Setting the Stage for HCAHPS Success

Healthcare Association of New York State
February 29, 2012

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Acknowledgements

- This program is supported by the U.S. Agency for Healthcare Research and Quality (AHRQ) through a contract with the Health Research and Educational Trust (HRET).
- HRET is a charitable and educational organization affiliated with the American Hospital Association, whose mission is to transform health care through research and education.
- AHRQ is a federal agency whose mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.
AHRQ/HRET Patient Safety Learning Network (PSLN) Project

- HANYS, HRET and AHRQ are partners in bringing you this free program of technical assistance for 6 months.
- AHRQ has retained HRET to partner with health care leaders in creating Patient Safety Learning Networks to support hospitals that wish to use AHRQ's patient safety improvement tools.
- HRET will support learning network members in using HCAHPS, as well other AHRQ patient safety tools in 25 States during 2012.

HANYS / HRET HCAHPS Technical Assistance Schedule

Participating New York hospitals will receive this support:
- March 28-29: In-person HCAHPS Workshops in Albany and NYC
- April 19: 10am-11am EST: Office Hour #1
- May 3, 2012 9:30-11:30am: Learning Network Conference Call
- May 17, 2012, 10am: Office Hour #2
- June 12, 2012, 9:30-11:30am: Learning Network Conference Call
- July 12, 2012, 10-11am: Office Hour #3 for participants
- Watch for email from HANYS with 4 important pieces of information:
  - A link to an online evaluation of this teleconference
  - A link to the Self-assessment tool – please complete in 10 days
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  - A link to say which workshop you will attend (NYC or Albany)
This is not an add-on activity.

HANYS is working with you under another federal contract, funded by the Centers for Medicare and Medicaid Services (CMS), to serve as a Hospital Engagement Contractor (HEN). The HANYS HEN project will run for at least 2 years and address 10 clinical problem areas.

Lessons you learn in this HCAHPS Learning Network will help you succeed in the HEN project:
- Patient-centered culture is a driver of clinical outcomes
- Employee and patient engagement are 2 sides of one coin
- HCAHPS is an early warning system for readmissions

Carrie Brady, MA, JD
- Primary HCAHPS trainer
- Former Connecticut Hospital Association staffer
- Previous V.P. at Planetree

Experienced hospital implementers
- To be identified using performance data and PSLN partner recommendation
- Will provide case studies during in-person training
- Include with speaking role in follow up Web conferences
Advancing Excellence in Health Care

Overview

- Why HCAHPS Matters
- Opportunities and Challenges of HCAHPS
- HRET Curriculum Overview
- The Unique Nature of HCAHPS
- HCAHPS Self-Assessment Instructions

Why HCAHPS Matters: CMS Value-Based Purchasing

- Clinical Measures: 30%
- HCAHPS Measures: 70%

Your performance today affects your value-based purchasing payments
Each HCAHPS Question Matters

- All questions other than willingness to recommend are factored into VBP calculations
- Clean/quiet questions are combined into one category

9% of your total VBP score is based on your lowest HCAHPS score

CMS Value-Based Purchasing

- Overall Rating: 3%
- Pain Management: 3%
- Clean/ Quiet: 3%
- Responsiveness: 3%
- Commun re: Meds: 3%
- RN Communication: 3%
- MD Communication: 3%
- Discharge Info: 3%
- Lowest HCAHPS score: 6%
- Clinical Measures: 70%
- HCAHPS: 30%
HCAHPS and Readmissions

For all three clinical areas (AMI, HF, PN), HCAHPS performance was more predictive of readmission rates “than the objective clinical performance measures often used to assess the quality of hospital care.”


HCAHPS and Quality/Safety

“[T]here were consistent relationships between patient experiences and technical quality as measured by the measures used in the HQA program, and complication rates as measured by the AHRQ PSIs.”

Source: Isaac T et al., The Relationship between Patients’ Perception of Care and Measures of Hospital Quality and Safety, Health Services Research 45:4 (August 2010)
“[W]hen we controlled for a hospital’s clinical performance, higher hospital-level patient satisfaction scores were independently associated with lower hospital inpatient mortality rates.”


How Are You Using HCAHPS?

Is HCAHPS a tool to develop a shared understanding of patient and staff needs?

OR

Is HCAHPS driving a wedge between patients and staff?
The Opportunities and Challenges of HCAHPS

**Challenges**
If used incorrectly, HCAHPS data can:
- Drive a wedge between patients and staff
- Create frustration and distrust between administration and staff
- Be perceived as invalid or simply irrelevant
- Become an excuse not to listen

**Opportunities**
If used correctly, HCAHPS data can be a valuable tool to:
- Understand the patient experience
- Gain useful information not available from other sources
- Highlight important ways to improve clinical outcomes and safety
- Monitor and deepen relationships with patients

Ideal Scenario
HCAHPS is viewed as a valuable tool to help organizations achieve multiple objectives

HCAHPS is part of a coordinated, comprehensive approach to partnering with patients and families

Everyone works together as a team to identify opportunities for improvement, innovate and implement strategies, and celebrate success
More Common Scenarios

HCAHPS is used as a weapon by managers who:
- Feel pressured to improve scores but don’t know how to do it
- Have run out of improvement strategies/need fresh ideas

Staff members:
- Ignore data completely
- Become angry with patients
- Try to improve, but are overwhelmed by tasks that are not well aligned or prioritized

“Insanity:
Doing the same thing over and over again and expecting different results.”

