
How Two Provider Groups Are Using the CAHPS[®] Clinician & Group Survey for Quality Improvement

This brief shares the experiences of two provider groups using the 12-Month version of the CAHPS Clinician & Group (CG-CAHPS) Survey to improve the delivery of care. It summarizes presentations delivered on a free Webcast sponsored by the Agency for Healthcare Research and Quality's (AHRQ's) CAHPS User Network on October 8, 2013.¹

Background on the Survey

The CG-CAHPS Survey is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory settings. The survey produces the following measures of patient experience:

- Access to Timely Appointments, Care, and Information.
- How Well Providers Communicate With Patients.
- Helpful, Courteous, and Respectful Office Staff.
- Patients' Rating of the Provider.

Primary and specialty care practices can use the results from this survey to identify their strengths and weaknesses and help develop strategies for improving patients' experiences with care delivered in their offices. To read about and download the CG-CAHPS Survey, visit <https://cahps.ahrq.gov/surveys-guidance/cg/index.html>.

¹ To review the slides, recording, and transcript from the Webinar called "Myth Busting: Using the 12-Month Version of the CAHPS Clinician & Group Survey for Quality Improvement," visit https://cahps.ahrq.gov/news-and-events/events/past-events/20131008_cg/webcast_10_08_13_cg.html.

The CG-CAHPS Survey has different versions, both of which are available for adults and children. The 12-Month version (referred to as the 12-Month Survey) asks about experiences with care over the past year, while the Visit version (Visit Survey) asks patients about several aspects of care at their most recent visit as well as some aspects of care over the past year. Aside from the difference in timeframe, the content of the surveys is the same.

The Visit Survey was developed to respond to users' perceived needs and preferences. Before the development of this CAHPS survey, many practices and providers were surveying their patients using a proprietary visit-based survey. Consequently, many practices preferred a visit-based version and believed that a visit version would be better suited for internal quality improvement (QI).

The Challenge: Choosing a Survey To Meet Multiple Needs

Physician practices are increasingly facing external surveying requirements from various national and regional stakeholders. Public reporting programs and government agencies typically require the use of a survey based on the 12-Month version. One example is the Minnesota Department of Health's use of the CAHPS Patient-Centered Medical Home (PCMH) Survey, which adds survey items relevant to medical homes to the 12-Month Survey, for its Health Care Homes initiative. As a result, a number of practices are struggling to balance their internal needs from a survey with external demands. Moreover, they are eager to

streamline their surveying efforts to minimize both the number of surveys they are administering to satisfy multiple needs and the survey burden on patients. One of the ways to accomplish these goals is to use the 12-Month Survey to satisfy both internal and external needs. However, some providers still have the misperception that the 12-Month Survey does not provide the results necessary for an effective QI program.

To help providers better understand the potential value of the 12-Month Survey to their QI initiatives, this brief presents the experiences of two large physician organizations:

- **Dean Clinic**, a large integrated health care delivery system in Wisconsin.
- **Massachusetts General Physicians Organization (MGPO)**, a large multispecialty group in Massachusetts.

Dean Clinic's Use of the 12-Month Survey

Established in 1904, Dean Clinic is a member of SSM Healthcare, headquartered in Madison, Wisconsin. It has over 800 medical staff and a network of about 60 locations. According to Linda Sparks, Manager of Service Excellence, Dean Clinic's journey with the CG-CAHPS Survey started back in 2006 when the organization was searching for ways to improve the patient experience. Dean Clinic knew they wanted a validated tool that could measure and track patient experience data over time. They decided to administer the 12-Month Survey on a continual basis and sample at the physician level, targeting 45 completed surveys per physician per year. Results were reported back to physicians and practices quarterly.

Ms. Sparks and her team met with their physician community to convey the importance of the data and how it can be used to drive initiatives and engage patients. Shortly after they started using the CG-CAHPS Survey and providing reports to the practices, practice administrators and physicians expressed interest in ways that they could work on increasing their individual scores. Ms. Sparks discussed two examples of improvement efforts that were initiated: (1) customer service training for office staff and (2) physician coaching.

Improving Service From Office Staff

After reviewing the initial results of the 12-Month Survey, Dean Clinic took a closer look at the "Helpful, Courteous, and Respectful Office Staff" composite measure and its components. Upon examination of the individual survey items in the measure, they found that the score for the item that asks "how often the office staff treated the patient with courtesy and respect" was 9.77% higher than the score for the item that asks "how often the office staff were as helpful as you thought they should be."

