A Quick Reference Guide:
Improving The Patient Experience

The 12 High Impact Changes:

Patient Experience Collaborative

Working together to make our patients and providers happier.

> " Small changes in the way physicians interact with patients and structure their systems of care can have a demonstrable impact on patients' care experience and clinical outcomes. Research and experience in CA shows that the 12 high-leverage, low-cost practice changes listed here improve access to care, doctor-patient communication, and care coordination. "

CQC
California Quality Collaborative
Breakthroughs for Better Healthcare

1. Negotiate the agenda with the patient at the start of each visit

2. Make a personal connection through eye contact, and demonstrate compassion through empathic statements

3. Provide closure to the visit by summarizing next steps and action plan

4. Notify patients of all test results, whether positive or negative

5. Review patient's chart prior to starting the visit

6. Provide patients with clear instructions on how to access medical care after office hours

7. Print medication lists and insist patients bring lists to each provider visit

8. Review the visit schedule the day before to postpone or eliminate unnecessary visits

9. Handle more than one concern during the visit and extend return intervals as clinically appropriate

10. Open same day appointment slots

11. Conduct regular practice team meetings or daily brief "check-ins" and measure practice site satisfaction at least quarterly

12. Obtain ongoing feedback from patients through a survey, at least monthly

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INTRODUCTION

> *We know these changes work; We have the evidence to prove it!*

These recommendations may seem intuitive, but they are more than just "good ideas" — a growing body of research and our experience in a California affirms that patient-centered care saves time and money while improving health care quality.

◆ Active patient involvement boosts compliance with doctor recommendations and improves self management of chronic conditions[i] — behavior changes which in turn lead to better physical functioning in daily activities[ii].

◆ Increased continuity of care is associated with improved preventive care delivery and reduced hospitalizations, emergency department visits and readmissions[iii].

◆ Patient-centered care also results in fewer diagnostic tests, referrals, and subsequent office visits[iv].

◆ Doctor-patient communication is a key factor in patient retention and satisfaction. A study of Massachusetts state employees found that a poor relationship between patients and their primary care physician — which was a function of trust, communication and personal interaction — motivated 20% to leave their PCP[v].

◆ Improved communication benefits physicians, physician groups and IPAs as well — patient-centered care has been shown to improve physician satisfaction and retention[vi].

◆ Finally, these high-impact practice changes enhance access to care by reducing missed appointments (by up to 50%)[vii] and lowering the use of the Emergency Department for primary care[viii].

The following document is a Quick Reference Guide to improve the patient experience at the organization level. The changes recommended are ones found useful in improving access to care, care coordination, and doctor-patient interactions based on the scientific literature, preliminary findings from a CA collaborative, and personal experiences of CA physicians participating in the collaborative.

The collaborative involved 12 physician practices represented by four Independent Physician Associations (IPAs) in CA. You will notice in the document links to several resources and tools.

We hope that you find this guide useful in improving the patient experience in your organization. We would appreciate hearing from you about your experiences using this guide in an effort to improve its use across organizations.

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IMPROVED ORGANIZATION SYSTEMS

Support your Practices in Improving Patient Experience through these 6 high leverage system changes

CHANGE	DOMAIN(S)	KEY REFERENCES/TOOLS
1. Provide ongoing feedback on patient experience through physician level survey **Confidence Rating: 1**	**All P4P PAS domains**	**VENDORS:** ◆ MTC: ph-800-295-9681, ask for Guy Swenson ◆ Sullivan/Luallin: phone 619.283.8988 or at www.sullivan-luallin.com ◆ PBGH: Ted VonGlahn, phone 415-615-6318 ◆ Press Ganey Associates: 800-232-8032 or at www.pressganey.com ◆ Survey Monkey (self-administered web-based tool): www.surveymonkey.com. Click on "sign up now".
2. Implement physician training to enhance doctor-patient communication **Confidence Rating: 1**	**MD/PT communication**	**VENDORS:** ◆ Larry Baker, PhD, Institute for Healthcare Communication (fka the Bayer Institute): 503-297-5103 ◆ Sullivan/Luallin ◆ Pfizer: contact Jeff Simmons at jefferson.simmons@pfizer.com ◆ Procter & Gamble: contact Eric Hall at hall.er@pg.com *Resources:* *OPS Patient Experience Change Package www.calquality.org/patient_experience. htm* *CAHPS Guide to Improvement at pages 81-104 found at: https://www.cahps.ahrq.gov/content/resources/qi/res_qi_cahpsimprovementguide.asp?p=103&s=31* *Kalamzoo Consensus Statement (www.fp.ucalgary.ca/ose/EssentialElements.pdf)* *Kaiser 4- Habits model found at www.calquality.org/patient_experience. htm*
3. Implement staff communication and customer service training **Confidence Rating: 3**	**Practice staff satisfaction**	**VENDORS:** ◆ Various pharmaceutical companies hold free workshops for physicians and staff. These include Pfizer & Procter & Gamble ◆ Institute for Healthcare Communication holds workshops for physicians and staff (ask for Sandy at 217-398-3308) *Resources:* *CAHPS Guide to Improvement at pages 107-119*