Albert Einstein
HRET Curriculum: A New Way of Thinking about HCAHPS

Hospital
Consumer
Assessment of
Healthcare
Providers and
Systems

What HCAHPS Means

How
Can you
Always
Help
Patients/ Providers
Succeed?
Curriculum Objective

To support hospital teams in effectively using HCAHPS as a tool for improving quality, safety, and the patient experience.

Strategies to Achieve the Objectives

- Provide expertise, research, and practical tools
- Harness participants’ institutional wisdom
- Build internal teams and external communities for ongoing improvement work
Curriculum Overview

Conference Calls
One Pre-Workshop Call:
- Setting the Stage for HCAHPS Success
Two Post-Workshop Calls:
- Customized according to self-assessment responses and participant needs
Regular Office hours:
- Toll free opportunity to call in and interact with faculty about specific domains

One In-Person Workshop
- Understanding HCAHPS
- Using HCAHPS Data Effectively
- Specific Improvement Techniques
- Case Studies
- Resources
- Development of Always Events®

Our Secret Ingredient

You!

Your experience and enthusiasm is an essential component of the curriculum
The Nature of HCAHPS

HCAHPS is a quantitative tool designed to evaluate the qualitative relationship between patients and staff.

HCAHPS is Different and Important

- Clinical process measures have objective answers that are capable of independent validation.
  - e.g. did you give the patient aspirin?

- HCAHPS tells us how we are meeting our patients’ unique needs.
  - HCAHPS asks for reports of experience rather than ratings, because reports are more objective.
  - The patient’s perception is reality for that patient and we need to understand that reality to provide effective clinical care.
Patients See Things Differently Than Providers

22% of 193 patients reported a “recent unsafe episode”

More than 80% of the reported experiences were classified by reviewers as “service quality incidents”
- 33% related to \textit{w}aits and \textit{d}elays
- 21% related to \textit{p}oor \textit{c}ommunication and \textit{i}nformation for \textit{p}atients
- 13% related to \textit{p}oor \textit{c}oordination of \textit{c}are among \textit{s}taff

Source: Weingart SN et al. “Patient-Reported Safety and Quality of Care in Outpatient Oncology” Joint Commission Journal on Quality and Patient Safety; 33:2, 2007

Patients’ Perspectives are Invaluable

CONCLUSIONS:

“Patient-reported service quality deficiencies were associated with adverse events and medical errors. Patients who report service quality incidents may help to identify patient safety hazards.”

(emphasis added)

Taylor BB et al. Medical Care 2008 Feb;46(2):224-228.
We Also Need to Know What Patients Don’t Know

![Bar chart showing the comparison between patients who correctly identified their diagnosis and those who correctly identified their physician's name.]


To Make the Most of HCAHPS:

“The real voyage of discovery consists not in seeking new landscapes, but in having new eyes.”

Marcel Proust
Applying Clinical Logic to HCAHPS Improvement

We don’t clinically assess, diagnose, and treat a patient using only quantitative data – we also rely on examination, observation and discussion.

Why do we often assess, diagnose and treat organizational performance based solely on quantitative metrics?

Your Preliminary Assignment: See with Fresh Eyes

- Take a fresh look at how HCAHPS is being used or will be used in your organization
- Identify one or two priority HCAHPS areas for intense focus during the curriculum
- Compile an initial self-assessment for use at the workshop
- All organizations completing the self-assessment will receive a summary report enabling comparison with peers
Selection of Priority Focus Areas

- Each organization will select two priority focus areas for the curriculum
  - Curriculum will address all HCAHPS topics
  - Each hospital team will have the opportunity to work on all topics

- Considerations in selection of priority focus areas
  - Current performance
  - Value-based Purchasing performance
  - Correlations between focus areas

HCAHPS Correlations

Available at www.hcahpsonline.org

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<thead>
<tr>
<th>HCAHPS PATIENT-LEVEL CORRELATIONS*</th>
<th>Communication with Nurse</th>
<th>Communication with Doctor</th>
<th>Responsiveness of Hosp. Staff</th>
<th>Pain Management</th>
<th>Comm. about Medicines</th>
<th>Cleanliness of Hospital Env.</th>
<th>Quietness of Hospital Env.</th>
<th>Discharge Info.</th>
<th>Overall Hospital Rating</th>
<th>Recommend the Hospital</th>
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*Patient-level Pearson correlations of rescaled linear means of HCAHPS measures, for patients discharged between July 2009 and June 2010 (2.7 million completed surveys).
Components of the Assessment

1. Gather data reports

2. Identify HCAHPS-related organizational goals

3. Review previous interventions
   - Successful and unsuccessful

Gather Data Reports

- How are you reporting HCAHPS data?
  - Governing Board
  - Medical Staff
  - Nursing Staff
  - Housekeeping Staff
  - Senior leadership
  - Department/Unit Managers
  - Pharmacy Staff
  - Others

- Think About:
  - What types of orientation and training related to HCAHPS are or will be provided to each group?
  - What other qualitative and quantitative data related to the patient experience is being collected and reported?
Identify Organizational Goals

- What goals have been set by the organization related to HCAHPS performance in the two priority areas?
  - Think about:
    - What is the process for setting the goals?
    - How are the goals expressed to staff?
    - Are the HCAHPS-related goals aligned with other organizational goals?

Consider Prior Interventions

- What interventions to improve the patient experience already have been implemented and what is the status of each?
- What were the most successful and least successful interventions? Why?
  - Think about:
    - The process used for each intervention, including communication
    - The frequency with which interventions change
    - The staff attitude toward HCAHPS
Assessment Report

- Complete the online self-assessment report
- Bring a copy of your frontline staff level data reports (with hospital name removed) to the workshop

“Furious activity is no substitute for understanding.”

H. H. Williams
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Questions?