

Practical Strategies for Gathering Feedback Directly from Patients

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Speaker

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Carla Zema

The Agency for Healthcare Research and Quality 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 Susan Edgman-Levitan. Susan is the Executive Director of the John D. Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital.

She has also served as one of the principal investigators for the CAHPS consortium grantee team from Harvard and now Yale for almost 15 years. She's an expert in quality improvement and leads the quality improvement team for Yale. 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 quality improvement effort such as leadership and teamwork. Most recently, we heard from Donna Farley, also a principal investigator for the CAHPS consortium, about how to identify areas to improve. This is a great transition to Susan's topic. So Susan, what are we going to review today?

Susan Edgman-Levitan

What we're going to be reviewing today is the measure that focuses on helping practices do a more effective job of collecting feedback from patients and/or families about their experiences of care that are also designed to enable you to improve the process of care in your practice and to more effectively meet the needs of your patients. But I



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will say right up front, and you'll hear me say this a lot in the course of this work -- in our experience, what we found is that almost everything that we do to improve the experience of care for patients actually improves the experience of delivering care for the physicians and the other staff in a practice.

Because with years of research looking at high performing practices from the perspective of their patients and/or families, we've never seen one that wasn't also a great place to work. So I think that's a very, very important thing to keep in mind, and I think it's important message to share with your staff.

Carla Zema

Sounds great. What kind of specific qualitative methods and tools are we going to talk about today?

Susan Edgman-Levitan

Implementing the use of comment cards in your office; conducting a walkthrough of the practice; conducting a focus group with your patients or interviewing some patients about their experiences in receiving care in the practice; [and] creating a practice patient family advisory group.

Carla Zema

So what will these qualitative methods add to patient experience survey data?

Susan Edgman-Levitan

A patient survey tells you where you have problems, but these other measures are designed to tell you a little bit about where you have problems. But, I think equally important, they also let you get feedback from patients about what they would recommend to fix those problems.

Carla Zema

Susan, you've been at this for quite some time. Before we jump into specific tools and methods, share with us what you've learned about the benefits of partnering with patients and families for the improvement process.

Susan Edgman-Levitan

From the perspective of the patients and families, it is a really wonderful opportunity that they can use to give back to the practice and to effect improvements that directly benefit the care they're receiving. We know that by involving patients and families as partners in our improvement activities that they often come up with solutions that actually help us and them improve clinical outcomes.

It builds knowledge and skill in your patient population that both help them manage their own care more effectively, and it also often educates them about patient safety issues, such as the importance of understanding their medications, letting you know when they're on new medications and how they're taking them, is just one example that improves the safety of all of our patient care, and it also lets them connect with other patients that may have the same conditions and the same issues that they're dealing with.

From the perspective of staff, we know that this strengthens the relationship of the conditions and the staff with your patient population. We also know it helps improve your clinical outcomes and safety. I think the most important reason why I would suggest thinking about this is that in our experience, by not involving patients and families in helping us identify how to fix the problems that they're experiencing, we typically spend a lot of time and energy coming up with solutions that are very expensive and difficult to implement, and they're often the wrong solutions.

Patients and families usually come up with things that are much more elegant and simple, because in some respects, they're not familiar with and they don't worry about all the internal turf issues and a lot of other things that sometimes get in our way or slow us down or take us down a path of over-engineering the process.

And from the organization's perspective, again it improves the quality of the service and the programs we're offering, it helps make them more affordable, and it also creates a very, very strong constituency that advocates for the practices or the organization. And we've also seen that it actually really helps in fundraising and other things where you really might need the help of your patients. And one last thing that I want to mention here is that when we talk about partnership, we're not talking about this from a patient's advocacy perspective, we're talking about this from a real partnership perspective where you really want to identify people that are going to help you in a way that's somewhat different from how I think a lot of us think of patient's advocates, who often, because of what they're trying to accomplish, take a more adversarial stance.

Carla Zema

What should practices look for when selecting patient partners?

