The Challenge of Integrating Public Reporting and Quality Improvement

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Track: Improving Patients’ Experiences With Care
Session: Strategies for Improving Patients’ Experience With Hospital Care
Date & Time: April 20, 2010, 9:30 am
Track Number: CAHPS T2–S1-1
The Pressure for Change

• Health care is under tremendous pressure to fundamentally change
  • To improve Quality and Cost
    - Value

• Patient-Centered Care
  • The patient experience
Before we begin, let's get something on the table...

The 'ugly stepsister' syndrome
Both the work of improving quality and the patient experience have been faced with similar challenges.
Many within the health care industry have resisted any effort to ‘quantify’ quality and the patient experience.
But if we can't measure quality, it is very difficult to improve it.

A new model - driven originally by payers
Now with provider groups
This New Model for Improvement

• Questioned underlying assumption that healthcare quality is uniformly high.

• Believed the problem is the absence of transparency and thus accountability.

• Makes use of power of the internet.
But wait... how is public reporting supposed to improve quality and the patient experience?
Measures developed

National standard

Widely adopted

The Model

Provider Org

Leadership drives change

Leadership Reviews

Publicly Report

Measure
The Model

Leadership drives change

Leadership Reviews

Publicly Report

Measure

Improve Quality
Reviewing the Implementation of HCAHPS
The Model

Leadership drives change

Leadership Reviews

Publicly Report

Measure

Widely adopted

National standard

Measures developed

?
Is noise a problem at our hospital?

Percentile Rank

HCAHPS-Quiet at Night

Vendor- Noise

n ~ 800
We worked with our vendor so that we use publicly reported data to drive our internal improvement efforts.
Our Process

• All sampled patients receive integrated HCAHPS/vendor survey
• Higher volume allows break-out by unit
• HCAHPS data is trended over time and benchmarked
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<tr>
<td><strong>n</strong> Question/Global</td>
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<td>236 Rate hospital 0-10</td>
<td>80.4%</td>
<td>79.7%</td>
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<td>-0.7%</td>
<td>90</td>
<td>71</td>
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<tr>
<td>236 Recommend this hospital</td>
<td>80.4%</td>
<td>86.9%</td>
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<td>6.5%</td>
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<td>71</td>
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<td>Communication with Nurses</td>
<td>79.7%</td>
<td>78.5%</td>
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<td>-1.2%</td>
<td>69</td>
<td>86</td>
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<td>236 Nurses treat with courtesy/respect</td>
<td>88.3%</td>
<td>88.1%</td>
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<td>74</td>
<td>86</td>
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<tr>
<td>237 Nurses listen carefully to you</td>
<td>74.3%</td>
<td>74.7%</td>
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<td>0.4%</td>
<td>68</td>
<td>71</td>
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<td>234 Nurses expl in way you understand</td>
<td>76.5%</td>
<td>72.6%</td>
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<td>-3.9%</td>
<td>63</td>
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The Advantages of this Approach

• Same patients respond to HCAHPS and vendor survey.

• Publicly reported data can be analyzed so as to:
  – Quickly spot issues
  – Identify problem units
  – Measure improvement
What are the barriers to adopting this sort of approach?
Now, let’s think about CG-CAHPS in terms of the model discussed here
Measures developed

12 month vs. visit specific versions
4-6 point vs. 3 point response scales

National standard

No single national standard exists

Widely adopted

Absence of a single national standard makes providers reluctant to adopt
Measures developed
National standard
Widely adopted

The Model

Leadership drives change
Measure
Publicly Report
Leadership Reviews
Based on the ideas presented here…

It would be preferable for the CG-CAHPS survey to be based around the visit-specific rather than retrospective 12 month version.
Discussion