



Member Satisfaction: Moving the Needle



L.A. Care
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For a Healthy Life

Webinar for IPAs and Providers

January 4, 2017



Accreditation of Medi-Cal
and L.A. Care Covered.

Agenda

Topic	Presenter
Introduction	Matt Emons
CG-CAHPS	Matt Pirritano
Recommended interventions	Asal Sepassi
Access & availability	Deborah Manders
Questions/Answers via Webinar	



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Welcome & Introduction

Matthew Emons, MD, MBA
Medical Director, Quality Improvement



Welcome and Introductions

- Welcome
- This webinar is being recorded for future reference
- Attendance by PPG will be noted via log-in
- You will receive a copy of the PowerPoint
- Questions will be managed through the Q&A function (to be answered at the end of the webinar)
- Please send a message to the presenter if you cannot hear or cannot see the slides

Background

- L.A. Care's CAHPS scores are having an adverse effect on NCQA accreditation score and health plan ratings

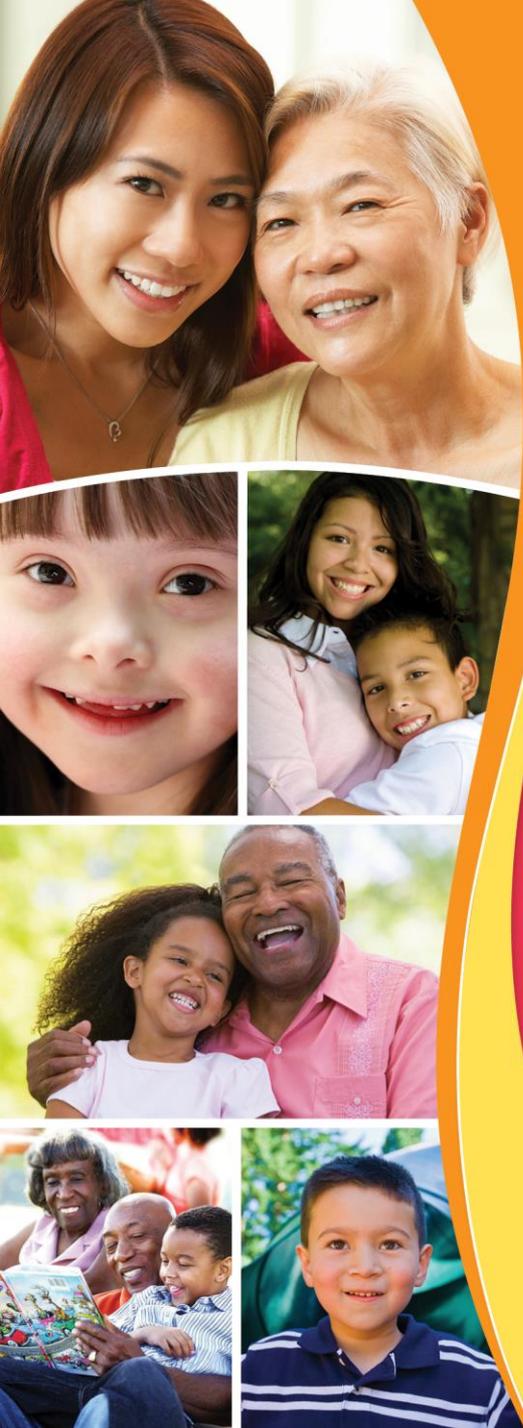
	2014		2015		2016	
	Available Points	L.A. Care Score	Available Points	L.A. Care Score	Available Points	L.A. Care Score
Standards	50	50	50	50	50	50
HEDIS	37	21	37	20	37	22
CAHPS	13	8	13	6	13	4
TOTAL	100	79.63	100	76.20	100	75.53
Accreditation Level	Accredited		Accredited		Accredited	

- Member experience is increasingly important as the healthcare industry continues to shift to value-based reimbursement
- The wide variability in CG-CAHPS scores emphasizes the impact groups and physician practices have on member experience

We need your help!