(Continued)

CHANGE	DOMAIN(S)	KEY REFERENCES/TOOLS
4. Implement Advanced Access **Confidence Rating: 2**	Timely service and access	**VENDORS:** ◆ NAS Consulting Services ◆ Camden Group ◆ Mark Murray, MD *Resources:* *Advanced Access: Ambulatory Care Redesign and the Nation's Safety available at: www.naph.org/Content/ContentGroups/Publications1/ MON_2003_12_AdvAccess.pdf* *Tools for measuring access, supply, demand, satisfaction and other metrics available at www.ihi.org/IHI/Topics/OfficePractices/Access/Tools/ and www.nasconsulting.biz/projects_3.shtml* *OPS Patient Experience Package found at www.calquality.org/patient_experience. htm*
5. Implement referral agreements between specialists and PCPs **Confidence Rating: 2**	Continuity and coordination of care	**VENDORS:** ◆ NAS Consulting Services ◆ Catherine Tantau and Associates ◆ Mark Murray, MD *Resources:* *CAHPS Guide to Improvement pages 57-62* *www.ihi.org/IHI/Topics/OfficePractices/Access/Tools/ ServiceAgreementYellowCard.htm*
6. Provide physician level incentives linked to improvement in patient experience **Confidence Rating: n/a**	All domains	

Confidence Ratings
1 = supported by scientific literature, high success rate in CQC collaborative[1]
2 = supported by scientific literature
3 = good idea supported by high success rate in CQC collaborative[1]

[1]There were a total of 12 physicians that participated in the CQC Patient Experience Collaborative between June 2006 and March 2007. Of the 12 physicians there were 8 PCPs, 1 Pediatrician, 2 OBGYNs, and 1 Dermatologist.

IMPROVED ACCESS

Get started with 6 Quick Changes to Improve Access to Care

CHANGE	ACTION	KEY REFERENCES/TOOLS
1. Review schedule the night before (or morning of) visits	Identify patients who don't need a visit (e.g. those recently seen, patients with an issue that could be handled over the phone, or those who require a test before being seen) and eliminate or postpone the visit.	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm
2. Handle more than one medical problem during the visit	Go beyond the chief complaint. During visits for acute problems add extra preventive care services (e.g. perform a Pap smear when a woman comes in with pelvic complaints).	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm
3. Extend return visit intervals when appropriate	Extend return visit intervals for patients with conditions such as chronic stable angina or uncomplicated hypertension.	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm
4. Utilize non-physicians	Utilize non-physicians to the fullest extent possible given their skills and training. For example, MA can maintain tracking sheet for diabetes patients, assess smoking status, perform foot exam.	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm
5. Open same-day appointment slots	Leave several slots open at the start of the day for same-day visits. Track usual time that open slots become filled. If it's early in the day, consider opening up more same-day slots. Leave more slots open on busier days (almost always Monday).	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm
6. Use electronic communication	Utilize secure electronic communications tools (e.g. Relay Health, Medem) to address appropriate patient issues without the need for an in-person visit	For references and tools see Improved Access Tip Sheet at www.calquality.org/patient_experience. htm

Tip Sheet for Physicians and Office Staff

1. Review Schedules in Advance ("combing")

◆ Physician and medical assistant review the next day's schedule at the end of each day.

◆ Identify patients who do not need to be seen—i.e. those who just need a medication refill, to be informed of normal test results, or seen by another provider for same problem. Call patients to resolve such issues and then remove them from schedule.

◆ Identify appointments where test result, procedure room/equipment, or specific personnel need to be present for visit to be productive. Have MA ensure all data, space, personnel set for visit. Otherwise reschedule visit.

2. Handle More Than One Medical Problem during the Visit ("max packing")

◆ Go beyond the chief complaint by asking patients to list all conditions and concerns at the start of the visit. Add to the list those chronic care and preventive issues that are medically indicated. Determine which can be covered during the appointment.