Susan Edgman-Levitan

When you're thinking about who you want might to identify to work with you, and this could be just reviewing materials, it could be as part of a formal counsel depending on the size of your practice, you want to look for people that are good communicators and listeners. They need to be able to think about experiences that might be different from their own, so in other words, it's not all about them or either good things or problematic things they've experienced. They need to be very good at delivering constructive criticism. You really don't want people that are just really angry about something that has happened to them in their healthcare that they kind of haven't moved beyond, and you also want to make sure that they're available and they have the right skill set for the task. So again, what we have learned as a very effective way of identifying people like this is to start with your clinicians and see who comes to mind when they think about their own patients, who are people that meet some of these criteria. And in some respects, when I think of these criteria, these are the kind of people I look forward to work on anything with me whether they're patients or not. But I think it's always helpful to start with your clinicians and your staff to think about people that you know you would enjoy engaging and that you know might be able to represent the views of patients in your practice and not just their personal views.

Carla Zema

That's great advice. Sometimes finding the right patient partner is the hardest part. Okay, now that practices have selected their patient partners, what can they have the patients do?

Susan Edgman-Levitan

Some of the roles that people play when you invite them to partner with you are sometimes when people have had a fair amount of experience with this they actually sit on search committees, and they take part in interviewing new staff. They're often very effective as trainers for your clinical and your non-clinical staff, sharing what it's like to be a patient, sharing some of the more effective ways to interact with your patients.

Sometimes people with specific conditions that are very common in the chronic condition category often are very effective at sharing principles about what really helps them manage their own care with your staff and with your clinicians. Sometimes it's wonderful to invite patients to actually be part of your new employee orientation that sends a very strong message from the very beginning that you really care about what your patients experience in your practice.

Patient partners are often very, very helpful at working on very specific quality improvement activities like managing your phone systems better, improving self management, helping a practice educate their patients about what the role of the hospitalist is and how the hospitalist interface with the primary care physicians if you use hospitalists, just as a couple of examples.

We find that it's incredibly beneficial to have patients review your written materials. We do that routinely here at the Stoeckle Center, and we always find that things that we think are very, very clear and straightforward, when we share them with patients, we find all sorts of issues that we need to address, both in the language, the terms and sometimes even in broader ways around the content that if we hadn't gotten the patients input then these materials would not be effective. They wouldn't achieve the goal that we had for them and sometimes especially if they're trying to get people engaged in a new program, if we hadn't tested them with patients, we would think that the patients weren't interested when in fact they actually may not even understand what the program is.

We also have found that patient and family partners can sometimes be very helpful in serving as advisors or mentors to other patients or patients that are newly diagnosed with a similar condition. So these are some of the examples that I think could be very useful to you.

Carla Zema

That's a great way to get patient input. So let's move on to another qualitative strategy: comment cards. Tell us about your use of comment cards.

Susan Edgman-Levitan

We've developed a comment card format that is actually evidence-based from use in several Veteran's Administration hospitals, and this is something that you can print and put your practice logo on and share with your patients and ask them to fill out at the end of the visit, you can mail it to them. But what we like about this is that it asked the patient or the family, depending on whether you're adult or pediatric practice, to talk about what they liked most about the care, what they like least about the care and what is the one thing that they would like to see changed. So you get some positive feedback, you get some improvement feedback, and they also are asked to focus on what is the biggest priority that they would like to fix or have you focus on.

So, we think it's very targeted. It's not a laundry list of complaints or compliments, and we often find that the information from this is quite helpful. And it's also helpful because it gives your staff positive feedback. And I think in the current healthcare environment where people are working as hard as they've ever worked, getting positive feedback is as important as getting information about what might need to be improved.

Carla Zema

Practice walkthroughs are another strategy that you mentioned. So tell us, what is a practice walkthrough and how does it work?

Susan Edgman-Levitan

What this really is, you ask a couple of your staff members - often it's helpful to have one person be a clinician and one person be another staff member in the practice - and you ask them to play the role of a patient and a family member who might be accompanying a patient to a visit. And you ask them to go through your service or a procedure exactly as the patient and a family member would.

