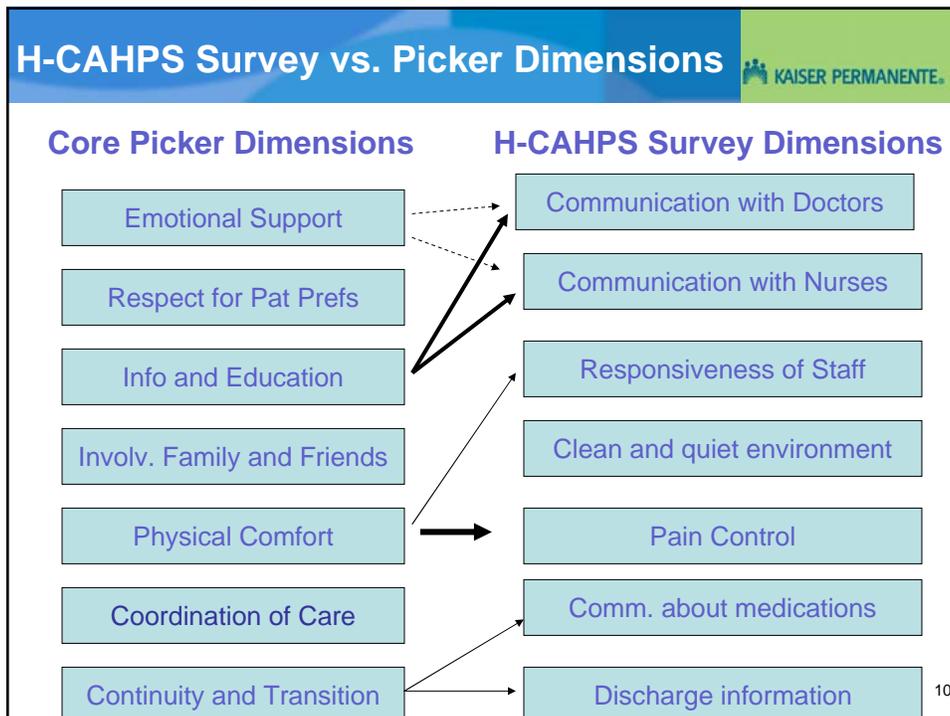
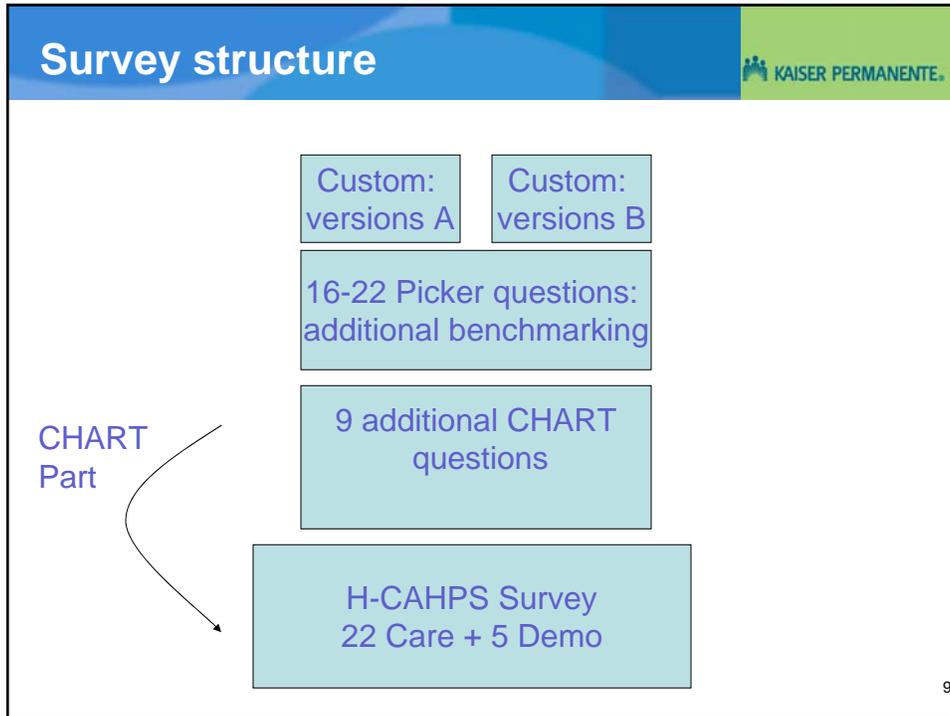
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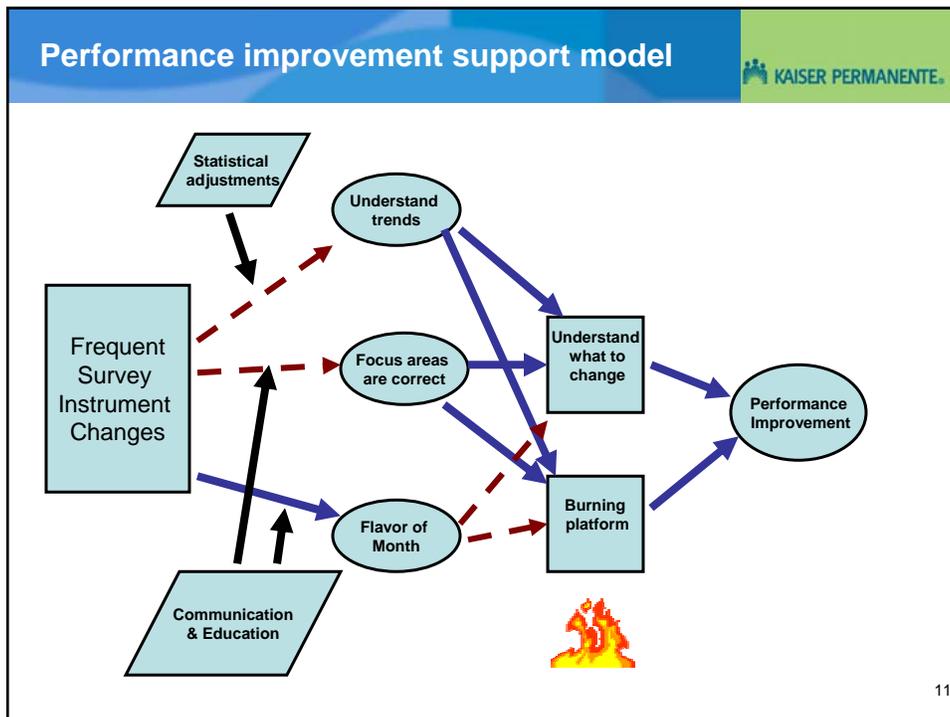
Key tasks and challenges in changing



