

The Patient Experience of Ambulatory Care in California

California Improvement Network (CIN) Webinar
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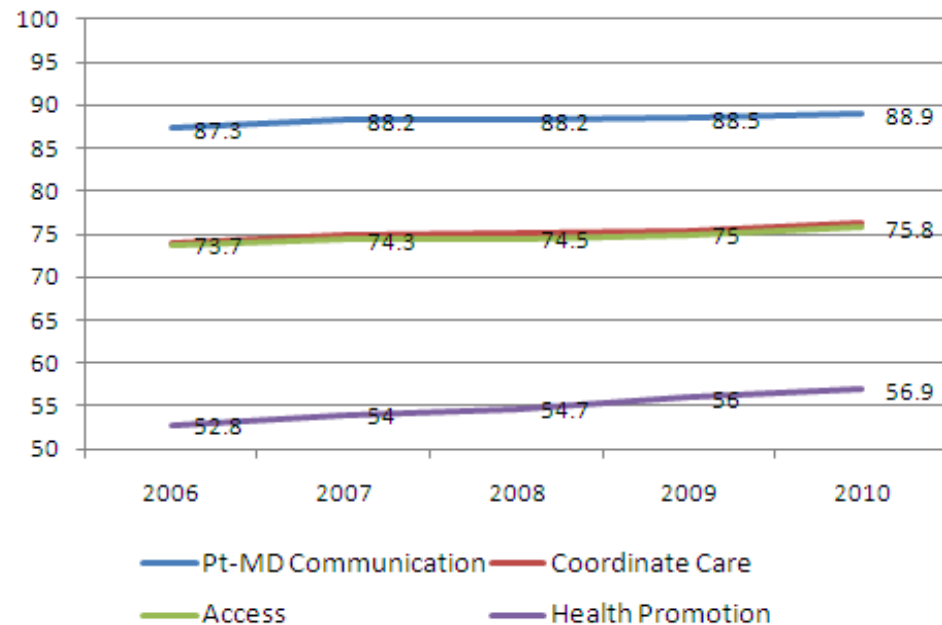
Agenda

Time	Topic	Presenter/Facilitator
12:30 – 12:35pm	Welcome and Introductions	Sophia Chang
12:35 – 12:45pm	Background	Giovanna Giuliani
12:45 – 1:05pm	Practices of high performing medical groups and IPAs	Giovanna Giuliani
1:05 – 1:15pm	Patient experience in the safety net	Jill Steinbruegge
1:15 – 1:30pm	Q&A	All

The Landscape

- Public reporting
- Pay For Performance
- PAS improvements on a statewide basis
- Notable sustained performances
- Limited data shows California lags behind other states

PAS Five-year Trend
Steady Small Gains in Statewide Average Performance



Why Patient Experience Is Important

Patient experience is related to:

- Better health outcomes
- Greater adherence
- Improved patient loyalty
- Increased physician satisfaction and retention
- Reduced malpractice risk

Identifying “High Performing” Medical Groups and IPAs

- Using PAS data on “overall rating of health care” question from 2006-2009, identified:
 - Medical groups above 90th percentile at least three of four years
 - Independent practice associations (IPAs) above 79th percentile at least three of four years
- Conducted structured interviews with leaders to identify common practices and approaches

Organizations Interviewed

Medical groups	IPAs	Organizations serving primarily safety net population
Palo Alto Medical Foundation	Hill Physicians – San Francisco	Clinica Family Health Services (Colorado)
Scripps Clinic	Marin IPA	Petaluma Health Center
Scripps Coastal Medical Group	Valley Care IPA	Innovative Care Clinic, San Mateo Medical Center
Sharp Rees-Stealy		Dept of Family Practice and Community Medicine, UC Davis
Sutter West Medical Group		

What Do “High Performing” Organizations Do?

- Leadership commitment
- Patient-centered focus
- Transparent information, used for improvement
- Staff and provider engagement
- Reward and recognition
- Accountability
- Effective improvement strategies

Leadership Commitment

Senior leaders believe that the patient experience is integral to quality care and they speak, act, and make decisions based on what is best for patients

- Commit time, attention and resources
- Lead communication efforts related to patient experience results and goals
- Actively reward and recognize individuals and teams
- Monitor the patient experience closely
- In IPAs, commitment of IPA and physician leaders is critical

“There is not a meeting the medical director attends that does not address patient satisfaction.”

