



Welcome! Today's Agenda

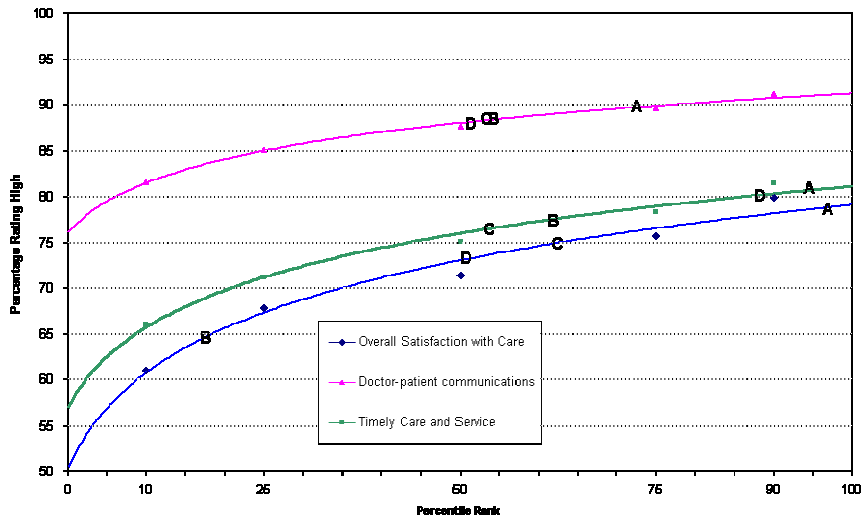
- Overview of the Patient Experience Collaborative components
- Practice presentations: best practices to improve access, MD/PT communication, and care coordination
- Top 12 changes to improve overall patient experience
- IPA Presentations: Preparing and beginning spread



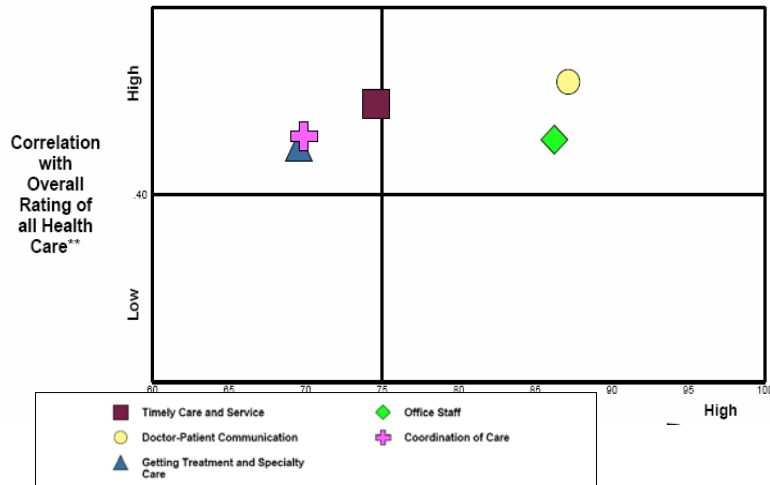
Improving the Patient Experience Collaborative Overview