◆ Good examples include: adding chronic care management (e.g. HbA1c and cholesterol test) onto visits for unrelated acute care problems or performing a Pap smear if a woman comes in for pelvic complaints.

◆ One goal is to reduce future visits, especially demand for physical exams.

3. Extend Return Visit Intervals When Appropriate

◆ For chronically ill but stable patients who return at regular intervals, consider extending inter-visit intervals. Patients with stable well-controlled diabetes, hypertension, or chronic stable angina are good candidates for this approach.

◆ Decisions to extend visit intervals will depend on patients' ability to self-manage and seek care if/when their condition were to worsen, as well as the availability of urgent appointments. Keep in mind that that more appointments will now be open at the start of the day if same-day slots are implemented.

4. Take Full Advantage of Non-Physician Staff in the Office

◆ Analyze processes of care and shift work from physicians to others in the office. For example the medical assistant may be able to ask about smoking status and counsel on some behavior changes (depending on skills and aptitude).

4. (Continued) Take Full Advantage of Non-Physician Staff in the Office

◆ Have the MA maintain a flow sheet for key indicators on chronic disease patients and highlight overdue care opportunities. If not using an electronic health record, the flow sheet should be prominently placed on the chart (e.g. clipped to top of paper chart). Physician should not enter room until the data are ready.

◆ Identify physicians' clerical tasks and re-assign to other personnel—filling out forms, getting hospital discharge reports, etc.

5. Open Same-Day Appointment Slots

◆ Ideally the number of same-day appointment slots required will be determined by need. This can be assessed by measuring actual supply and demand over a two-week period. If the practice is unable to conduct the measurements, employ quick-start method.

◆ Quick-start Method: During the first week leave 2-4 appointment slots open each day (evenly divided between late morning and afternoon). These slots should only be given out the same day. Record the time of the day that they fill up. After one week, add 2-4 more slots if the appointments regularly filled before 2 PM. Continue weekly adjustments based on demand. Modify number of open slots based on days of higher (typically Monday) or lower (often Thursday) demand.

6. Use Electronic Communications

◆ Utilize a secure communications vendor to offer remote visits. Vendors include: Relay Health, Medem, and Kriptiq. Most products are HIPAA compliant, can offer various billing methods and templated communications for patients and physicians, and are able to interface with EHRs.

◆ Encourage established patients to use the secure communications tool when the primary issue is non-urgent and does not require physical exam or sensitive emotional information. You may wish to create flyers and posters to promote the service.

◆ Set aside time during the day to review and reply to these communications. Most physicians find that these virtual encounters tend to be briefer than visits, and that patients do not abuse the method of communication.

◆ Create a small "library" of templated replies on the computer that just need minor editing to respond to common questions/issues.

Get Started with 4 Quick Changes to Improve Care Coordination

CHANGE	ACTION	KEY REFERENCES/TOOLS
1. Notify patients of all test results	Establish protocols to efficiently manage and communicate test results to patients in a timely manner. ◆ Use pre-formatted letters to relay normal results for common reports. Include patient education handouts to provide further guidance on common situations ◆ Develop protocols for handling results that require a phone call from a clinician or a visit from the patient ◆ Include a section at the end of the clinic note listing tests ordered as a result of the visit	Sample notification forms found at www.calquality.org/patient _experience. htm Sample lab reporting tool found at www.calquality.org/patient_ experience. htm
2. Review patient chart prior to the visit	Come prepared to the patient encounter. ◆ Review patient medical history prior to the visit ◆ Identify visits with other providers and any follow-up tests/results	
3. Provide patients with clear instructions on how to access care outside office visits	Before the end of the visit educate patients about after-hours medical care resources ◆ Examples: post signs in the exam rooms and in the waiting area; provide wallet-size cards with instructions; include instructions with lab requests or education materials; show an instructional video in the waiting room that describes how patients can access after-hours care	Sample notification forms found at www.calquality.org/patient _experience. htm Sample lab reporting tool found at www.calquality.org/patient_ experience. htm
4. Medication Reconciliation	◆ Print medication lists and insist that patients bring current list of medications to each provider visit	Sample manual form found at at www.calquality.org/patient_ experience. htm