To figure out how best to improve performance in this area, the Clinic wanted to know what helpfulness meant to its patients. They used their marketing department's online opinion panel, called Dean Listens, to do a short survey of over a thousand patients. The survey included more detailed and open-ended questions about what "helpfulness" means to a patient and how patients felt that the office staff could be more helpful. From this feedback, the Clinic learned about ways that the office staff can be more welcoming, friendly, and appreciative of patients. One example that patients cited was being made to feel like they are inconveniencing staff when staff were

having side conversations or on personal phone calls.

With input from both staff and management, Dean Clinic developed action plans to improve patient experience. The service department shadowed staff and provided feedback. To improve consistency in service across all sites, the Clinic developed an orientation for all new employees on customer service expectations. They also offered ongoing training in the form of service workshops, videos, and Webinars, as well as targeted interventions for the lowest scoring offices. As a result, Dean Clinic's performance on the office staff measure increased from 79 percent in 2011 to 83 percent in 2013.

Enhancing the Patient Experience Through Shadow Coaching of Providers

After providers saw their results on the 12-Month Survey, they asked, "What is the patient expecting of me from a service perspective?" To help answer that question, Dean Clinic's service department implemented a one-on-one provider coaching program. With each provider, they examined the score for the overall rating of the provider, along with patient comments when appropriate. They also identified providers with the highest survey scores, observed them, and developed a list of "best practice" services.

The program has evolved so that all new providers are shadowed at about 3 months of employment. The goal is for every provider who comes to Dean Clinic to be able to answer these questions:

- What are my service expectations?
- What do strategies for meeting these expectations really look like in the exam room?

- How do I integrate those strategies into my practice if I am not already practicing them?

The program employs two nonclinical staff to do the shadowing so they can focus solely on service and not be sidetracked into the clinical aspects of the interaction. These individuals are service-oriented educators who lead several of the workshops and the trainings. They also have the communication skills that enable them to provide accurate and actionable feedback to the providers. Preliminary results indicated that the coaching of new providers helped with physician engagement.

Massachusetts General Hospital/Physicians Organization's Use of the 12-Month Survey

Since 2008, Massachusetts General Hospital/Physicians Organization (MGH/MGPO) has been administering the CG-CAHPS Survey on behalf of approximately 120 primary and specialty care practices on a continual basis throughout the year. The survey includes three open-ended questions at the end to collect patient comments.

Rick Evans, Senior Director for Service Excellence, and Liza Nyeko, Senior Manager, Center for Quality and Safety, noted that MGH/MGPO has used the 12-Month Survey since first implementation and that this version of the survey seems to be most aligned with the direction of national initiatives.

MGH/MGPO's survey results are distributed through a number of different reports, including leadership dashboards. Quarterly reports are generated at multiple levels, including a summary level across clinical services, the clinical service level, and the practice level. These reports include benchmarks and targets

where relevant. Practice engagement areas receive monthly dashboards that focus on key indicators. Comments reports are disseminated weekly to each clinical area. MGH/MGPO also does ad hoc and custom reporting, and encourages practices and providers to access the online portal provided by the vendor to create custom reports as needed.

The Practice Engagement Model: Service Cabinets

The service department uses a collaborative improvement approach with clinical leaders, referred to as the Practice Engagement Model. As part of this approach, they established service cabinets that serve as the “Board of Directors” for leading improvement efforts within a clinical area. The composition of the team depends on the clinical area, but it generally includes physician and administrative leadership, a representative from the service and training area, nursing leadership, other clinical area leadership, and a person from human resources. Each service cabinet is chaired by local leadership rather than by the service department. Service cabinets are also linked with patient and family advisory boards, where available; MGH/MGPO is currently working to include a patient on each cabinet.

To develop improvement plans at the practice level, the service team and practice management look closely at the data, identify areas that need improvement, select specific indicators, and establish targets. They then submit their results and improvement plans to the service cabinet for review and feedback. As practices begin implementation of the improvement plans, the service cabinet monitors progress, identifies best practices, offers training modules for leaders to support

the improvement, and supports practices as needed for implementation.

