



Northeast Valley Health Corporation

a california *health*⁺ center

Improving CG-CAHPS Scores in a Federally Qualified Health Center

Presented By

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“Strategies for Improving CAHPS Clinician & Group (CG-CAHPS) Survey Scores”

A Webcast Presented by the AHRQ CAHPS User Network

March 15, 2016

12:00 – 1:00 pm EDT

“Caring for our community’s health since 1973”

Northeast Valley Health Corporation

- ▶ FQHC
Los Angeles County
14 sites
65,910 users/patients
- ▶ 291,152 visits in 2014
- ▶ 23% state they are best served in a language other than English
- ▶ 98% below 200% of FPL
- ▶ 81% below 100% of FPL
- ▶ 43.8% adults uninsured
- ▶ 6.8% of children uninsured

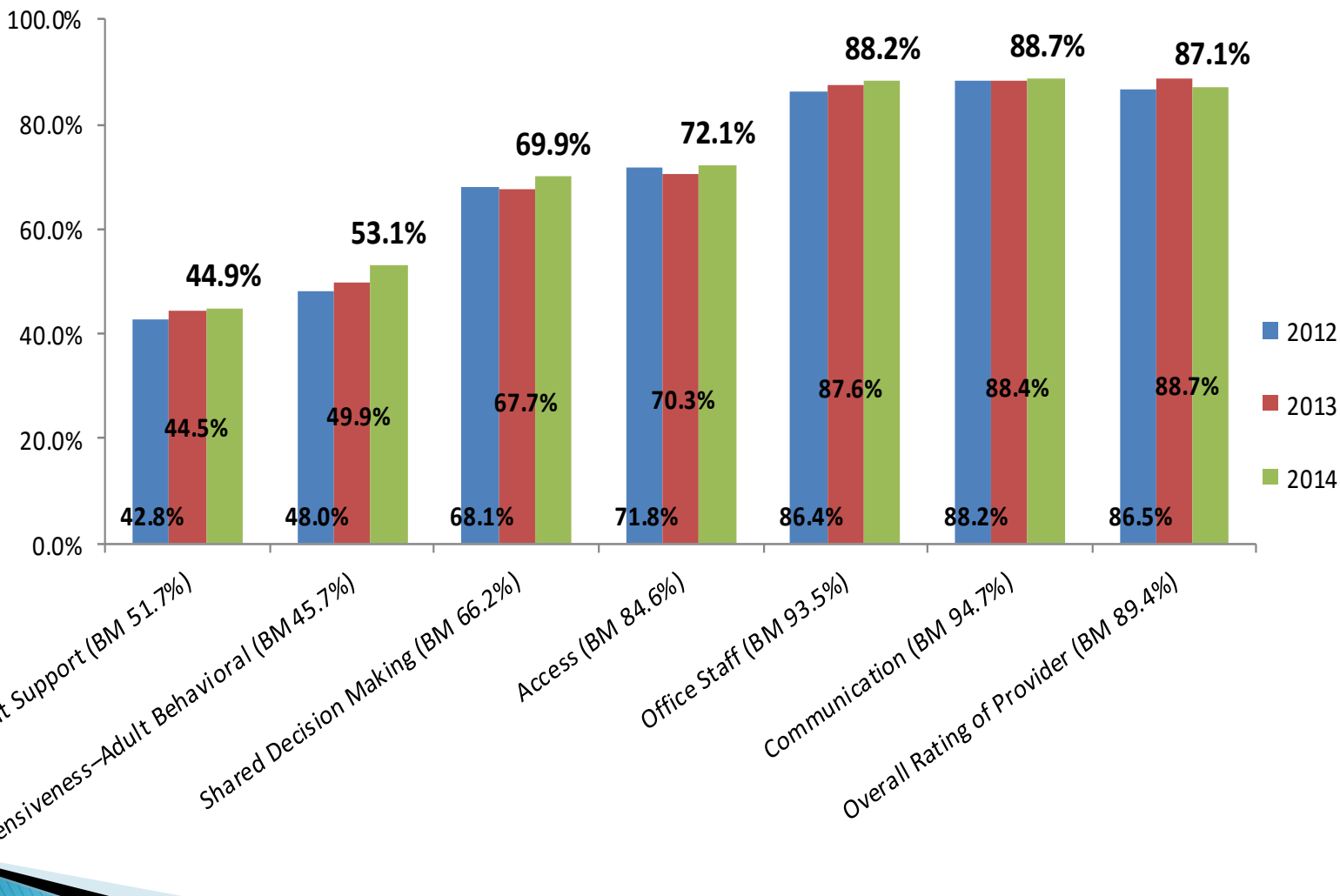


Analysis of Data

- ▶ Overall and site-specific data are reviewed.
 - Typical of all of our QI work, we look to sites that are performing well and share best practices
- ▶ Comparison to the benchmark is also made
- ▶ Changes from one year to the next are analyzed to determine if the change is statistically significant.
- ▶ NEVHC also uses other surveys and data to supplement the CAHPS data.
 - Pulse one-minute survey (Point of Care survey using Natural Language Program)
 - Patient shadowing
 - Patient and Family Advisory Councils

Adult Summary Rates

Overall NEVHC



Where do we start?