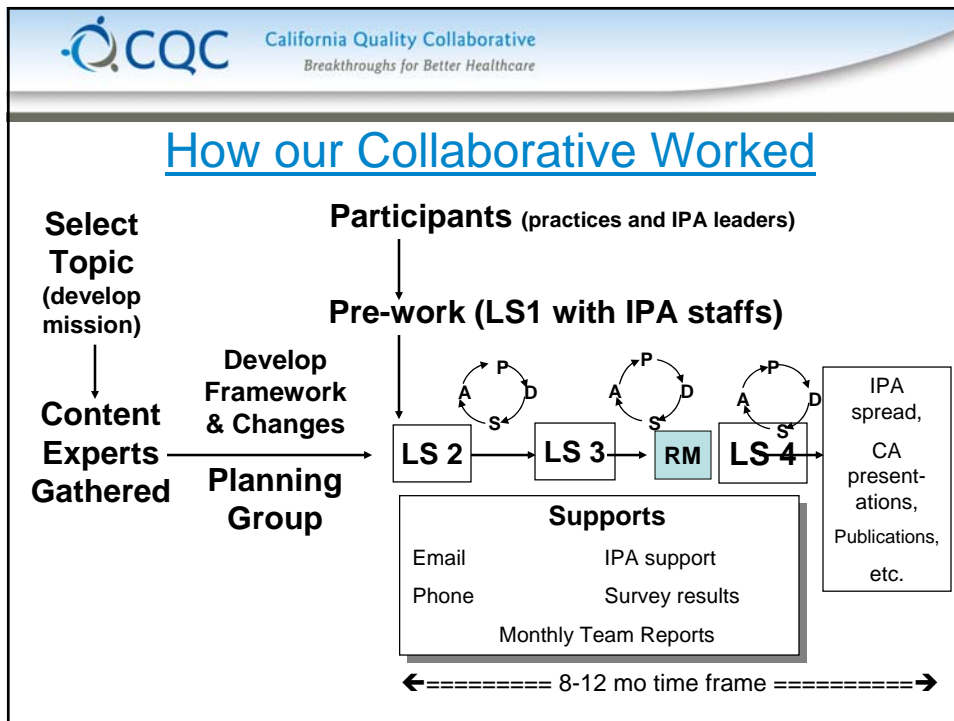
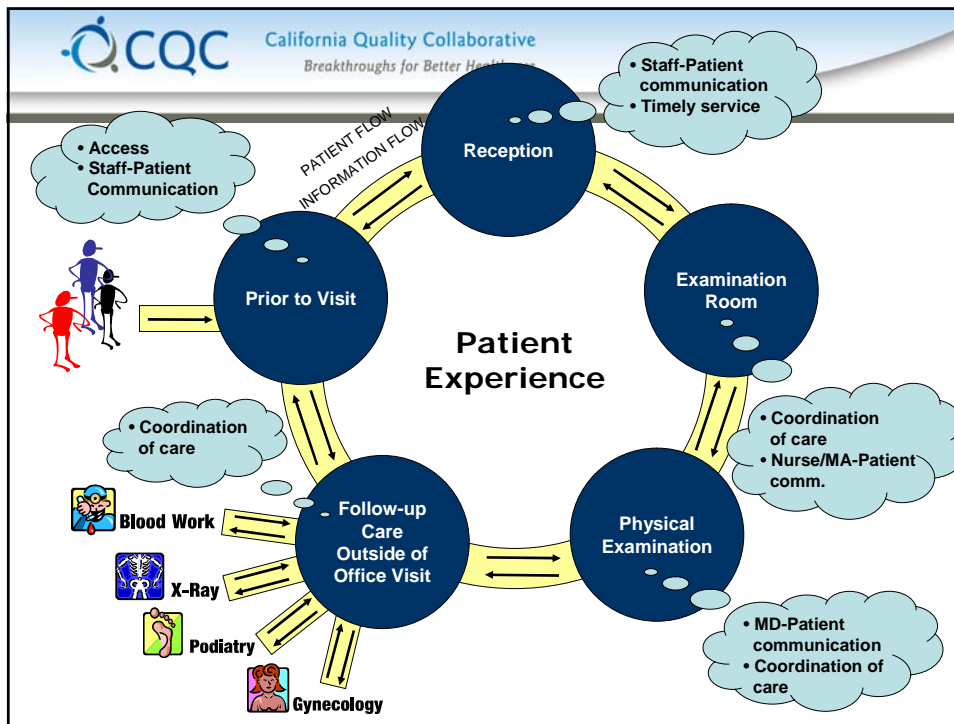
Tammy Fisher, Co-Director
Neil Solomon, Co-Director