Voice of the Customer

CALL DOCUMENTATION & ROUTING	<ul style="list-style-type: none">• Document information from call• Route call to other department	<ul style="list-style-type: none">• Facilitate communications for cross-functional execution
DIALER	<ul style="list-style-type: none">• Automatic dial to member• Tracks attempts and contacts made• Blended feature	<ul style="list-style-type: none">• Call campaign management• Hold in queue
SELF-SERVICE	<ul style="list-style-type: none">• Member and Provider IVR• Member and Provider Portal	<ul style="list-style-type: none">• Increase self-service options for members and providers
ONLINE HELP & TOOLS	<ul style="list-style-type: none">• Scripting Tool• Benefit Tool• Cost Sharing Tool• Pharmacy Tool	<ul style="list-style-type: none">• Template letters and forms• Document Generation & Management Tool• Provide consistent customer service that meets compliance requirements
BARCODING	<ul style="list-style-type: none">• Repurpose returned member materials	
ALERTS & TRIGGERS	<ul style="list-style-type: none">• Proactive customer service	
WFM	<ul style="list-style-type: none">• Forecasting call volume• Staff Scheduling• Staff Adherence• Staff incentives and scorecard	
INTELLIGENT INTEGRATED AGENT DESKTOP	<ul style="list-style-type: none">• CTI Screen Pop• Eliminate multiple screens• 360 View of member	
VOICE OF THE CUSTOMER	<ul style="list-style-type: none">• FULL INTEGRATION OF EACH PROGRAM COMPONENT	



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Clinician and Group CAHPS (CG CAHPS)

Matthew Pirritano, PhD, MPH
Manager, Health Data Analytics



CG-CAHPS

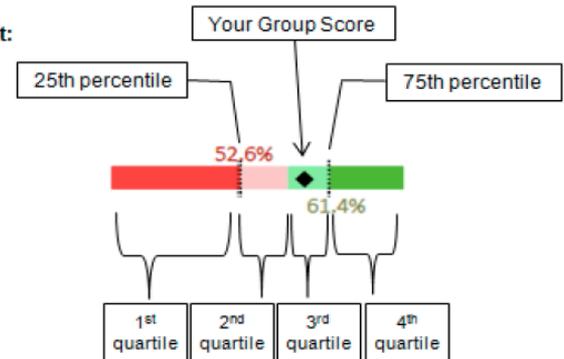
- How does CG-CAHPS differ from HP-CAHPS?
 - Sampled at IPA level, not health plan
 - Samples patients as opposed to just members
 - Includes scales that are amenable to IPA level quality improvement initiatives
- Why do we conduct CG-CAHPS?
 - Measurement at the IPA level
 - Facilitates quality improvement initiatives
 - Pay-for-Performance - LA P4P and Value Initiative for IPA performance (VIIP)

CG-CAHPS

- Conducted every other year
- Adult and Child versions
- Assess satisfaction with PCP and Specialists
- Measures:
 - Getting Timely Appointments
 - How well Providers Communicate with Patients
 - Helpful, Courteous, and Respectful Office Staff
 - Patient's Rating of the Provider
 - Coordination of Care
 - Health Promotion
 - Patient's Rating of Health Care
 - Getting Needed Care
 - Patient's Rating of Health Plan

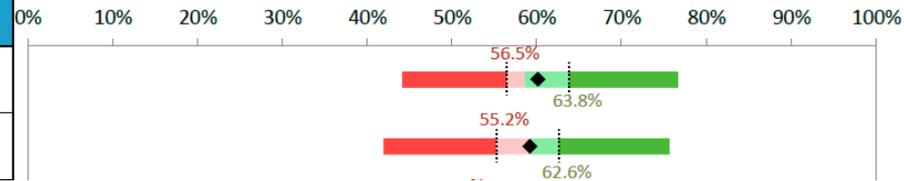
Adult Average IPA Performance

Legend -
Example Chart:



Medical Group Score Chart

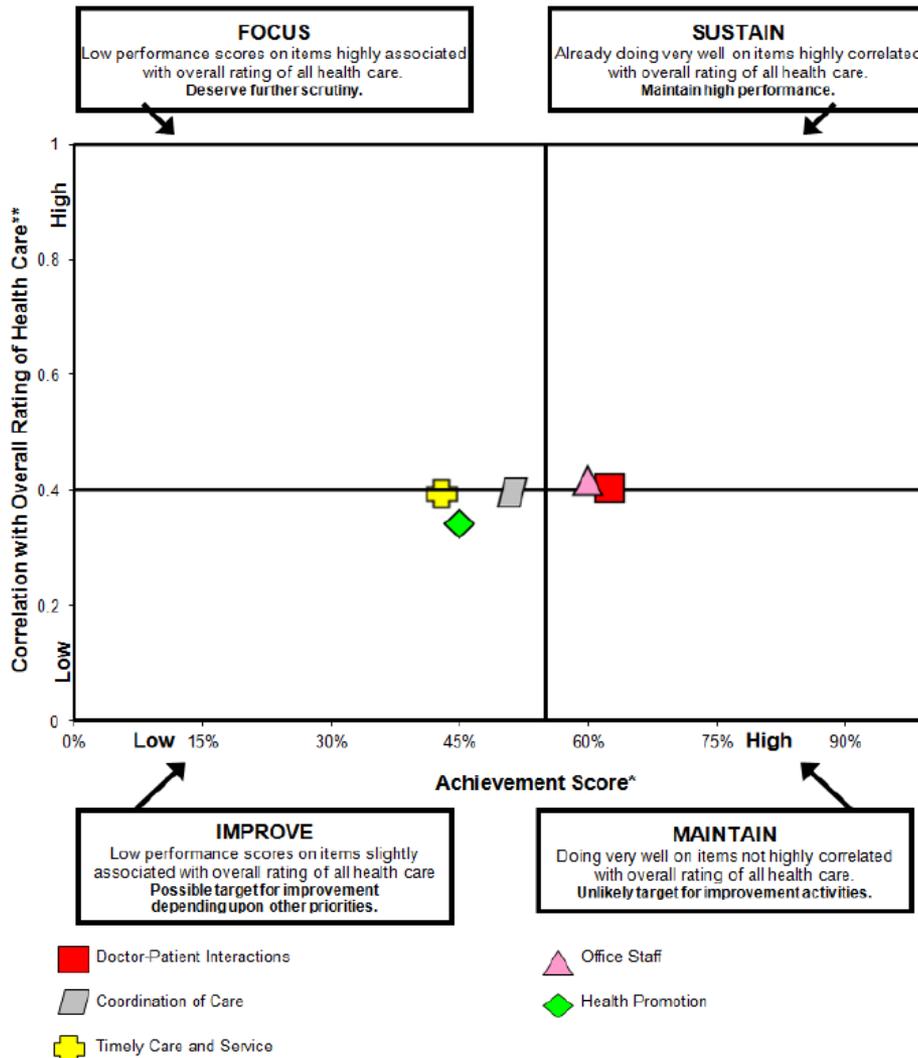
(♦ indicates where **Your Score** ranks among other medical groups in the sample, with 25th and 75th percentile[†] cutoff values indicated.)



Measure	Reliability*	Percentile [†]	Your Score (♦) - % of Favorable Responses	Number of Responses
Overall Ratings of Care				
Overall rating of all health care [Question 37]	Y	N/A	60.2%	14,093
Overall rating of provider [Question 26]	Y	N/A	59.2%	14,435

Priority Matrices

All Composites Priority Matrix
(with Rating of Health Care)



- Shows which measures might drive ratings of overall health care
- Measures that are higher up on the chart are more strongly related to the rating of overall health care
- Measures out past the middle vertical line are high performing relative to others
- Shows that Doctor-Patient Interaction is the highest scoring measure, and it is somewhat related to ratings of overall health care
- Coordination of Care, Health Promotion, and Timely Care and Service are also related to overall rating of health care, and currently score lower than 75th percentile

* An achievement score is ranked "high" when score reaches 75th percentile performance or higher.

** An association with Overall Rating of All Health Care is ranked "high" when correlation is 0.40 or higher.



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Recommended Interventions

Asal Sepassi, MD, MBA
Director, Quality Improvement



Where to Start?