- ▶ Review the internal data
 - CG-CAHPS with PCMH Items
 - Supplemental Data
- ▶ Compliance with regulatory agencies
 - The Joint Commission
 - Meaningful Use
 - BPHC HRSA/Uniform Data System (UDS)
- ▶ Affordable Care Act – Patient Choice
- ▶ Board of Directors

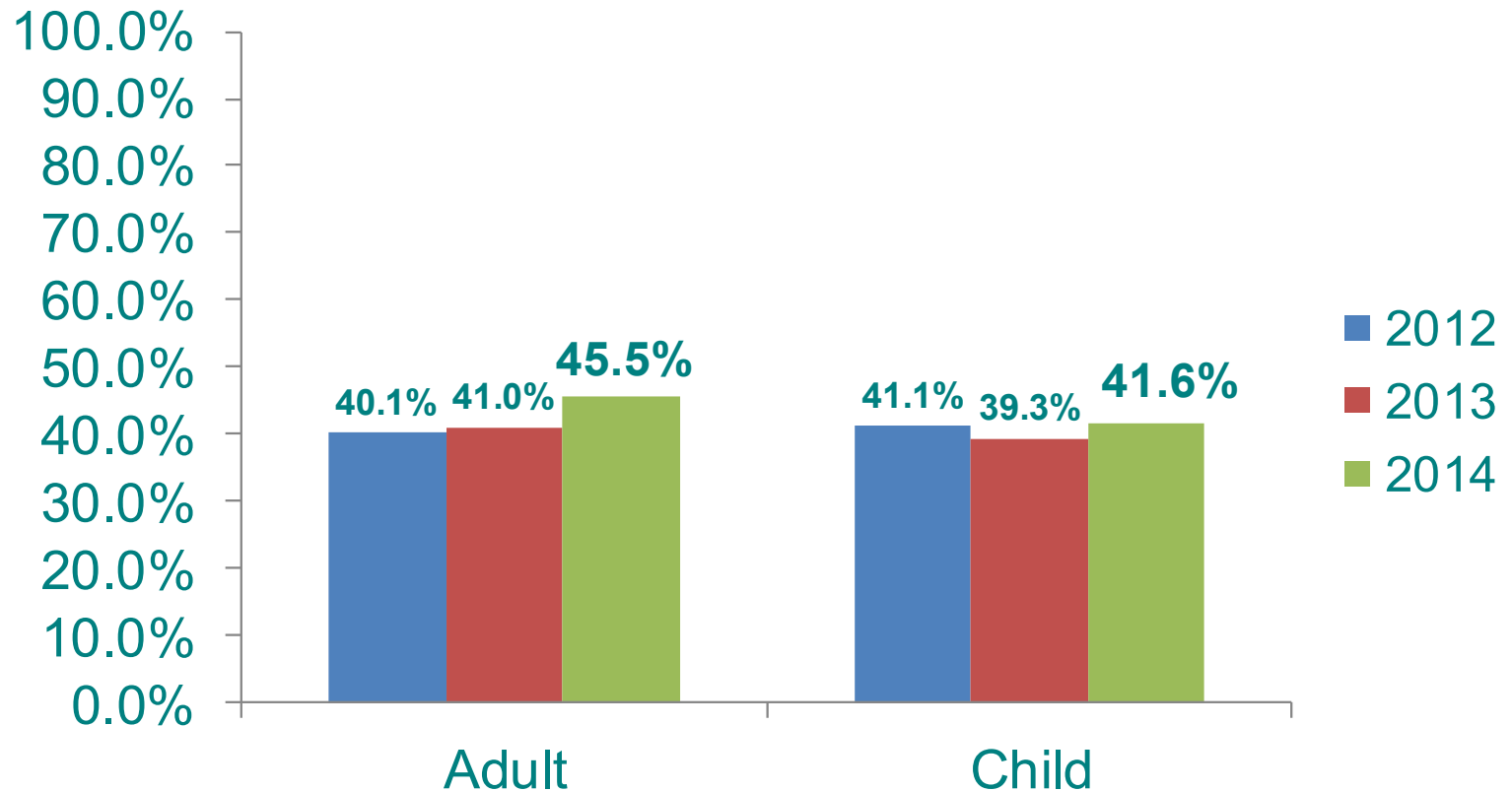
Success and Challenges

- ▶ Communication Training: *Not sufficient. (education is not enough to change behavior)*
- ▶ Self-Management Support: *Current organization-wide effort*
- ▶ Adult Behavioral Health: *Successfully implemented annual depression screening for ages 12+*
- ▶ Access to Care: *Successful interventions; data improving!*