IMPROVED COMMUNICATION

Get Started with 3 Quick Changes to Improve Doctor-Patient Communication

CHANGE	ACTION	KEY REFERENCES/TOOLS
1. Negotiate the agenda with the patient at the start of the visit	Elicit patients' key concerns by asking them to prioritize their goals for the visit on a written form. ◆ Doctor and/or MA references form and asks, "What else would you like to focus on during today's visit?" or "What's the one thing you want to be sure happens before you leave today?" ◆ Share with patient items that clinician sees as important for the visit. For example, "I see your blood pressure is up again today. I'd like to talk about changing your medication." ◆ Reach consensus	MD-Patient change package found at www.calquality.org/patient_experience.htm Sample concern form found at www.calquality.org/patient_experience.htm Kaiser 4 Habits model found at www.calquality.org/patient_experience.htm
2. Make personal connection and demonstrate empathy through eye contact and empathic statements	Strengthen patients' sense of personal connection with and trust in their doctor. ◆ Make eye contact and shake hands as you enter the room ◆ Use welcoming words and tone of voice ◆ Sit down so that you are at the same level as the patient ◆ Acknowledge the reason for the visit and make a brief, personal connection before beginning the visit. For example, "At your last visit you mentioned your family got a new puppy. How is that going?" ◆ Demonstrate appreciation of patient concerns through empathic statements. For example, "It sounds like making the diet changes we discussed has been pretty frustrating."	Sample greeting script found at www.calquality.org/patient_experience.htm
3. Provide closure by summarizing next steps and action plan	Help patients understand and comply with their care plan by reiterating goals of the visit and next steps. ◆ Summarize and affirm agreement with plan of action ◆ Discuss and clarify any follow-up with patient	Kaiser 4 Habits model found at www.calquality.org/patient_experience.htm

Patient Experience Collaborative

The California Quality Collaborative would like to recognize the participating organizations and their pilot practices for their commitment to improve patient service and staff satisfaction. There were a total of twelve physician practices that participated in the year long collaborative. It was their hard work, coupled with support from their physician organizations that helped the collaborative identify the key changes to improve access, care coordination, and doctor-patient communication.

AFFINITY MEDICAL GROUP

GREATER NEWPORT PHYSICIANS

JOHN MUIR PHYSICIAN NETWORK

MONARCH HEALTHCARE

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CALIFORNIA QUALITY COLLABORATIVE (CQC)

California Quality Collaborative (CQC) is a healthcare improvement organization dedicated to advancing the quality and efficiency of patient care in California.

CQC's expert quality improvement programs transform healthcare delivery across physician groups through collaboration. The organization is supported by a state-wide leadership alliance of healthcare purchasers, providers, and health plans, all working toward a shared goal of accelerating quality improvement.

Together, we can deliver better patient care and a healthier community at a more affordable price.

With trusted programs customized for the needs of California, CQC enables physician groups to take a leadership role in transforming healthcare delivery across the state. CQC programs accelerate the spread of best practices and evidence-based, patient-centered care so that:

- Physician groups can work collectively to learn the essential skills they need to improve performance
- Health plans can help improve care for their members while controlling costs for all HMO and PPO patients, and
- Health care purchasers can offer the highest value, most effective health benefits for a healthier workforce.

"Through CQC, all of us—healthcare purchasers, providers, and plans—are working together to accelerate quality improvement in California—at the system level as well as the practice level."

—Wells Shoemaker, M.D., Medical Director, CAPG

"Our healthcare delivery system doesn't always provide quality, affordable care, and it's difficult for any one group to solve the problem alone. Together, CQC sponsors and program participants are finding practical ways to achieve our shared goal of effective, patient-centered care for all Californians."

—Diane Stewart, CQC Director, Pacific Business Group on Health

Our Background

CQC was established in 2004 under its original name, Breakthroughs in Chronic Care Program (BCCP). It was re-named the California Quality Collaborative in 2007 to reflect a broader scope of programming — starting with chronic care and expanding to the areas of patient satisfaction, clinical improvement and efficiency in all outpatient settings.

Our Program

Led by national experts in the field, CQC offers a range of healthcare improvement programs, including:

- Essentials of Performance Improvement programs engage California physician group leadership teams to manage change across their practices to achieve evidence-based, patient-centered care;
- Topic-specific collaboratives offer access to national experts and leading physician peer groups to facilitate the adoption of best practices in patient satisfaction, clinical care, and efficiency;
- System level re-design efforts improve collaboration between providers and plans to coordinate care for the patients they share.

CQC programs align with the metrics in place in California such as publicly reported quality measures and pay for performance incentives. More than 70 physician groups throughout California have already benefited since the program began two years ago.

CQC would like to acknowledge the following organizations for supporting the program.

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