Ambulatory Patient Experience Improvement

Samuel A. Skootsky, MD
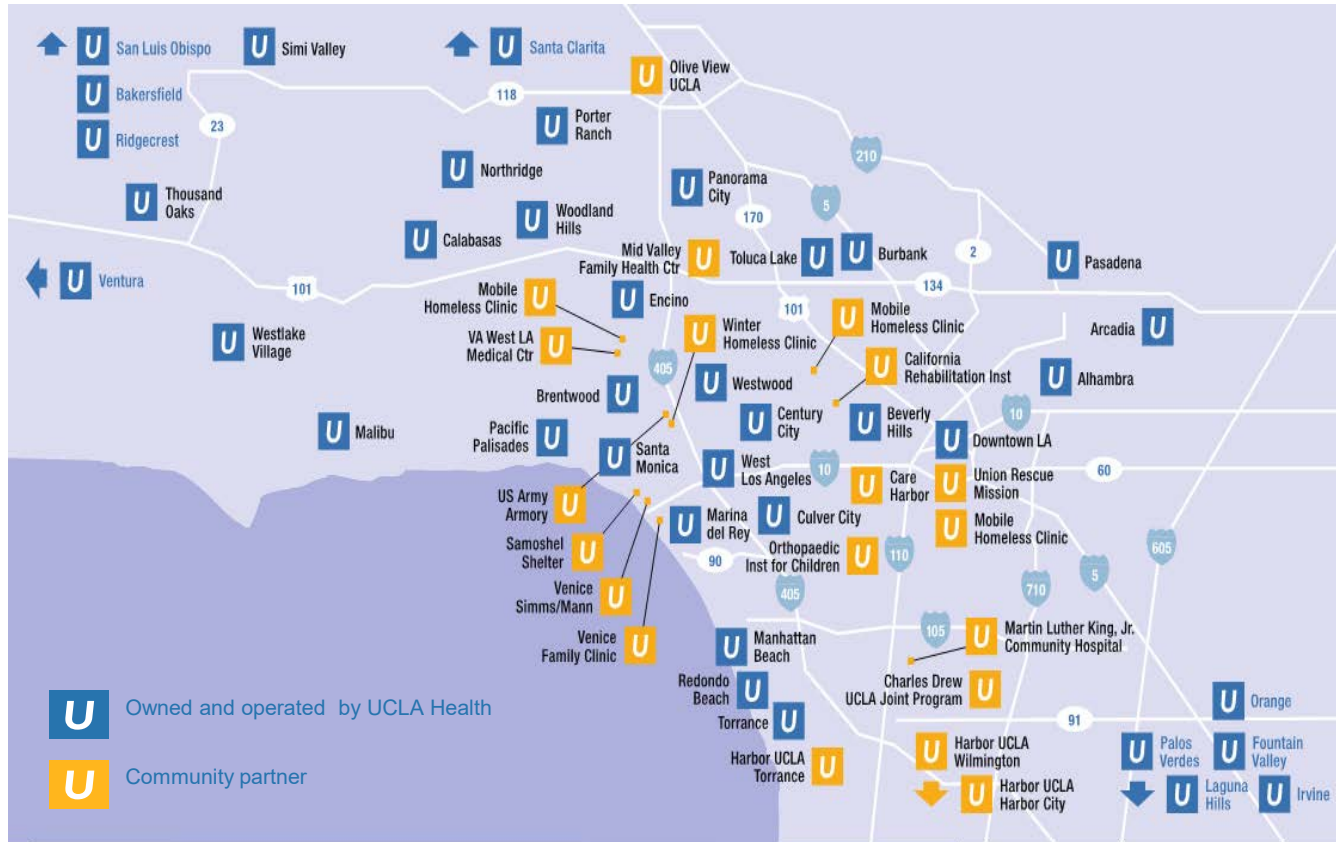
Chief Medical Officer

UCLA Faculty Practice Group and Medical Group

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UCLA Health Ambulatory Care Locations

Southern California Service Area

190 Ambulatory Community Practice Sites

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Scope of UCLA CG-CAHPS Survey