Access Category

- ▶ Saw provider within 15 minutes of appointment time
- ▶ Response: Always/Usually

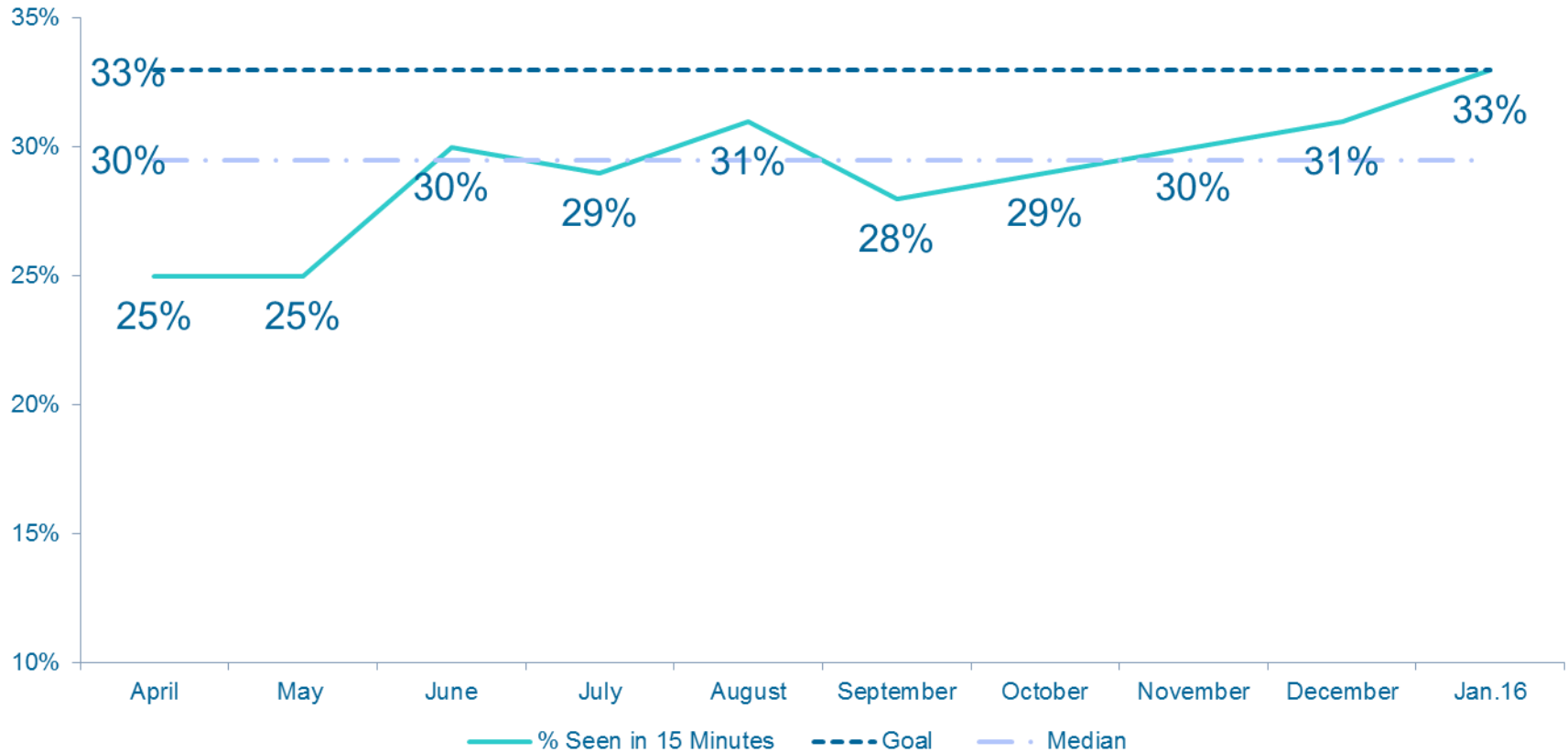


Access Interventions

- ▶ Access was identified as a priority focus area
 - Identified through patient experience surveys
 - Driven by Board of Directors and Executive Team
- ▶ Developed mechanism to measure
- ▶ Share data widely across the organization and review monthly (friendly competition)
- ▶ Allow site specific comparison & interventions
- ▶ Learn best practices (secrets)
 - Start Medical Assistants 30 minutes earlier
 - Asked patients to come 15 minutes prior to appt.
 - Robust calling to assess insurance problems
 - Team competitions

