

Implementation of a Pilot Visit-Specific Version of CAHPS C&G Among Nine Medical Groups in Minnesota

Who Are We?

- **Allina Hospitals & Clinics**
 - Integrated healthcare system
 - 22,000+ employees
 - 11 hospitals + 43 Allina Medical Clinics
 - System serves ~1.5 M patients
 - ~2.5M ambulatory visits/year
 - Broad reaching measurement activities focusing on care, service, people, finance and growth
 - Partner with Minnesota Community Measurement (MNCM)

Minnesota's Approach

- **Aim: Pilot the collection of patient experience data through medical groups and report at the clinic site**
- **Requirements: Flexible approach**
- **Drivers to patient experience:**
 - **Minnesota Community Measurement Board: expand on six IOM aims**
 - **Consumers**

Patient Centering

- Allina's VP for Quality was reviewing Allina Medical Clinic patient experience data from the health plans
 - He discovered discrepancies across geography and plans, as well as differences from our data
- We became frustrated with the idea that “we” (across healthcare organizations, payers and providers) were over-surveying patients

Decision Making

- **MNCM assessed current surveying activity**
- **Explored multiple models:**
 - Health plan
 - Medical group
 - Employers to distribute web-based survey
- **Discussed for over a year**
- **Medical group model started to look good**
 - Avoid extensive work required to report at clinic site.
 - More representative of a clinic's patient mix, as is with current DDS clinical measures.
 - Medical groups are directly shaping the process, leading to increased buy-in and awareness.

Coming to the Table

- **Deliberate strategy to meet with potential medical group partners one-on-one at their offices**
- **Started with those easy to approach, such as:**
 - **Members of MNCM board, or others with a strong connection**
 - **Large groups already actively surveying**

Concerns

- **At the first official conversation with MNCM during the listening tours, Allina expressed concerns about....**
 - **Overlap with our quality improvement work, with no ability to use this data for quality improvement**
 - **Cost and timeline**
 - **Tool length, approach**
 - **Balance with clinical measures**

Organizational Context

- As the Allina Medical Clinic did goal setting for 2008, the VP for Human Resources commented that it was great to have external benchmark data for other areas...
 - People measures, finance measures, growth, clinical measures.....but lacking for patient experience in the ambulatory setting
- This was also the beginning of the clinical and patient experience teams coming together
 - And receptivity to a connected suite of measures

Final Decision

- Allina Medical Clinic's Chief Medical Officer and his team officially agree to join the pilot because MNCM had...
 - Honored our concerns and kept the pilot reasonable in size
 - Continued adaptation of the instrument and implementation process
 - Maintained as much flexibility as possible and still kept standardization
 - Understood how this model could lead to increased sustainability

Implementation Process

- Drafted specifications directly based on these initial one-on-one conversations
- Workgroup convened to guide process
- Process designed to allow for maximum flexibility while maintaining comparability:
 - CAHPS Database as neutral aggregator allows multiple vendors. Nice synergy with the goal of national benchmarking
 - Pushed for visit-specific version. CG-CAHPS Instrument Team now has Visit Specific Team
 - Extended original timeline

Current State

- **Groups have struggled with implementation challenges**
 - Timeline, while lengthened, still seems short
 - Sampling process more complicated than anticipated
 - Marriage of group and vendor data challenging
- **Data will teach us**
 - Allina ran a split sample and tested the 12 month version
 - We're considering how to include the visit specific instrument in our process going forward and awaiting data to inform us about next steps

Next Steps

- **Field period ended: November 24th**
- **Initial analysis available: December 12th**
- **Data submission to CAHPS Database: January 9th**
- **Aggregation, adjustment: February 20th**
- **Review results: March 13th**
- **Public reporting: March 20th**
- **Jump down, turn around and start it all again: Early 2010**