	(counts are approximate per year)
Survey Version	CG-CAHPS 3.0 (Adult and Child)
Verbatim Responses	3 prompts (staff, provider, improvement areas)
# Surveys (95% Adult, 5% Child –All active PCP and All Specialists)	40,000
# Verbatim Comments	45,000
# Physicians (individual reports)	900
Year Initiated	2006
All Visit Types (as of April 2020)	In-Office, Televideo, Telephone
Standard Approach to Analysis	Case-Mix Adjusted.
Layered Reporting	MD, Site, Clinical Department, Whole Practice

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Multimodal Email-Web and Telephone & Standardized Reporting
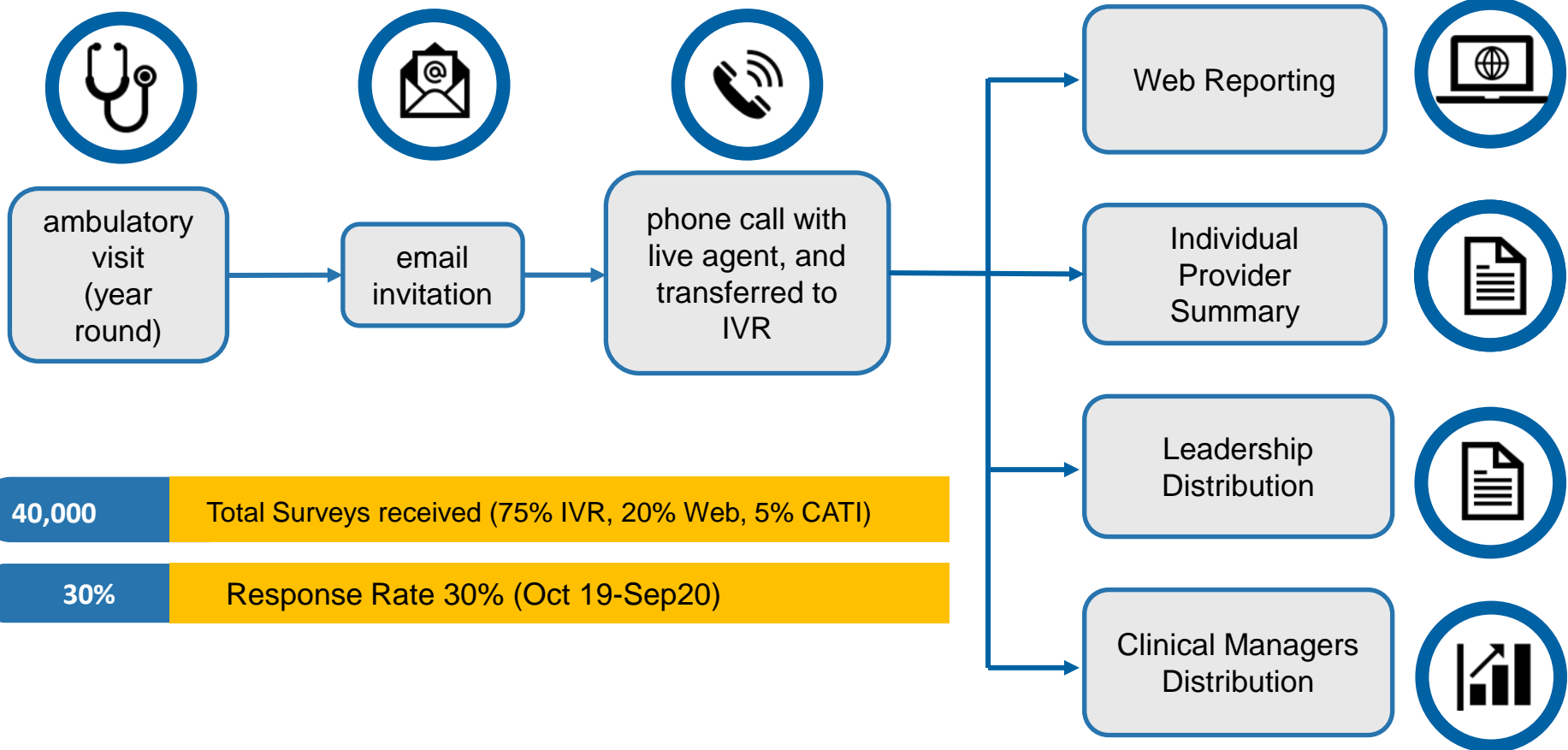
UCLA Health Interventions & Strategies to Improve the Patient Experience

← Newer Initiatives

Focused Quality Improvement

Review CG-CAHPS performance with each Clinical Director individually.