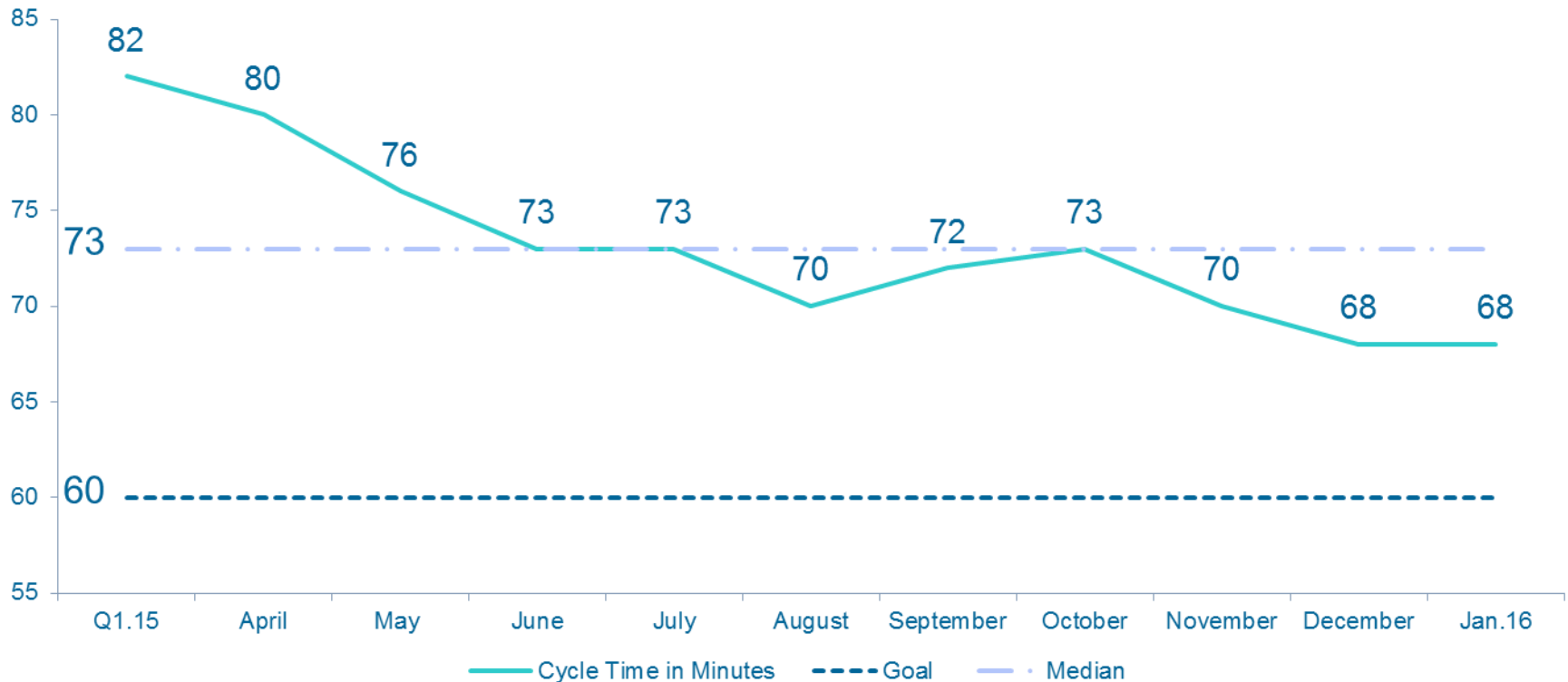
Trending Data for all NEVHC Sites

Overall
% Patients Seen in 15 Minutes



Trending Data for all NEVHC Sites

Overall Cycle Time in Minutes Goal <60 Minutes



Lesson Learned: Next Steps

- ▶ Analyzing variation between sites and as compared to the benchmark helps to determine priority focus areas
 - Identify areas we excel in
 - Identify opportunities for improvement
- ▶ Utilize data from CAHPS, but supplement with other patient experience data
- ▶ Determine and prioritize overall and site-specific interventions (compliance with regulatory agencies)
- ▶ Focus priorities at the site or organizational level
- ▶ Significant change/efforts must occur to see CAHPS scores improve.

Contact Information

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