- Review your group's CG-CAHPS scores
 - Compare your scores to benchmarks
 - Identify strengths and weaknesses
 - Share this information with your entire team
- Assess availability of additional data to supplement scores
 - Consider fielding patient surveys to gather more details
- Create goals with timelines
- Identify specific interventions to reach goals
- Round to assess effectiveness of interventions
 - Ask for patient feedback
 - Highlight successes
 - Address challenges and barriers

Effective Appointment Protocols

- Ensure availability of same day appointments
- Prioritize appointments following ER and inpatient discharges
- Educate patients how to access after-hours urgent care services
- Track referrals and recommended follow-up after specialty visits, ER visits, or hospitalizations
- Establish protocols to effectively communicate diagnostic testing results and follow-up actions



Strategies for Timely Access

- Open up scheduling - keep appointment slots open for same-day appointments
- Offer appointments on evenings and Saturday
- Limit appointment types (e.g. new patient, women's health) to make it easier to schedule visits
- Identify sources of unnecessary visits based on outdated protocols
 - e.g. follow-up visits for UTIs
- Use appointment reminders to reduce no-show rates, reducing scheduling backlog

Scheduling Strategies for Timely Access

- Use calls and secure email to address concerns that do not require a visit
 - e.g. normal pap results
- Consider self-scheduling
- Use any visit as an opportunity to conduct preventive screenings and services
 - Reduces the demand for additional visits

Phone & Voicemail Practices

- Ensure automated phone triage processes are user-friendly
- Minimize the time configured to “out-of-office”
- Confirm that the after-hours message is compliant
- Address voicemails from patients within one business day
- Meet the needs of non-English speaking patients
 - L.A. Care provides free interpreting services for members, including telephonic interpreting
 - Language Line: (888) 930-3031



Developing a Rounding Plan

- Identify who will be responsible for rounding on patients
 - Consider assigning line staff to be in charge of satisfaction
 - **Can be modified by facility executive leadership**
- Determine areas of focus - service, wait times, patient education
- Define parameters and frequency
 - e.g., 25% of established patients & 100% of new patients daily
- Establish a process for weekly reporting with parameters
- Implement a system for communicating the outcomes
 - Huddles/standup meetings, communication boards, newsletter
 - Highlight staff who are patient satisfaction champions
- Use this opportunity to audit behaviors you expect of your staff
 - **Area of focus** (behavior that is being hardwired), such as hourly rounding, AIDET, clinical measures

Rounding

Patient	Type	Feedback on Area of Focus Working Well (WW) or Needs Improvement (NI)	Staff	Actions		Notes
				Recognize	Coach	

Setting the Stage for Patient Satisfaction

- Each site should set goals and review outcomes as a team
- Routinely discuss patient satisfaction at staff meetings
 - Share success stories
 - Discuss how to handle patient complaints or issues
 - Review practices even if they seem like common sense, such as knocking before entering an exam room
- Regular staff customer service training
 - Include content in new employee orientation
- Staff appreciation
 - Public recognition of great customer service
 - Rewards for patient engagement

Customer Service Standards

- Greet patients upon arrival
 - Keep patients informed of wait time
 - If the schedules falls behind, provide alternative options to patients
- Treat all patients with respect
 - Create a positive environment
 - Do not reinforce negative impressions of the health plan, medical group, Medi-Cal, etc.
- Establish high standards for service excellence
 - e.g. all patient calls returned within 24 hours

AIDET®

- **ACKNOWLEDGE:** Greet the patient by name. Make eye contact, smile, greet friends or family in the room
- **INTRODUCE:** Introduce yourself
- **DURATION:** Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress
- **EXPLANATION:** Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you
- **THANK YOU:** Thank the patient

Source: The Studer Group <https://www.studergroup.com/resources/news-media/healthcare-publications-resources/insights/november-2014/aidet-in-the-medical-practice-more-important-than>

Reinforce Customer Service Expectations

Service Expectations and "ALWAYS" Behaviors

CHECK-IN

Service Expectations

- ❑ Acknowledge patients' presence
- ❑ Ask how you can help
- ❑ Inform patients of anticipated wait time
- ❑ Ask if there are other questions

Associated "ALWAYS" Behaviors

- ❑ Greet patients with a warm smile and a pleasant tone of voice and thank them for coming
- ❑ Establish eye contact
- ❑ If unable to greet patients promptly, acknowledge them and let them know you will be with them shortly
- ❑ If physician is running late, let patients know how long the wait could be and apologize
- ❑ Periodically round the waiting room and keep patients informed of wait times

