cahps® transcript

Understanding the Factors that Affect Care Coordination

Speaker

Melinda Karp, Director of Strategic Planning and Development for the Massachusetts Health Quality Partners (MHQP)

Moderator

Carla Zema, PhD, Consultant, CAHPS User Network; Assistant Professor of Economics and Health Policy, Saint Vincent College

Presentation Available

https://www.cahps.ahrq.gov/News-and-Events/Podcasts.aspx

Carla Zema

The Agency for Healthcare Research and Quality's CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experiences with care. I'm Carla Zema from St. Vincent College and also a consultant to the CAHPS User Network. I'm here today with Melinda Karp, Director of Strategic Planning and Development for the Massachusetts Health Quality Partners, or MHQP. MHQP is a broad-based coalition of a variety of stakeholders including physicians, hospitals, health plans, purchasers, consumers, academics, and even government agencies, all working together to promote improvement in the quality of health care services in Massachusetts.

In our earlier podcasts in this series, we talked about why improving patient experience is so important and some of the factors that are important to any QI effort, such as leadership and teamwork. We then gave you an overview of starting improvements of patients' experiences and are now presenting specific strategies for improving aspects of the patient's experience. Melinda is here today to talk with us about strategies for improving coordination. Thanks so much for joining us today, Melinda.

Melinda Karp

Sure, my pleasure.

Carla Zema

So MHQP has a wealth of experience in this area. Why don't you start off by telling us a little bit more about MHQP?

Melinda Karp

Sure. Well, you've done a great job in the introduction in talking about MHQP as a broad-based collaborative of many stakeholders. One of MHQP's core objectives is to provide reliable information, both to help clinicians improve the quality of care that they provide to their patients and to help consumers or patients and their families take a more active role in making informed decisions about their own health care.

MHQP's statewide survey of patient care experiences that we've been running, gosh for almost a decade, and is really a variant of the CAHPS Clinician [&] Group Survey, is really a key mechanism that we have in Massachusetts for creating an effective patient voice in health care. Over 80,000 patients in Massachusetts respond to our MHQP survey each cycle. Currently, the survey runs on an every other year cycle, and we're moving toward running it annually as well as helping practices with QI surveys in the interim between our statewide surveys.

Coordination and comprehensiveness of care is one of the key things that the MHQP survey measures in addition to things like provider and patient communication, knowledge of the patient, access to care and access to information, and health promotion.

In 2009, our survey found that 40 percent of patients reported that their PCP was not always informed and up-to-date about the care that they received from specialists. About a third of patients reported that they did not always receive test results from someone in the doctor's office. Almost 50 percent of patients who called during regular office hours reported that they didn't always get the answer to their questions the same day. And more than a third of patients reported that their primary care clinician did not always seem to know the important information about their medical history or things that had happened to them prior to that visit.

So you can see that for us in Massachusetts, care coordination has been a huge issue and an area that practices have really taken a focused look at in terms of making improvements based on the data that we saw in 2009. I'm happy to say that I just got a first look at the 2011 data. And while I don't have that level of detail to share at this moment, I can say that we are seeing real marked improvement in care coordination across the measures that we look at in Massachusetts thanks to a number of very concrete strategies that many practices have been trying to implement over the last couple of years since our last survey.

Carla Zema

That's great. Certainly we have enjoyed our longstanding partnership with MHQP as well. We have been working together for it seems like over a decade now. And all of the items you mentioned are also CAHPS items on the Clinician & Group Survey as well. So you've learned a whole lot about coordination, and certainly we talk about if you measure it, certainly the first step to improving it. So tell us what you learned about how practices struggle with coordination.

Melinda Karp

I'd like to frame it as both how practices and patients struggle with care coordination because a lot of the information that we get is through the survey as a first lens and sort of what patients are telling us. And I think we can look both locally and nationally at how both patients and, therefore, practices are really struggling with care coordination issues. There's a lot of empirical evidence that gaps in coordination lead to medical errors, and that's a very real and important issue, that this isn't just about having a delay in getting test results to someone, but it can result in real harm to the patient.

A survey that was done in 2009 by the Kaiser Family Foundation that really gives us a national snapshot about what patients are experiencing and what practices are struggling with in terms of care coordination. It looked

at issues around waiting longer than you thought was reasonable for test results, which we also look at in Massachusetts; receiving conflicting information from different doctors or health care professionals as a big issue; patients having to have a test or procedure redone because the clinician didn't have earlier test results; having to come back for another appointment because the health professional didn't have appropriate medical information available at the time of the visit and so needed to create another visit; trying to get different clinicians to talk to each other about a patient's care and not being successful. And almost half of patients in this Kaiser survey reported at least having one of those experiences over the last year. And the more clinicians, the more physicians or other health care professionals that a patient sees, the more coordination gaps we see and practices see.