- What to keep from current survey; how to fill-out rest of survey?
 - Complicating factors: H-CAHPS survey layout takes up more space
- Which dimensions to use for reporting..?
- How to adjust sampling approach—use H-CAHPS survey process for all..or subset?
- How to fit all the questions?
- How to address changes in perceived or actual ranking?
- **How to communicate the changes...**

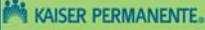
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- ### Key communication strategies
- Emphasize that what is important to patients hasn't changed—just the way it is measured
 - Focus on the positives of one national survey
 - Tell them 17 times about the changes
 - Identify and empower local champions
 - Consider benefits of changing all at once versus gradual changes
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Trending approach

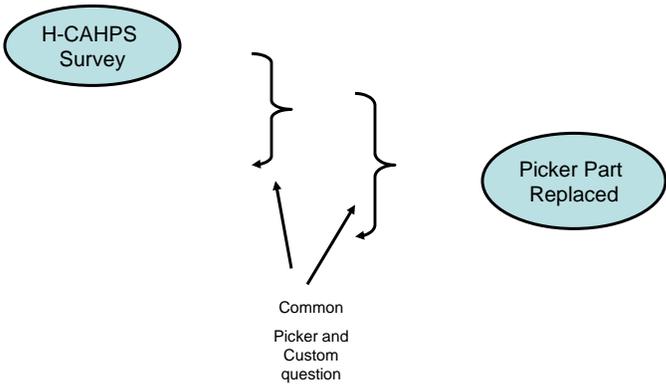


- You generally need some form of common reference point to calibrate scores
- We have two stage changes:
 - Switch core of survey to H-CAHPS Survey
 - Switch questions from most of the of rest of survey to have H-CAHPS type response scales

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Calibrating H-CAHPS Survey Items





Had simultaneous surveys from H-CAHPS Survey Pilot

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Calibrating H-CAHPS Items

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Common
Picker and
Custom
question

Had simultaneous surveys from H-CAHPS Survey Pilot

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Calibrating new response categories

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H-CAHPS
Survey and
KP Custom
questions

Have near simultaneous surveys—a week apart

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Calibrating new response categories

Old 3 point

new 4 point scales

H-CAHPS Survey and KP Custom questions

Have near simultaneous surveys—a week apart

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Key takeaways

- So many changes, that analytical trending is less of an issue for this round
 - ‘Tweaking’ may be an issue in the future
- New, more comprehensive benchmarks should help to build confidence and hone accountabilities
- Communication is critically important
 - Build confidence that survey instrument is accurate
- Care providers are a central audience along with consumers

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Beyond Measurement

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“You don’t fatten a cow by weighing it”

-Old Proverb



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