Patient Experience/Satisfaction

What’s at Stake?

Customer Service at UAMS
Why Do We Care?

- We started measuring patient satisfaction about 11 years ago because we care what our patients are saying. We found patients primarily judge satisfaction based on their expectations around the **Customer Experience**.

- Quality, loyalty, revenue, malpractice claims, philanthropy, retention, employee morale and patient satisfaction, all tend to move together.


- Satisfaction and Quality scores dictating Medicare reimbursement began with the July 1, 2011 discharges.
Satisfaction Measurement Tools

The primary way UAMS goes about measuring what our patients think about our service is through Press Ganey.

- Press Ganey is contracted by UAMS to measure the patients' level of satisfaction with our service.

Press Ganey Surveys we use are:

- Integrated HCAHPS-CMS mandated survey
- ED Survey
- Ambulatory e-mail/mail survey
- Other Depts. with In-house surveys
Here are two examples of the dashboards we use to look at the overall satisfaction.
Hospital Consumer Assessment of Healthcare Providers and Systems Report (HCAHPS)

HCAHPS Summary Report
Surveys Returned: April 2012 - June 2012

Here is what the HCAHPS report looks like.
Survey Process

- Surveys are mailed randomly by Press Ganey to our Inpatients and ED patients. A return envelope is included for the patient to return the survey.

- The survey is made up of 30-40 Standard questions + 32 CMS mandated HCAHPS questions mailed twice.

- All Written Comments are transcribed and reported. Comments are sent out to department heads and administration on Mondays.

- Reports are produced monthly and quarterly and can be found at: https://spportal.uams.edu/services/patientsatisfaction/default.aspx
Here is a look at the different sections on the survey. The patient scores us from 1-5 from very poor to very good

- Questions Divided into sections
  - Admissions
  - Room
  - Meals
  - Nurses
  - Tests and treatment
  - Visitors and family
  - Physicians
  - Discharge
  - Personal issues
  - Overall assessment
Physician Questions on the Patient Satisfaction Survey

- Time Physician spent with you
- Physician’s concern for your questions and worries
- How well physician kept you informed
- Friendliness/courtesy of physician
- Skill of physician
HCAHPS Survey Tool Behavioral Based Scoring

The HCAHPS survey is also divided into sections. These are the 8 domains that CMS looks at. Instead of the 1-5 scale like the other surveys these are scored as never, sometimes, usually or always.

- Questions divided into 8 domains
  - Overall rating of the hospital
  - Communication w/Nurses
  - Response of Hospital Staff
  - Communication w/Doctors
  - Hospital Environment
  - Pain Management
  - Communication about Medicines
  - Discharge Information
Physician related HCAHPS Behavioral Based Scoring

- How often did doctors treat you with courtesy and respect?
- How often did doctors listen carefully to you?
- How often did doctors explain things in a way you could understand?
Reimbursement at Stake

Another reason patient satisfaction is important is that now CMS has tied our reimbursement to our performance.

- Reductions apply to all MS-DRGs.
- Incentive pool to be phased-in:
  - 1.0% in FY2013
  - 1.25% in FY2014
  - 1.5% in FY2015
  - 1.75% in FY2016
  - 2.0% in FY2017
- Hospitals earn back part of the withheld payments based on performance.
  - Baseline period: July 1, 2009 – March 31, 2010
  - Performance period: July 1, 2011 – March 31, 2012
  - Payments affected: FFY 2013 (Commences October 1, 2012)
VBP Score = Weighted Average of CPC & HCAHPS Score

- 10 points possible for each measure
  - 17 for CPC (Clinical Process of Care) = 170 possible points
  - 8 for HCHAPS plus 20 points for consistency = 100 possible points
  - 6 for Outcome Domain (Mortality, AHRQ indicators, HACs) = 60 possible points.

- Weighted Average of three scores = Total VBP Score
  - Weights = 45% for CPC; 30% for HCAHPS; 25% for Outcomes

Notes: Achievement thresholds = national median
Target thresholds = mean of the top decile
VBP Score = Weighted Average of CPC & HCAHPS Score

- CPC example: 42/160 = 26.25%
- HCAHPS example: 30/100 = 30%
- Domain example: 30/60 = 50%
- Total VBP Score = (26.25% x .45) + (30% x .30) + (50% x .25) = 33.31%
Redistribution

- CMS required to redistribute leftover funds
  (Meaning if our VBP score is high enough we will actually be able to earn back more than the percentage that was held back.)
  
  - Final rule confirms that funds will be redistributed by increasing the slope of the linear exchange function
  
  - Exchange function’s intercept set at zero (0 points = no incentive payment)
  
  - Ultimate slope (steepness) of exchange function will be set to meet budget neutrality and will be determined by performance across all hospitals during the performance period
On this example we earned backed 148,616 from the 578,844 that CMS would have withheld.
Want more information about Patient Satisfaction programs?

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