CHECK-OUT

Service Expectations

- ❑ Acknowledge patients and ask how you can help
- ❑ Verify if patients have any questions
- ❑ Thank patients for coming to MGH

Associated "ALWAYS" Behaviors

- ❑ Ask if patients need any follow-up appointments / tests; explain next steps so they know what to expect
- ❑ Ask "Is there anything else I can do for you?"
- ❑ If necessary, help patients find their way to their next destination

HALLWAY

Service Expectations

- ❑ Acknowledge patients when in hallway
- ❑ Ask patients if you can help
- ❑ Provide directions and escort patients to their destination

Associated "ALWAYS" Behaviors

- ❑ Make eye contact and smile
- ❑ Walk beside patients when escorting them to the exam room rather than in front of them
- ❑ Stop and ask patients if they have any questions
- ❑ Help patients to get to where they need to go
- ❑ Let patients get on the elevator first and hold door open for them

Practitioners: Connect & Communicate

At the beginning of the visit:

- Make eye contact and shake hands with the patient
- Mutually establish an agenda

During the visit:

- Listen and observe
- Encourage the patient to express their key concerns and prioritize their health goals
- Seek to create a connection
- Demonstrate empathy, understanding their personal challenges

At the end of the visit:

- Summarize the treatment plan
- Affirm the patient understands
- Summary should be in the context of the patient's goals

Refer Members to L.A. Care Health Education Services

- Health education engages patients and drives satisfaction
- Wellness workshops
- On-site group appointments
- One-on-one telephonic consultations
- High-touch, skills-based, and interactive
- [Order](#) free Health Education materials for members

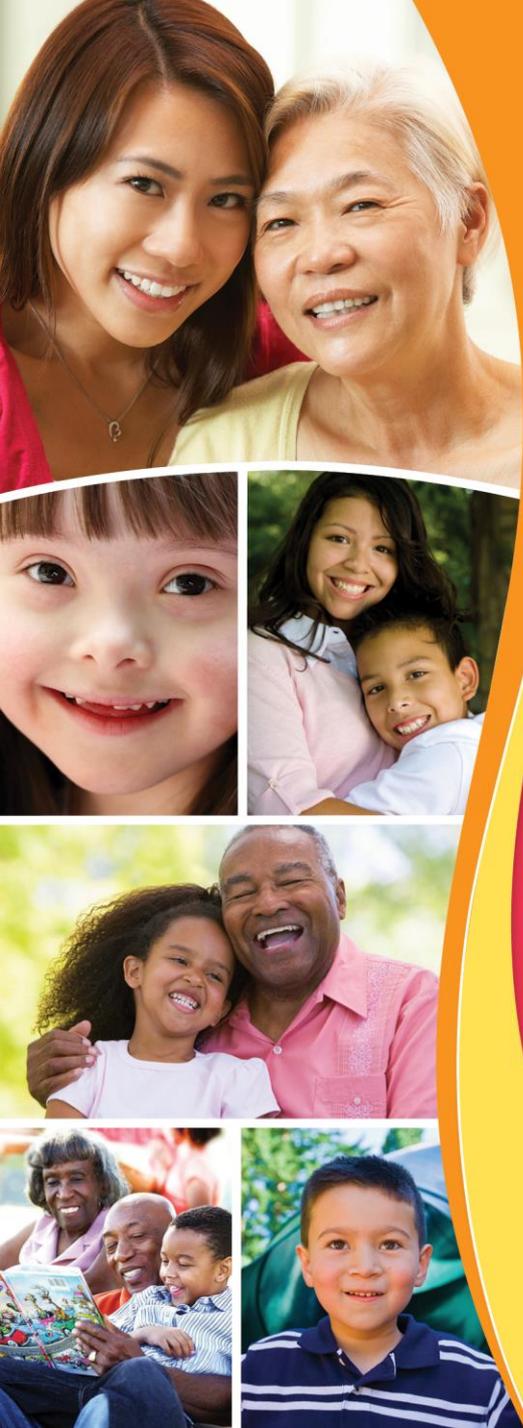
Referred by		Date
Provider Information		
Provider Name	License #	
Phone #/Extension	Fax #	
Member Information		
Name	DOB	
CIN #	Medical Group/IPA	
Race	Ethnicity	
Language Spoken	Language Written	
Home phone #	Cell phone #	
Special Needs <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Other: _____		
Requested Services (Services may be provided via telephonic counseling or group appointment; see reverse for descriptions)		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cold or Flu? Antibiotics Won't Work for You!	<input type="checkbox"/> Referral for Cultural & Linguistic Services
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fitness for older adults	Weight Management / Nutrition (include height, weight, and BMI below)
<input type="checkbox"/> Chronic Condition Support (evidence-based management program)	<input type="checkbox"/> Medication management	
<input type="checkbox"/> COPD	<input type="checkbox"/> Pre-Diabetes	<input type="checkbox"/> Nutrition/physical activity for ages 2-5
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stress and anxiety management	<input type="checkbox"/> Nutrition for families (My Plate)
<input type="checkbox"/> Disability Support (evidence-based management program)	<input type="checkbox"/> What To Do When Your Child Gets Sick	<input type="checkbox"/> Pediatric weight management for ages 6-17
<input type="checkbox"/> Hypertension / Hyperlipidemias	<input type="checkbox"/> Smoking/Tobacco Cessation	<input type="checkbox"/> Weight management for ages 18+
<input type="checkbox"/> Medical Nutrition Therapy (MNT) Members must meet MNT criteria. (please complete all sections with a * below and attach pertinent lab findings and medications)		
MNT only	* Diagnosis: <input type="checkbox"/> Diabetes, uncontrolled (HgA1c >8); <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pre-ESRD (GFR 13-50 ml/min/1.73m ²) <input type="checkbox"/> Pediatric (age 2-18) obesity (BMI > 95 th percentile for age) <input type="checkbox"/> Pediatric (age 2-18) underweight (BMI < 5 th percentile for age) <input type="checkbox"/> Adult (age 18+) obesity (BMI > 35) <input type="checkbox"/> Adult (age 18+) underweight (BMI < 18 or < 23 in adults over age 65) Other dx or co-morbidities: _____	* Anthropometric Information: Date: _____ Ht: _____ Wt: _____ BMI: _____
MNT only	* Desired objective of treatment: _____	* Nutrition Prescription: <input type="checkbox"/> Therapeutic Diet Order (attach) OR <input type="checkbox"/> Per Registered Dietician
MNT only	Cleared to exercise without restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No, specify _____	
	* Provider Signature: _____	
Provider Special Instructions/Comments: _____		