Service Recovery

All patients receive a text-based survey 15 minutes after their clinic visit (1-5 rating)

Physician Communication Workshop

Focused on doctor-patient communication for new providers and as "refresher"

Ambulatory Resource Team (ART)

Scorecard for clinics; assessment of actions affecting CG-CAHPS Office Staff scores.

CI-CARE™ Online Training Module

Standardized behaviors for staff and providers.

Focused Quality Improvement Work

Agenda for Discussion

- Review objectives of improvement project
- Provide an overview of the survey background
- **Review of practice site CG-CAHPS Survey results**
- Share clinical department survey data results
- Review "Top Five" items that drive patient loyalty

Action Planning

- Identify domain focus and using an A3 process conduct a current state and root cause analysis
- Develop action plan based on results found from current state and root cause analysis
- Communicate action plan to project manager for tracking purposes

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Patient-Physician Communication Workshop

You're Invited
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Physicians Workshop

Patient – Physician Communication Workshop Descriptions:

- Two workshops, each 2 hours in length, taken two separate months.
- Rated highest by your peers as 'most enjoyable sessions'
- *You will also receive 3 hours CME credits upon completion!*

Session A – In this 90 minute workshop, we describe, demonstrate and practice the strategies that we see providers utilize who are able to accomplish the following three goals:
(1) Create the most satisfying visits or encounters, (2) use time efficiently and (3) develop mutually agreed upon treatment plans or solutions with high levels of adherence.

Session B – 90 minute continuation of session A (one month or more later), build on the habits taught in the first workshop and apply them to the encounters that most providers describe as among the most difficult and least satisfying.

- To get the most value of these programs, each participant should come prepared to share interactions they have had with patients in clinic and at the hospital, in person and by phone or email, which they find are not as effective as they would prefer.

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ART (Ambulatory Resource Team)

- ## Development of Criteria to Measure and Monitor

  - Aesthetics (look and feel of practice)
  - Check-in (process and interaction with staff)
  - Patient Rooming (greeting and approach)
  - 7 Project Managers/Coordinators round and provide support for practices
  - Spread best practice to "low performers" and work with staff to train on interaction with patients and revenue integrity

- ## Recognition and Incentives

  - All Office Managers and Clinical Directors have incentives tied to performance
  - Staff receive incentives and formal recognition as they matriculate thru ART program

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Investments in Office Staff

Ambulatory Training

- All staff attend a standardized 2-4 week training in a safe environment.

- UCLA Patient Engagement Expectations (behaviors and culture)

- Incorporate CICARE™ into every patient interaction.

- Utilize all learning methodologies by role play and simulated exercises

- Provide new hires an opportunity to demonstrate various proficiencies from an integrated learning approach by combining, Care Connect (EHR), CORE, Ambulatory Nursing, Cash Controls, etc. into one learning environment.

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Investments in Office Staff

- Dedicated Training for **Care Coordinators (PSR)** – these staff are responsible for the coordination of care for high risk and complex patients. Improve the overall patient experience by assigning staff to coordinate patient care throughout one's healthcare journey.

   Examples of additional training:

   - Escalation of patient concerns that require immediate attention

   - ensuring patient calls are returned by clinicians

   - appointments are scheduled in a timely manner

   - authorizations obtained and ancillary services are performed

   - test results are reviewed and communicated to patients

   - ensuring patients are informed of next steps throughout the process.

Success Factor – Alignment of Efforts

Practices Established Explicit Goal Align Efforts

- **Drivers of Success**

  - Engagement of Clinical Directors and Practice Managers
    - Weekly Meetings

  - Weekly Review of Dashboard and Metrics
    - Hold each other accountable
    - All round in each other's practice
    - Sharing of best practices
    - Highlighting staff at various venues