And sharing the Kaiser survey really points out, I think both in Massachusetts and nationally for other folks not in Massachusetts who might be listening to this, all of the places where we see both patients and practices struggling to do the right thing in terms of care coordination.

Carla Zema

I know you've got a lot of great examples of how practices have improved coordination, but before we get into that, can you talk a little bit about the link between coordination and other areas where practices may be focusing?

Melinda Karp

While we do separate out these different measures and domains from a measurement purpose, when we actually think about quality improvement, there's tremendous overlap. When one thinks about communication, both communication between patients and providers as well as communication among providers within a practice and across practices, that's a very fundamental issue in improving care coordination.

In terms of access, it's also linked to good care coordination in terms of not just access for patients visiting the office, although that is a key component of access, but also other ways that patients and clinicians can facilitate the access of information that will help patients manage their own care and help them have an active role in the coordination of their care.

Carla Zema

That makes a lot of sense because a lot of times we do want to silo these areas, but they are so interconnected. Can you give us an example of a strategy focusing on addressing coordination through the use of health information technology? I know that's an area of high importance right now, especially with medical home and ACOs.

Melinda Karp

Health information technology is the single area that comes up over and over again as being an incredibly valuable resource in improving care coordination. And there are a number of aspects to health information technology.

There's the EHR, which is what everybody thinks about sort of fundamentally as HIT, is practices having an electronic health record. And it is a really important mechanism that we've heard from practices, when they switched over to EHR and actually had it up and functioning, that they had much better processes for reporting test results, for capturing information from referrals from other providers who they had sent their patients to.

When those referral reports come back, they had an established mechanism through the EHR to get that data into the patient's record and have it available to clinicians. I will say though that even without an EHR, because

there are lots of practices out there that are still struggling with getting their EHRs implemented, the fundamental piece that the EHR facilitates is establishing office systems for facilitating care coordination.

An EHR is just a wonderful mechanism to facilitate those office space systems for getting test results out to people, for standardizing office procedures, for bringing in information from other physicians or other source of tests that patients have had. But even without an EHR, thinking about how to establish those office systems for facilitating care coordination could be test result letters and having standardized procedures for making appointments, responding to phone calls and putting information from referring physicians into the medical records so that it's accessible by the primary care clinician.

You know, An EHR I think is a great mechanism to facilitate that and to make that easier, but even in the absence of having that tool, there are other ways to create those mechanisms within the office space setting so that those processes are standardized and in place. But the EHR definitely is a place where we see lots of improvement in some of these systems-based measures in terms of test results and inflow of information among providers within an office space setting.

The patient portal is another really important component that can be part of the EHR or separate from the EHR or linked to the EHR or not. But practices are increasingly finding the patient portal as a really valuable mechanism for communication with the patient. And you know, again, here's the link between care coordination and communication. The patient portal is a way for clinicians to be able to communicate with patients in terms of answering questions, providing them with their lab results, providing them with information about what kind of follow-up they might need, communicating instructions. It's just a much more real-time way for clinicians to be able to interact with patients.

One of the issues is getting patients to use portals. We have a lot of organizations in Massachusetts who have great patient portals available, and you know, they've got 3 to 5 percent of patients on the portal. So that's definitely an issue and the portal can be an incredible tool once we get patients and families engaged in using them and once clinicians can communicate the value to patients in terms of being able to help them, help patients better manage their care and better coordinate their care.

Carla Zema
That's great. I want to focus on something that I think is very important, especially with all of the incentives that are going on to adopt electronic health records. I totally agree with you that it's helpful to facilitate, but not necessary. So let's talk about the communication aspect of coordination and what are some strategies that practices can use if they're not really focused on the EHR side of it.

Melinda Karp
I think accountability within the team is really important from the perspective of care coordination. And we tend to think about communication as, oh, it's the communication between the patients and the clinician or the practice, but first there needs to be really good communication and accountability within the team and making sure that the responsibilities of care for a particular patient are clear among all the team members. And being really specific about who's responsible for different care coordination activities and who's responsible for communicating messages to patients about care coordination and how their test results are going to be communicated to them and when they're going to be communicated to them. And having some really clear pathways within the practice for accountability about whose role, what different aspects of care coordination belong to what different members of the team - what belongs with the clinician, what belongs with the care coordinator, if a team is fortunate enough to have a care coordinator.

That's an internal communication that's really, really important – establishing those mechanisms for internal team communication and creating accountability within the team. I think that there are other aspects of communication with the patient that are really important in terms of developing self-management goals and promoting self-care skills to help patients manage their own care and feel empowered to help manage their own care and have a role in the coordination of their own care.

We talked a little bit about setting expectations within the team in terms of accountability, but also setting expectations with patients. And one of the strategies that MHQP is employing with practices is this campaign called, "Expect the Best," which is really about talking with patients about what they should be expecting from their encounters with clinicians in a number of different areas, one of which is care coordination and what their role is in terms of care coordination – that they may need to ask "when am I going to hear about my test results" and "how am I going to hear about my test results," and helping patients feel empowered to ask questions and to ask about care coordination issues is really important.