2006 CAS Results and Opportunities for Improvement



Biggest Contributors to Overall Satisfaction





Key Concepts of the Collaborative

- Three domains: doctor-patient communication, care coordination, and access to care
- IPAs selected practices --- varying methods in doing so
- Select interventions from change packages
- Iterate quickly with small tests of change
- Look at monthly reported data against goals
- Practices set up and implement their own their change processes
- Peer Education: everyone teaches, everyone learns
- IPA supports practices and plans for spread
- Collaborative staff serves as resource to practices

Key Content Faculty

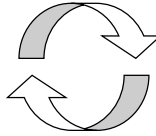
- Doctor-patient Communication
 - Larry Baker, PhD
- Coordination of Care
 - Eric Coleman, MD
 - Chuck Kilo, MD
 - Stephanie Bamford
- Access
 - Neil Solomon, MD

For Program to Really Succeed

Tactical

Technical Change

1. Test interventions monthly to improve patient experience
2. Identify what works and what does not
3. Implementing successful interventions at the practice site



Strategic

Leadership of Change

1. Leadership and culture
 - Personal leadership
 - Strategic planning
 - Culture management
2. Improvement structure
 - Practice supports
 - Methods
3. Change management
 - Network spread

How to Improve the Patient Experience: Learning from a CA Collaborative

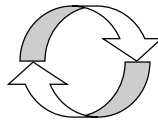
Tammy Fisher
Co-Director, Patient Experience Collaborative

Transformation through Strategic and Tactical Alignment

Strategic

Leadership of Change

1. Leadership and culture
 - Personal leadership
 - Strategic planning
 - Culture management
2. Improvement structure
 - Practice supports
 - Methods
3. Change management
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Tactical

Technical Change

Changes Packages

- Doctor-patient communication
- Access to care
- Coordination of care

12 Key Changes: Tactical

1. **Negotiate the agenda with the patient at the start of each visit**
2. **Make a personal connection through eye contact and demonstrate empathy through empathic statements**
3. **Provide closure to the visit by summarizing next steps and action plan**
4. **Notify patients of all test results, whether positive or negative**
5. **Review patient's chart prior to starting the visit**
6. **Provide patients with clear instructions on how to access medical care after office hours**
7. **Print medication lists and insist patients bring lists to each provider visit**
8. **Review the visit schedule the day before to postpone or eliminate unnecessary visits**
9. **Handle more than one concern during the visit and extend return intervals as clinically appropriate**
10. **Open same day appointment slots**
11. **Conduct regular practice team meetings or daily brief "check-ins" and measure practice site satisfaction at least quarterly**
12. **Obtain ongoing feedback from patients through a survey, at least monthly**

6 Key Changes: System-level

1. Provide ongoing feedback through patient level survey
2. Implement doctor-patient communication workshops
3. Implement staff communication and customer service training
4. Implement Advanced Access training
5. Implement referral agreements between specialists and PCPs
6. Provide physician and staff level incentives linked to improved patient experience performance

What the Evidence tells us...

- **Improved member satisfaction**
(Safran, Montgomery et al. 2001)
- **Improved physician satisfaction and retention**
(Pathman et al., 2001; Suchman et. al, 1993)
- **Improved patient compliance with doctor recommendations, adherence, and self management skills**
(Clark, 1998)
- **Improved patient functioning with daily activities**
(Pill, 1998)
- **Fewer diagnostic tests, referrals, and subsequent visits to the doctor**
(Stewart et. al., 2000)
- **Reduction in malpractice claims due to improved patient-doctor communication**
(Flaherty, 2002)

What the CA Experience tells us ...

Instituting a culture where leadership is involved around patient experience is critical to improvement

- Running parallel tests of change accelerates improvement
- Very Highly engaged practices make accelerated improvements in all PAS domains (care coordination, access, and doctor-patient communications)
- Very Low engagement leads to no changes or decrease in patient experience scores
- Moderate to high engagement show improvements in some measures and little or no improvement in other measures

Preparing for Spread

October 2007: Spread Collaborative

- Learn how to put together a spread plan
- Identify what changes to spread
- Monitor progress towards spread
- Measure impact on patients' experiences through patient survey
- For more information, contact Amy Rassbach at arassbach@pbgh.org.