  - Centralization of Key Services
    - Nursing, Patient Experience, Safety, Look and Feel Appearance
    - Patient Communication Center (PCC)
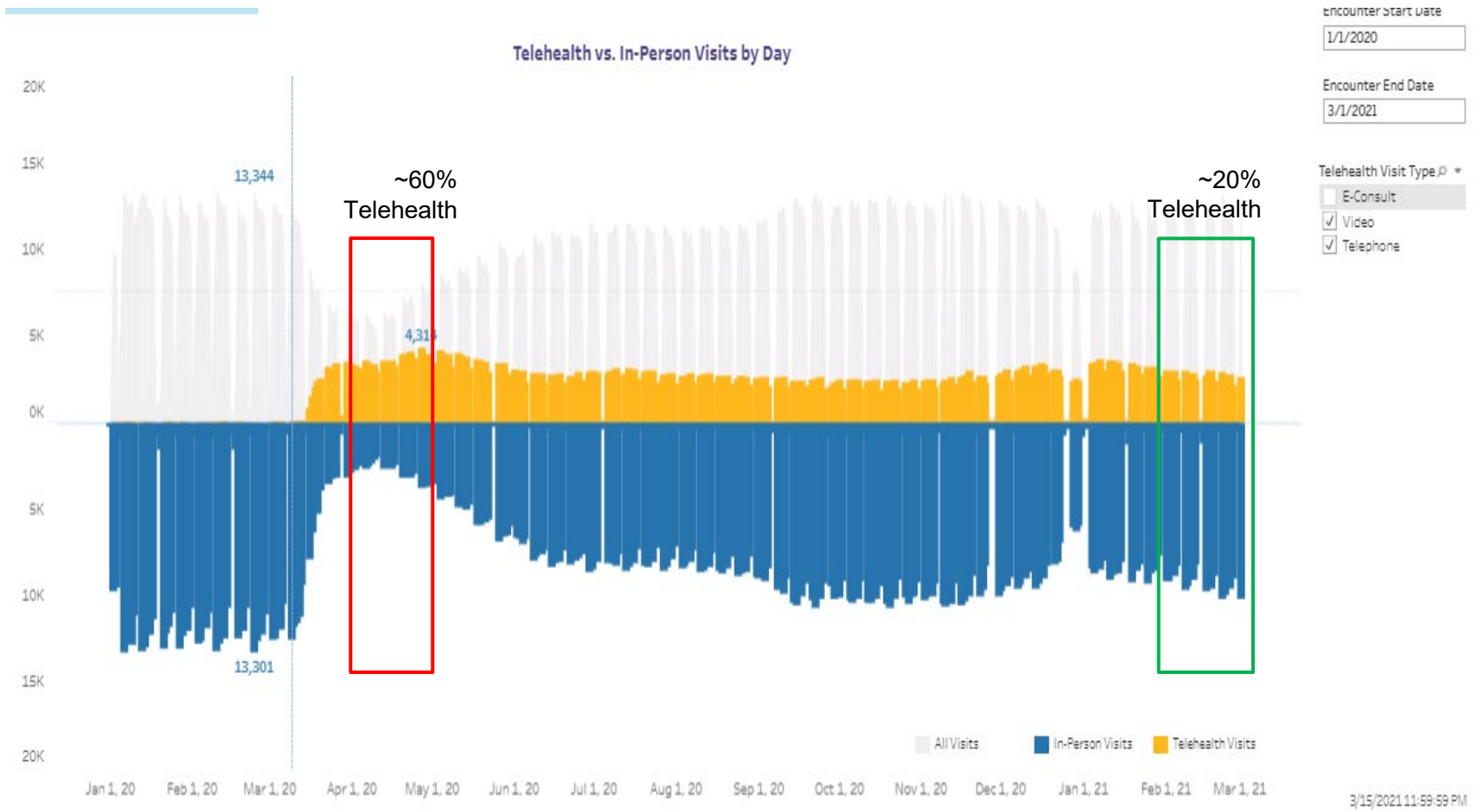   - Employee Training