Establishing Goals and Targets

For 2012-2013, MGH/MGPO established annual targets focused on three indicators for patient experience:

1. Provider explained things in a way that was easy to understand;
2. Helpfulness of office staff; and
3. Courteousness and respectfulness of office staff.

Since two of the measures focus on office staff and the other on the provider, these measures helped to reinforce the importance of team efforts, creating a balance between the provider and the office staff and engaging the entire team at the practice around the improvement of patient experience. Practices that performed well in these areas could opt for setting targets in alternative measures in need of improvement.

Resources and Support for Practice Improvement

Like many other organizations, the service department faces the challenge of supporting a large number of practices with a small, but mighty, staff. As such, the service department looks for opportunities to support and spread best practices. For example, in an effort to establish consistency in customer service across clinical areas, the service department developed Service Expectations and “ALWAYS” Behaviors for various touch points with patients, including during check-in, during check-out, in the hallway, on the phone, and in the exam room (see Appendix A). Other best practices supported, promoted, and spread by the service department include procedures for informing patients of waits, service recovery

programs, physician communication and coaching, and staff huddles. For example, each week, the service department sends an Email with suggestions and content for staff huddles to reduce the burden on the managers and staff (see the table on the next page).

The service department also implemented training, education, and recognition programs. Staff and leadership training were identified as crucial elements in the implementation of improvement plans. MGPO was able to take advantage of training and education available through the MGH Service Academy, which is organized into three modules:

- Leaders can select modules that offer training and information on a variety of topics, including survey basics as well as interpreting and using the data.
- The “best practice” modules explain specific interventions and provide implementation training and tips.
- Staff modules review the best practices and also provide training on survey basics and service expectations.

Conclusion

This brief illustrates how practices can successfully use the CG-CAHPS 12-Month Survey to improve patient experience. The improvement programs at Dean Clinic and Massachusetts General relied on scores from the 12-Month Survey, supplemented by ongoing measurement and feedback from consumers, to identify care delivery processes in need of improvement and effect positive changes at the practice level.

More examples of interventions to improve patient experience with primary and specialty care as measured by the CG-CAHPS Survey can be found in the **CAHPS Improvement Guide** available at <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>. The Guide also includes information on analyzing survey results and identifying root causes of performance problems.

Questions? Contact the free CAHPS Help Line at 1-800-492-9261 or cahps1@westat.com.

Training Modules Available Through the MGH Service Academy

For Leaders

- Survey Basics
- Data Tutorials
- Communication and Rounding
- Reward and Recognition Approaches
- High, Middle and Low Performers
- Physician Communication

Best Practices

- Discharge Calling
- Quiet Times
- Informing Patients of Waits
- Service Recovery
- Hourly Rounding

For Staff

- Best Practices Outlined Above
- Service Expectations
- Service Refresher
- Survey Basics

MGH/MGPO Service Department's Sample Messages for Staff Huddles

SCHEDULE	TOUCH POINT	SERVICE EXPECTATION	HUDDLE MESSAGE
Week One	Phone Interactions	Always answer phones using the 4 part greeting: <ul style="list-style-type: none"> • Greeting • Name and Title • Department • What can I do for you? 	Discuss why a four part greeting would be important to our patients and families. Why is it sometimes hard to use a four part greeting? How can we make sure it happens every time?
Week Two	Check-In	Always greet patients and families with a smile and establish eye contact.	Discuss why eye contact is so important when dealing with patients and families at the front desk.
Week Three	Hallway	Wherever possible, walk alongside patients rather than in front of them.	Discuss how walking alongside a patient in the hallway can build rapport and make them feel more at ease.
Week Four	Exam Room	Always knock before entering an exam room.	Discuss why knocking before entering an exam room is important to patients. How does it communicate respect and courtesy?
Week Five	Check Out	Always make sure the patient has everything they need before they leave.	Discuss how you would check with a patient before they leave to see if they needed anything else. What words would you use?
Week Six	Phone Interactions	Always ask for permission before putting a caller on hold.	Share a story about a time when you were put on hold. How did it make you feel?
Week Seven	Check-In	If the physician is running late, let the patient know how long and apologize for the delay.	What words would you use to inform patients and families about delays? How would your words make them feel less anxious or upset?
Week Eight	Hallway	Always help patients get to their destination – escort them all the way there whenever possible.	Share a story of when either you or a colleague escorted a lost patient. How did it make the patient feel? How did you feel?
Week Nine	Exam Room	Always explain what you are going to do with a patient and talk them through each step.	Why is explaining each step so important to our patients and families? What words would you use to explain the things you do with patients?
Week Ten	Check Out	Always thank the patient for coming to MGH for their healthcare.	Do you think patients would be surprised if we thanked them for choosing MGH for their healthcare? Why?