So it's both on the practice side in terms of internal communication and creating accountability and setting expectations among the practice team, but also working directly with patients and their families to help them feel empowered to be able to understand what their role is in helping to coordinate their care and making sure that they get the best care that they could get.

Carla Zema

That's a great segue. I like how you were very purposeful in saying not only how practices struggle with coordination, but also how patients struggle and patient engagement is certainly a very important part of that. Can you talk a little bit more about the importance of patient engagement in terms of improving coordination?

Melinda Karp

Sure. I think patient engagement is really key. What we hear from practices all the time is feeling of frustration about, well, okay, we're trying to do all that we can do, but we're having a really hard time getting patients engaged. And I would really advocate to practices that there are many different levels of patient engagement. There's patient engagement behind the exam room door between the individual clinician and the patient.

There's also patient engagement with the processes and the operations that go on within a practice as a whole. And there are a number of different ways to engage patients in helping practices think about the systems changes that they need to make or the practice-based changes that they need to make to better coordinate patients' care.

The practices that we've worked with that actually have patient advisors working with them in some of their operationally-based teams speak to both successes and "ah-ha" moments in terms of why some things aren't so successful when they roll them out because they were focused on what worked best for the office practice and not what might work best for the patients or the families. And As soon as they brought patients into the mix in thinking about some of these solutions, it was sort of an "ah-ha" as in oh, well yeah, this was going to make our workflow easier, but it wasn't actually necessarily going to be as patient-centered as it might have been and not able to engage patients as effectively.

So, you know, I really encourage practices to think about not just ways to engage patients behind the exam room door in terms of self-management and working with care coordinators, but really engage them from a strategic and an operational perspective in thinking about, as a practice, making improvements to all different aspects of the patient experience. Because as we've said, they're all really linked, closely interconnected in terms of improving care coordination.

For practices that have the opportunity to have care coordinators or have other team members who can help patients engage around self-management support, help them engage around community resources that are available, help them think about and work with them around care transition issues, be it between primary care and behavioral health or between different care settings. Those are great solutions that have been really effective in practices that have had the luxury because not every practice can afford to have a team member who's designated to be working on these sorts of self-management and coordination issues with patients, particularly with sort of complex medical conditions and who are seeing multiple providers. But to the extent that practices have that available or can implement that, we've seen really great success in managing both transitions and coordination, particularly in patients that have chronic disease or complex medical issues.

Carla Zema

That makes a lot of sense. It's really important if you really are focused on patient-centered care. You've given us a lot of great examples. Are there any other best practice strategies that you've seen in terms of addressing coordination that we maybe haven't been able to touch on?

Melinda Karp

I think that, again, the measurement piece is important, but not sufficient. but It's an important lesson learned among the practices that we've talked with and worked with in Massachusetts. Folks think, oh well, now we've measured this and we'll continue to measure it and we need to maybe measure it more and more and more in order to improve. And they focus more on the surveying our patients every month to understand what's happening with care coordination.

Yes, it's important to measure, that's an important parameter in understanding whether your improvement strategies are successful, but measurement is not a solution; it's just a way to help lift the hood and uncover what some of the issues are. And there are other ways beyond the survey measurement that will provide diagnostic data in helping uncover what some of the care coordination issues might be.

We've seen practices that continue to just focus on the measurement side and not focus on other ways of collecting data from patients and from staff in thinking about where some of the coordination issues don't tend to get very far in terms of the improvement curve.

It's really sort of collecting those other data points from the folks who are working in the office and the patients who are visiting the office that are really important, to then be able to think strategically about what some of the solutions might be.

Carla Zema

Thanks so much, Melinda, for sharing your expertise with us today. You certainly did touch on how complex it is to address coordination because it is so closely related with all of those other aspects, and it can be very overwhelming to think about how do you tackle this area of coordination that is so complex. So you've given great advice to practices in terms of moving beyond measurement and what are some small steps that will get you closer to significant improvement strategies.

In our next podcast, Lisa Sergy will be with us to talk about customer service improvement strategies. You can download all of the podcasts in this series by going to the CAHPS User Network Web site at www.cahps.ahrq.gov. That's www.c-a-h-p-s.a-h-r-q.gov [www.cahps.ahrq.gov]. For more information on strategies to improve coordination, check out the CAHPS Improvement Guide on the Web site. The guide has a lot of useful information from planning a QI initiative all the way through specific strategies that you can use. You can also access other QI resources such as case studies detailing the use of CAHPS survey results for QI.

Don't forget, the CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS Help Line at 1-800-492-9261 or via email at cahps1@ahrq.gov. That's C-A-H-P-S, the number 1, at [@] a-h-r-q.gov [cahps1@arhq.gov]. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

(END OF TRANSCRIPTION)