Resources

- Agency for Healthcare Research & Quality – [The CAHPS Ambulatory Care Improvement Guide](#)
- California Healthcare Foundation – [Patient Experience in California Ambulatory Care](#)
- Studer Group – [Improve CG-CAHPS and Patient Experience Results](#)
- HealthStream – [Improving CG-CAHPS: the Secret Sauce](#)
- MN Community Measurement – [Let's Talk: A Guide for Transforming the Patient Experience Through Improved Communication](#)
- California Quality Collaborative – [Improving the Patient Experience Change Package](#)



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Access & Availability

Deborah Manders
Project Manager, Accreditation



Access to Care is a Major Driver of Member Satisfaction

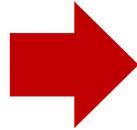
- Primary Care Providers
- Specialists
- Ancillary Providers
- Behavioral Health Providers

Appointment
availability

After hours
accessibility

Member Impact

**Lack of
Timely
Access
to Care**



- Inability to receive preventive and/or chronic care services
- Increase in preventable hospitalizations
- Potentially detrimental effects to member health and well-being

Timely Access to Care: A Regulatory Requirement



Access to Care Survey

- Non-blinded telephonic survey of L.A. Care providers
- Conducted annually
 - By a contracted vendor
- Appointment Availability
 - Surveyed during normal business hours
- After Hours Accessibility
 - Surveyed outside of normal business hours (evenings, weekends, holidays)

DMHC Appointment Access Standards

Appointment Type	Routine	Urgent	Time Standard
Primary Care Provider (PCP) Services	X		Within 10 business days
Primary Care Provider (PCP) Services		X	Within 48 hours
Specialty Care Provider (SCP) Services	X		Within 15 business days
Specialty Care Provider (SCP) Services		X	Within 48 hours (No PA) Within 96 hours (PA)
Ancillary Services	X		Within 15 business days

