

# **AltaMed's Shadow Coaching and Pay-for-Performance (P4P) Efforts to Improve Patient-Provider Interactions Using the Clinician and Group CAHPS® Survey: LESSONS ON IMPROVING PATIENT EXPERIENCE**

**Denise D. Quigley,  
Marc N. Elliott, Mary E. Slaughter, Ron D. Hays  
RAND**

**January 28, 2021  
Virtually via Rockville, MD**

# Context about Shadow Coaching & Pay-for-Performance to Improve Patient Experiences



- Shadow coaching is effective for providers in:
  - ▶ Building and maintaining competencies
  - ▶ Increasing compliance with practice guidelines
- Providers' response to pay-for-performance (P4P) incentives is unclear
- Evidence is mixed whether incentives improve provider behaviors and /or patient experiences

# AltaMed's Patient Experience Quality Monitoring System



- AltaMed is a large, urban Federally Qualified Health Center in CA
- To improve patient experience, AltaMed needed to identify and target modifiable provider behaviors
- July 2012:
  - ▶ Administered Clinician and Group CAHPS survey
  - ▶ Included custom items to trend Press Ganey items
- October 2014:
  - ▶ Provided P4P incentives based on Clinician and Group CAHPS every 6 months

# AltaMed's Shadow Coaching



- Identified “medium performers” based on CG-CAHPS scores every 6 months
- 2015—2016: Shadow coaching pilot
- Shadow coaching included:
  - ▶ Half-to full-day of shadowing by a coach during patient visits
  - ▶ Verbal and written feedback from a coach focused on goal setting and personal improvement
- 2017—2018: Shadow coaching implementation
  - ▶ Coached about 30 providers every 6 months
  - ▶ 98 coached providers

# Study Objectives



- To evaluate whether:
  - ▶ **coaching** improves patient experience scores
  - ▶ **incentives** improve patient experience scores
  - ▶ **re-coaching** has different effects than coaching
    - Planned for 2021

# Evaluation Study Design

- Analyze CG-CAHPS patient experience trends comparing coached vs uncoached providers
- Analyze influence of P4P incentive payments
- 2019: Re-coaching implementation
  - ▶ Selection:
    - As usual identified eligible providers (n=39)
    - Used wait-list control design to assign re-coaching
  - ▶ May–August 2019: Re-coaching
    - 20 re-coached providers; 19 controls

# Collected CAHPS Performance and Incentive Payment Data



- CG-CAHPS performance data
  - ▶ First phase: July 2012 - June 2019
    - 322 providers across 44 clinics with 46,452 completed surveys
      - 8,332 child surveys
      - 38,120 adult surveys
  - ▶ Second phase: July 2019 - July 2021
    - *In process to receive data up through end of Jan 2020*
- P4P incentive payment data
  - ▶ Available for two years
    - January 2017 – December 2018

# Collected Provider Perceptions and Coach Feedback Reports



- Provider perceptions
  - ▶ Administered provider survey
    - To all providers (n=320):
      - August 2018 and January 2020
    - To re-coached and control providers (n=39):
      - Before and after re-coaching: January and June 2019
  - ▶ Conducted provider interviews
    - Re-coached and control providers (n=39):
      - After re-coaching: July through August 2019
- Coach feedback reports
  - ▶ Contained recommendations to providers made by coaches
  - ▶ 92 coaching reports from 2015-2019



# Modeled Patient Experience Trends Before and After Coaching



- Modeled trends of CAHPS measures over time
  - ▶ Overall provider rating
  - ▶ Provider communication composite
- Compared coached and uncoached providers before and after coaching
- Spline models with a knot and a possible jump at coaching date, adjusted for:
  - ▶ Patient characteristics
    - adult/child, age, gender, race/ethnicity, language, health status, education
  - ▶ Site indicator
  - ▶ Provider random effect

# Coaching Improved Patient Experience, But Faded Over Time



- Small-to-medium jump (2 points) for both CAHPS measures at time of coaching
  - ▶ Uncoached providers did not change
- Gains in scores faded 40% per year
- Important to assess re-coaching effect
  - ▶ *Planned for 2021*
- *Recommend coaching “boosters”*

# Similar Analysis to Evaluate Influence of P4P Incentives on CAHPS Scores



- Modeled trends of 2 CAHPS measures
- Compared coached and uncoached providers before and after incentive existed
- Spline models with a knot and a possible jump at start of incentives, adjusted for:
  - ▶ Patient characteristics,
  - ▶ Site indicator, and
  - ▶ Provider random effect
- Incentives had no influence on the trend of either patient experience measure

# Coaching Increased Desire to Improve and Provided Tangible Feedback



- Providers reported that coaching:
  - ▶ Increased their desire to improve behaviors, primarily in:
    - Interactions with patients
    - Communication with care team
    - Coordination of information external to the clinic
  - ▶ Provided tangible recommendations, primarily for communication:
    - Engaging and spending time with patients
    - Providing information that is easy to understand
    - Listening to the patient

# Recommendations Aligned with Behaviors Captured in Patient Experience Surveys



- Half of recommendations encouraged existing behaviors, other half identified new behaviors
- Recommendations mapped to behaviors identified in CAHPS & Press Ganey survey items:

## CG-CAHPS items:

- Engaging and spending time with patients
- Listening to patients
- Easy to understand explanations
- Know patient medical history

## Press Ganey items:

- Concern provider shows
- Received instruction for follow-up care
- Protecting patient safety

# Providers Wanted More Support



- Providers wanted more actionable input on how to:
  - ▶ Listen carefully
  - ▶ Be friendly and engaging
  - ▶ Have a relaxed and calm demeanor
- Providers wanted additional coaching and training
  - ▶ Handling specific types of patients
    - "Difficult, complex" patients
    - Elderly patients
    - Patients with multiple needs
  - ▶ Communication for specific clinic settings
    - Urgent care clinic
    - Obesity clinic

# Providers Pointed to Several Other Areas of Need



- To improve patient experiences:
  - ▶ Time pressure during patient visits limits their ability to develop good patient relationships
  - ▶ Need tools and best practices to:
    - Communicate lab/test results to patients
    - Discuss best practices with other providers
- For quality monitoring system:
  - ▶ Focus on improving providers' perceptions of CAHPS' ability to reflect patient experiences
  - ▶ More QI orientation and training
  - ▶ Comprehensive leadership support

# Lessons Learned

- CAHPS data is effective for benchmarking, measuring change, counseling and evaluating providers' efforts
- But needs to be supplemented with tangible, actionable recommendations to encourage behavior change
  - ▶ Items are not always specific enough for tangible behavior change recommendations
- Focus on incrementally improving culture and system
  - Market efforts for all providers to improve
  - Gain provider buy-in
- Embed provider education and coaching into organization's long-term professional development



# Contact Information



Denise D. Quigley, Ph.D.

Health Policy Researcher

[quigley@rand.org](mailto:quigley@rand.org)

310-393-0411, ext. 7549