(Reprinted with permission from Liza Nyeko, MGH/MGPO)

Appendix A: MGH/MGPO's Service Expectations and "ALWAYS" Behaviors

Service Expectations and "ALWAYS" Behaviors

<p>CHECK-IN</p> <p><i>Service Expectations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Acknowledge patients' presence <input type="checkbox"/> Ask how you can help <input type="checkbox"/> Inform patients of anticipated wait time <input type="checkbox"/> Ask if there are other questions <p><i>Associated "ALWAYS" Behaviors</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Greet patients with a warm smile and a pleasant tone of voice and thank them for coming <input type="checkbox"/> Establish eye contact <input type="checkbox"/> If unable to greet patients promptly, acknowledge them and let them know you will be with them shortly <input type="checkbox"/> If physician is running late, let patients know how long the wait could be and apologize <input type="checkbox"/> Periodically round the waiting room and keep patients informed of wait times 	<p>CHECK-OUT</p> <p><i>Service Expectations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Acknowledge patients and ask how you can help <input type="checkbox"/> Verify if patients have any questions <input type="checkbox"/> Thank patients for coming to MGH <p><i>Associated "ALWAYS" Behaviors</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Ask if patients need any follow-up appointments / tests; explain next steps so they know what to expect <input type="checkbox"/> Ask "Is there anything else I can do for you?" <input type="checkbox"/> If necessary, help patients find their way to their next destination 	<p>HALLWAY</p> <p><i>Service Expectations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Acknowledge patients when in hallway <input type="checkbox"/> Ask patients if you can help <input type="checkbox"/> Provide directions and escort patients to their destination <p><i>Associated "ALWAYS" Behaviors</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Make eye contact and smile <input type="checkbox"/> Walk beside patients when escorting them to the exam room rather than in front of them <input type="checkbox"/> Stop and ask patients if they have any questions <input type="checkbox"/> Help patients to get to where they need to go <input type="checkbox"/> Let patients get on the elevator first and hold door open for them
<p>PHONE INTERACTIONS</p> <p><i>Service Expectations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Use four-part telephone greeting <input type="checkbox"/> Address caller by proper name <input type="checkbox"/> Follow proper hold protocol <input type="checkbox"/> Follow transfer call protocol <input type="checkbox"/> Use two-part telephone closing <p><i>Associated "ALWAYS" Behaviors</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Answer phone using a greeting, introduce yourself, your department, and ask how you can help <input type="checkbox"/> Address patient by Miss, Mrs., Ms., Mr. <input type="checkbox"/> Ask for permission before putting caller on hold <input type="checkbox"/> Ask caller for permission to transfer call <input type="checkbox"/> Before ending call, ask "Is there anything else I can do for you?" End call with a thank you <input type="checkbox"/> Use a friendly tone of voice; listen attentively <input type="checkbox"/> Smile – patients can hear your smile 		
<p>EXAM ROOM</p> <p><i>Service Expectation</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Providers and other clinical professionals entering an exam room will consistently follow a general process for managing patient interactions <p><i>Associated "ALWAYS" Behaviors</i></p> <p>BEGINNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Knock before entering <input type="checkbox"/> Introduce yourself and your role <input type="checkbox"/> Apologize for wait, if appropriate <p>MIDDLE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain steps you are taking as part of the exam <input type="checkbox"/> Keep patient updated during each step <input type="checkbox"/> Check for patient comfort / concerns <p>END</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain results of exam / procedure <input type="checkbox"/> Explain next steps needed (e.g., tests, follow-up appointment, etc.) <input type="checkbox"/> Check for questions and understanding <input type="checkbox"/> Ask if there is anything else you can do <input type="checkbox"/> Express your thanks for coming to MGH <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> When possible, sit facing patient and make eye contact <input type="checkbox"/> Always speak positively about other members of the team 		

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