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ART Scorecard
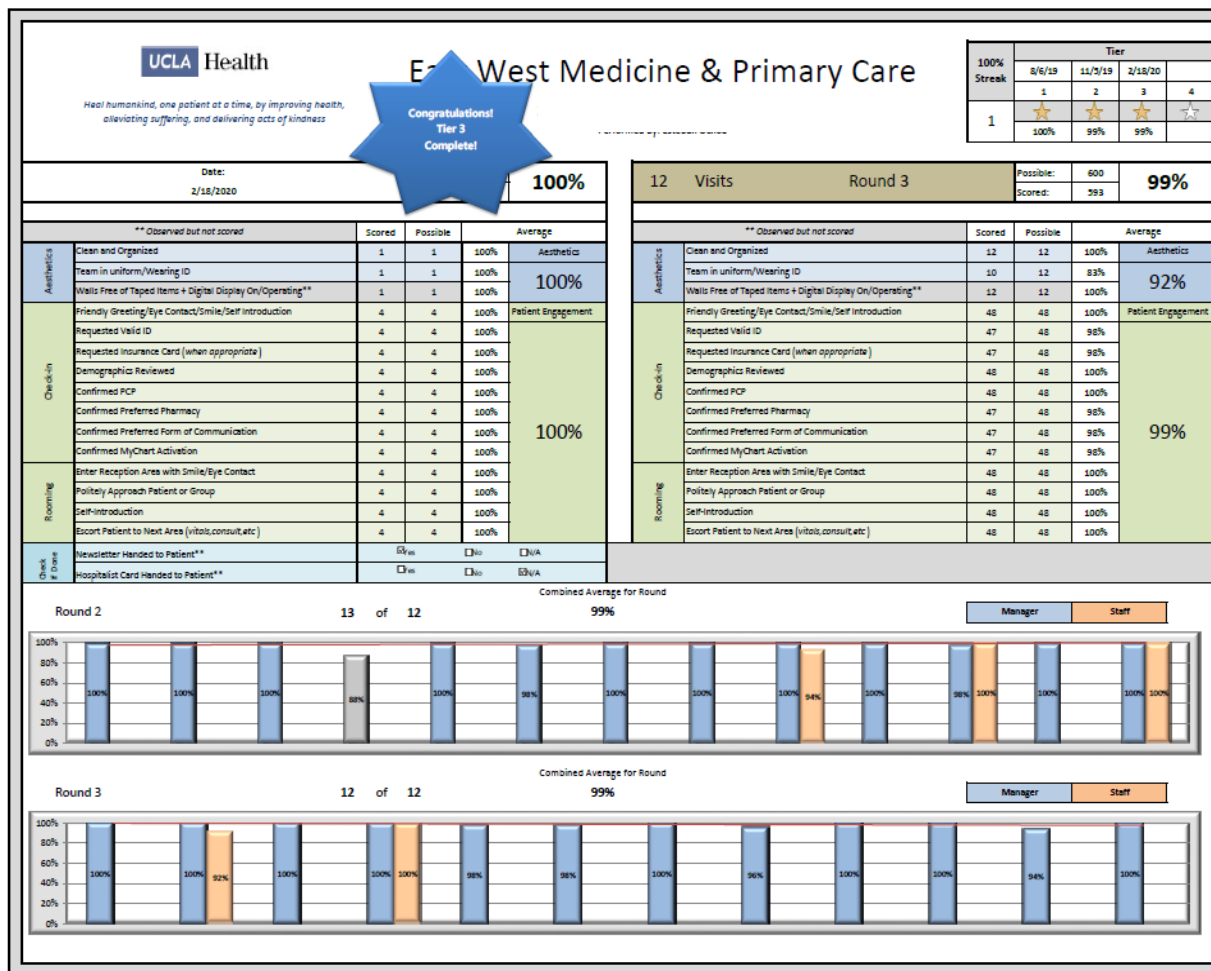
Some of the elements that may directly affect CG-CAHPS Office Staff Scores:

- Eye contact, self-introduction, & friendly greeting

- Politely approach patient or group in waiting room

- Escort patient to next area

Persistence of Telehealth Visits

Adaptations due to COVID-19 Pandemic

- **TeleVideo and TelePhone visits types included in survey**

- **Conversion to online courses**
  - Physician Communication Course
  - Employee ART training and E-Learnings

- **Restructuring of ART Observations, focused on CDC guidelines for interactions within public settings**
  - Face coverings for employee and visitors / Social distancing
  - Screening visitors for COVID related symptoms prior to entry
  - PPE when appropriate
  - Encouraging patients to complete check-in process (including co-payment collection) via mychart patient portal.

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Contact Information

Dr. Samuel Skootsky

SSkootsky@mednet.ucla.edu