Banner
University Health Plans

Provider Tips on Patient Experience

WHY IS PATIENT EXPERIENCE IMPORTANT?

Most of us have high expectations for service and experience across industries, and healthcare consumers are no different. Our patients are the reason we exist and every interaction we have matters. Each of us is responsible for providing a great care experience, whether you are providing care at the bedside or supporting those who do. Ultimately, you are the patient experience. Everything you do impacts patients' perceptions of the care they receive and whether they will choose BHN providers to care for them, or their family and friends, in the future.

CAPTURING THE PATIENT EXPERIENCE

A patient's healthcare experience is obtained and tracked both internally and externally.

Internally, Banner Health contracts with a vendor to obtain near real-time patient feedback for participating providers. Shortly after a visit, patients are given the option to share feedback via text, email, or phone (Interactive Voice Response).

In addition to sharing comments about their experience, patients are asked to rate the following on a 0-10 scale with 0 being "Not at all likely" and 10 being "Extremely likely" (N/A is also a response option):

1. How likely are you to recommend this Banner Health clinic to friends or family?
2. It was easy to get an appointment in a timely manner.
3. I clearly understood the cost of my visit before my appointment.
4. My interaction with the provider was excellent.
5. The reason for my visit/interaction was addressed.
6. I would recommend the provider (e.g. doctor, physician assistant, nurse practitioner) to my family and friends.
7. The provider showed respect for my time.
8. The provider genuinely cared about helping me.
9. It was easy to receive care from the provider over the phone or by videoconference.
10. The provider helped manage my care among different providers and services.

Externally, a Centers for Medicare and Medicaid Services (CMS) approved vendor will field the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which is a federally required, standardized, publicly reported survey. The CAHPS survey covers a range of topics that are important to healthcare consumers and are used to assess various aspects of healthcare quality such as a provider's communication skills and ease of accessing healthcare services.

CAHPS survey results are used by healthcare consumers, regulators and organizations that monitor quality of care, provider organizations, health plans, community collaboratives, and public and private healthcare purchasers. These individuals and organizations use the survey results to make informed decisions about their care and to improve the overall quality of care.

CAHPS surveys are specific to the type of insurance coverage a patient has. Each type of CAHPS survey is fielded once annually during a specific timeframe.

Type of Insurance	CAHPS Survey	Fielding Time
Medicare Advantage	MA-CAHPS	March - May
Medicare Fee-for-service	ACO-CAHPS	October - January
Medicaid	CAHPS Medicaid (Adult or Child)	December - March
Commercial	CAHPS Commercial (Adult or Child)	Various times of the year depending on plan

Here are some of the CAHPS questions specifically tied to a patient's experience with their care provider:

Annual Flu Vaccine • Have you had a flu shot?	**Care Coordination** Has your personal doctor or doctor's office... • ...managed your care among different providers and services to your satisfaction? • ...followed up promptly on test results? • ...talked to you about all the medications you take?
Getting Needed Care How would you rate your ease and timeliness of… • …getting appointments with specialists? • ...getting the care, tests, or treatment you needed?	
Getting Appointments and Care Quickly How often have you ... • ...gotten urgent care as soon as needed? • ...gotten appointments at your doctor's office? • ...been seen within 15 minutes of your appointment time?	**Overall Ratings** On a scale from 0 to 10, how would you rate your... • ...overall health care? • ...personal doctor? • ...specialist seen most often?

Ratings are based on the frequency at which an experience occurred or a scale of 0 to 10. The percent of the best possible response ("Top Box") receives a higher weighting than the other responses. For the CAHPS questions, the possible responses are (Top Box highlighted):

- Never
- Sometimes OR 0-10 (9 or 10)
- Usually
- Always

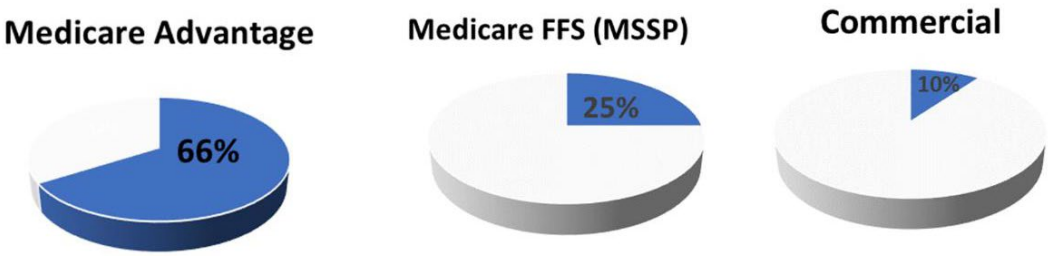
HEALTH OUTCOMES SURVEY

The Health Outcomes Survey (HOS) is specific to the Medicare Advantage population and captures patient-reported outcomes. The ultimate goal of the HOS is to gather valid and reliable clinically meaningful data that can be used to target quality improvement activities and help Medicare Advantage beneficiaries make informed health care choices. The HOS involves comparing the results from a baseline survey (occurs April - June) with a follow-up survey (occurs 2 years later from May - July) and focuses on the following areas:

- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health
- Monitoring Physical Activity
- Improving Bladder Control
- Reducing the Risk of Falling

HOW DOES PERFORMANCE IMPACT YOUR PRACTICE?

The value-based arrangements Banner has with various payors include performance on the patient experience. The pie charts below show the approximate percent patient experience accounts for in the overall performance of the various types of plans:



The Centers for Medicare and Medicaid Services (CMS) also uses a Star Rating System to measure how well Medicare Advantage plans perform in several categories, including the patient experience.

Ratings range from 1 to 5 stars, with five being the highest and one being the lowest. While plans receive an individual rating in each evaluation category, Medicare assigns one rating to summarize a plan's overall performance.

The Medicare Star Rating System helps patients measure the quality of a plan while giving them confidence in knowing that their Medicare Advantage provider is committed to delivering an exceptional patient experience.

Patients with a Medicare Advantage plan may switch to another Medicare Advantage plan with a 5-star rating one time outside of the open enrollment period (typically mid-October through early December). This means the number of Medicare Advantage patients you care for could increase.

WHAT ARE SOME WAYS TO IMPROVE PERFORMANCE?

Below are some tips for improving the overall experience. More detailed tips can be accessed on the provider portal located at https://eservices.uph.org.

- Greet patients warmly.
  - ***Example:*** "Good morning/afternoon! How may I help you today?"
- Give opportunities to ask questions.
  - ***Example:*** "I want to make sure we cover everything you wanted to talk about today. Was there anything else you wanted to discuss or had questions about?"
- Explain the "why" behind a diagnosis, treatment, etc.
- Use common language that patients can understand. Try to stay away from technical medical terminology.
- Provide thorough instructions for what the patient needs to do next, such as setting follow-up appointments, taking medications, etc. Give the patient a printed copy of instructions to take home, if possible.
- Avoid interrupting or rushing a patient.
- Identify patients who have had a fall or problems with balance or walking and talk with them about how to address these issues.
- Identify patients who experience urinary incontinence and talk with them about how to address the issues.
- Discuss the importance of physical activity with patients and encourage them to maintain or increase physical activity as appropriate
- Offer ideas to improve mental health, such as taking daily walks, staying involved with family, doing crossword puzzles, or meditating.
- Consider a hearing test when appropriate as loss of hearing can feel isolating.