PA- Prior Authorization

Appointment Access Standards

Appointment Type	Time Standard
MD Behavioral Health Care Services (Routine)	Within 10 business days
Non-MD Behavioral Health Care Services (Routine)	Within 10 business days
Urgent Behavioral Health Care Services (MD & Non-MD)	Within 48 hours
Initial (First) Prenatal Services (Routine)	Within 10 business days

After-hours Standards

L.A. Care requires:

- PCPs and specialists (including behavioral health providers) or their designated on-call licensed practitioners, must be available to coordinate patient care beyond normal business hours

Automated systems or professional exchange staff must provide the following information:

Access	Access	Timeliness
Emergency instructions or process for emergency calls	A process to reach the PCP, Behavioral Health Provider, Specialist, or covering practitioner	PCPs, Behavioral Health Providers, Specialists, covering physicians or screening/triage clinicians must return a call after-hours within <u>30</u> minutes

IPAs: Ensure Providers Are Compliant

- Include Access language in the provider contract
- Include a review of the Access and Availability standards in your provider onboarding training
- Audit new providers within 30 days to ensure compliance with Timely Access standards
- Continue quarterly monitoring of the network and address noncompliance immediately
- Provide practitioners with solutions
 - Strategies for timely access

Access to Care Quick Tips



Access to Care Quick Tips

Standard ¹	Medi-Cal	L.A. Care Covered	Cal-MediConnect
Primary Care Provider (PCP) Accessibility Standards:			
Routine Primary Care Appointment (Non-Urgent) Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.	≤ 10 business days of request		
Urgent Care Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	≤ 48 hours of request, if no authorization is required ≤ 96 hours, if prior authorization is required		
Emergency Care Services for a potentially life threatening condition requiring immediate medical intervention to avoid disability or serious detriment to health.	Immediate, 24 hours a day, 7 days per week		
Preventive health examination (Routine)	≤ 10 business days of request	≤ 30 calendar days of request	
First Prenatal Visit A periodic health evaluation for a member with no acute medical problem	≤ 14 calendar days of request (Medi-Cal and Cal MediConnect) ≤ 10 business days of request (L.A. Care Covered, L.A. Care Covered Direct and PASC)		
Staying Healthy Assessment Initial Health Assessment and Individual Health Assessment and Individual Health Education Behavioral Health Assessment (IHEBA)	≤ 120 calendar days from when the member becomes eligible. Members < 18 months of age ≤ 60 calendar days of enrollment or within periodicity timelines as established by the American Academy of Pediatrics (AAP) for ages two and under, whichever is less.	≤ 90 calendar days from when the member becomes eligible.	
In-Office Waiting Room Time The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.	Within 30 minutes		

Helpful Documents



Timely Access to Care Suggested/Shared PPG Interventions

AFTER HOURS

Interventions Focused on the Physician

- Issue Corrective Action Plans for noncompliance
- Remind physicians of their contractual responsibilities and enforce contract obligations, as necessary
- Send a letter to the physicians notifying them of their deficiencies
- Send requirements of After Hours call compliance (fax, email, mail)
- PPG leadership to implement immediate action for practitioner noncompliance
 - Sanctions
 - Termination
- On-boarding Education

Interventions Focused on the Answering Service

- Provide a script to the physician's answering service that meets the DMHC Timely Access to Care standards for After Hours
- Offer practitioner offices a PPG sponsored call center for a minimal rate reduction
- PPG to train practitioner's answering service. Offer once per month training and invite practitioner office staff
- On-boarding Education
- Obtain a new After Hours phone service that is in compliance with the After Hours standards (L.A. Care suggested)
- Offer a listing of Answering Service companies that comply with DMHC standards upon practitioner contract execution
- Audit new practitioners within 30 days of contract activation to ensure After Hours service is in compliance (L.A. Care suggested)

Interventions Focused on the Provider Office

- Provide After Hours Survey script to the provider office
- Provide Health Plan audit results to the physician's office
- Request that offices conduct self-audits to ensure compliance
- Offer noncompliant offices support by helping them set up compliant voicemail messaging/answering services
- On-boarding Education



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Questions



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