“CEO allows the staff and management to be independent, autonomous and creative.”

Patient-Centered Focus

The actions taken by individuals within the organization are based upon patient needs and preferences

- Strong leadership commitment to patient-centered care
- Core value of the groups
- Believe in relationship between patient experience and clinical quality
- Culture and history of using patient feedback to improve

“There is a high commitment to patients, to this being a place where patients come first.”

“It’s a message that’s delivered in many ways at every opportunity.”

Transparent Information

The patient experience is measured regularly at the site, team, and provider levels – results are communicated widely and used to improve the patient experience

- Measurement & reporting – most measure at provider level and report quarterly
- Results communicated widely, through several methods
- Used to guide improvement

“You never let us forget about it.” (physician perspective of patient experience results and importance)

Staff and Provider Engagement

Staff and providers are significantly engaged in the design and implementation of improvements in the patient experience

- Robust staff engagement

- Managers and staff given autonomy and accountability to improve
- Staff involved in setting performance standards/clear expectations for their roles
- Team/staff meetings used to discuss results and interventions
- Friendly competitions initiated among sites/departments
- Exemplary staff serve as peer interviewers
- New employee orientation
- Ongoing on-site training and skill development
- IPA s engage office managers

- Physician engagement – team and site meetings, coaching

Reward and Recognition

Individuals and teams who improve or excel are acknowledged and celebrated

- Reward individuals and work units who go above and beyond job expectations

- Thank you notes and emails from managers and senior leaders
- “Above and beyond” or “spot” awards, such as gift cards and movie tickets
- Public recognition at meetings, huddles or in newsletters
- Department and site competitions with prizes/parties for meeting goals

Accountability

The organization identifies the roles of staff and physicians in providing an excellent patient experience and gives feedback and support to individuals and teams who need to improve

- Continuous feedback and transparent reporting
- Clear expectations and support in meeting them
- “Rounding” on direct reports
- “Secret shopper” methods

The senior leader ‘walkabout’ is “the single most useful thing we do.”

Improvement Strategies

Work focuses on improving the elements that are most important to patients and outside expertise is accessed as needed to guide efforts

- Access to care – all have implemented strategies to improve same-day access
- Provider-patient communication – support through individual coaching or shadowing
- Staff-patient communication provided on an ongoing basis

What About the Safety Net?

- Measurement of the patient experience
 - Lack of comparison data
- Organizations considered “innovative” or “ahead of the curve” were identified through discussions with an informal network of leaders and experts

Safety Net Strengths

- Patient-centered focus
 - Redesigned care using a patient-centered model and team-based approach to achieve continuity of care and good appointment access
 - “Holistic” view of patient experience – Represent work as part of a larger goal to provide patient-centered care
 - Quality improvement mindset can be seen in the way the organizations embrace the concept of “small tests of change”

“Our organization structure relies on testing cycles of change – it’s not person-dependent, it’s part of the culture.”

Safety Net Strengths

- Shared commitment among leadership
 - Participation in an IHI program or CHCF fellowship developed a group of leaders and provided a common perspective, language, and set of tools that “spark change” and sustain it over time

“We have a shared vision.”

“Our leadership team is very tight.”

Safety Net Strengths

- Staff and provider engagement – actively involved in developing new models of care and given autonomy and time to innovate
- Reward – new model of care is improved provider and staff satisfaction
- Accountability – shared commitment, organization focus on patient-centered care, and values-driven mission act as “accountability” practices to motivate improvement activities

“We taught everyone quality improvement – the entire clinic was involved”

“All the numbers improved – patient and staff satisfaction. Our staff and provider turnover has really dropped – we’re now able to retain our providers and employees.”

Additional Resources

- Report to be released November/December 2010
- CHCF Conference – Transforming Health Through the Patient Experience
 - January 27 - 28, 2011, in Burbank, California
 - Visit the CHCF website for more information:
<http://www.chcf.org/events/2010/transforming-health-through-the-patient-experience>