And so you ask them to do every single thing that you ask your patients and families to do or to not do. So, if you don't allow a family member in the room, then the family member, the person playing the family member doesn't go in the room. If you were using this to test a procedure in your practice, if you had patients do something as part of that procedure, you would ask the person playing the patient to do that. And as they go through this process, you ask them to ask questions of all the staff that they're encountering about the process.

Those questions actually are very effective in helping you identify things that your staff has been seeing for years that you may not need and that you can get rid of that will make the process much more efficient. As the person goes through the walkthrough, they have a place to note their observations, things that they think are really good, things they think might need to be changed, and we also ask them to write down how they feel because the feeling part of a visit is also something that's very important to convey to everyone working in the practice.

What we've also learned in our research over the years is that most of us think having an outpatient experience is a relatively benign thing. And in reality when we talked to our patients, what we hear is that even going to the doctor for routine visit, for a physical, is often very anxiety provoking, starting with am I going to be able to find the practice, am I going to be able to find a parking spot, how long am I going to have to wait, are they going to give me bad news, are they going to want to do something that hurt.

Carla Zema

What a great tool. So what should people doing a walkthrough note as they're going through the process?

Susan Edgman-Levitan

Just a couple of other tips. If you're having somebody come into your practice, part of the walkthrough might be calling your practice to make an appointment and seeing what that experience is like. Many of us even though we may have worked in a practice for years, have never called the front number and actually heard what the messages are or heard what it's like to try to get an appointment. If you're coming to visit a practice, you want to drive there. See if you can figure out to where to park, see if you know where to drop people off, you want to pay attention to the signage and see if that's helpful.

And you also don't want to do this as a mystery patient. Being a mystery patient in your own practice is pretty hard, some organizations use mystery shoppers, I think it's very important that everyone in the practice know that you're doing this because you want to get their input as you go through this experience. So if you have forms you ask people to fill out, you want to fill out those forms, you want to look at those questions and see if they make sense. If you're sitting waiting for a visit, you want to sit in the waiting room for about as long as you think most of your patients wait.

You want to do the same thing in the examination room. If you ask your patients to get undressed or to do various things as part of a visit, you do those things as well. I've already mentioned the mystery patient component, and again we just encourage you when you go through this to look around as the patient might, think about what they might be thinking and feeling and write those things down so that you can remember them and share them with people after you finish this process.

Carla Zema

Thanks so much for the detailed advice on how to conduct a walkthrough. So can you summarize for us the value of doing walkthroughs?

Susan Edgman-Levitan

Just to summarize why you might want to think about this particular method of getting feedback, we found that it is a very, very quick way to give everyone in the practice a better sense emotionally and from an improvement perspective what it's like to be a patient, how to identify system practice flow, signage and attitude problems in the practice, many of which can be fixed very quickly. It's also a very effective way of recreating the emotional and the physical experiences of being a patient or a family member.

We did this in one of our practices here at MGH (Massachusetts General Hospital) and one of the first things we realized is that the practice took care of a lot of older patients who were pretty sick and getting into the practice from the elevator was a bit of a hike. There was no place to sit down, there were lots of pictures on the wall which made it very difficult to even lean against the wall if you needed to catch your breath and that was something that no one in the practice had ever realized or even thought about. And it also, again as I mentioned earlier, helps you identify things that have long outlived their usefulness that you can get rid of and probably make everybody happier.

Carla Zema

That's great advice. Thanks so much, Susan, for sharing your expertise with us today. In our next podcast, we begin to dive into specific strategies for improving patient experience domains that are measured on the CAHPS surveys. Wendy Leebov will join us again, this time to talk about specific strategies for improving communication. You can download all of the podcasts in this series at 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]. On the Web site, you can also access a lot of quality improvement resources including the complete CAHPS Improvement Guide as well as case studies detailing the use of CAHPS survey results for QI. The CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS helpline at 1-800-492-9261 or via email at cahps1@ahrq.gov. That's c-a-h-p-s, the number1, at [[@](mailto:cahps1@ahrq.gov)] a-h-r-q.gov [cahps1@ahrq.gov]. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

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