

From Paint Chips to Policy: patient engagement & leadership improving care outcomes

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Where are we at?

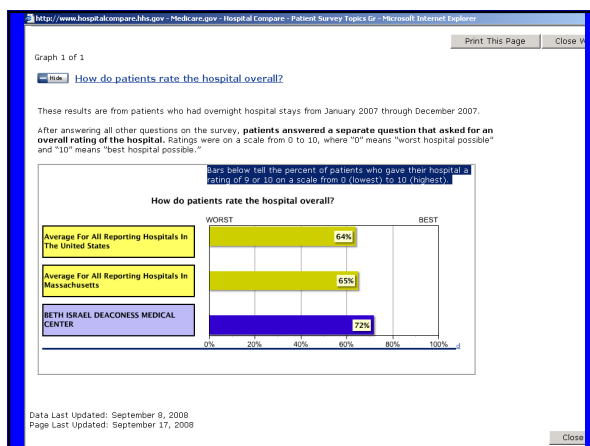
- Patient surveys used internationally
- National approaches (USA); State-based (Aust)
- Increasing interest in re-aligning care delivery to focus on needs and preferences of the patient and carers (ie Patient-centred care)
- More recently: Evidence of clinical and operational-level benefits resulting from a patient-centred care approach
- Now: there are examples of facilities that have focussed transforming their care around the patient and seen the benefits

Performance reporting - USA

- Moving beyond 'Nice but not necessary'
- USA 2008 – commenced publically reporting patient feedback on the CMS website "Hospital Compare"
- USA financial penalties from Medicare if new patient survey outcomes not reported by hospitals
- October 2008, CMS in US introduced value-based purchasing
- Now benefiting from financial incentives for superior performance on the CMS process indicators, including patient care assessment

Consumer Assessment of Hospital Care

- H-CAHPS public reporting includes 2 overall ratings (overall rating & recommend) plus 7 domains:
 - Communication with Doctors
 - Communication with Nurses
 - Responsiveness of Hospital Staff
 - Pain Control
 - Communication about Medicines
 - Cleanliness and Quiet of Physical Environment
 - Discharge Information
- Also survey versions for clinician group practices and health plans



Study of US services

What, if anything, is special about 'exemplar' health services renowned for patient-centred care (focus on organizations that had improved data)?

1. Are there key **organizational characteristics** for improving patient care experience? Sustaining?
2. Are **patients really engaged** in improving care experience? How? To what extent?
3. Are **patient care experience data** collected and actively used?
4. Are there **leadership features** that contribute to transforming services for improved PCC? Motivation?

Methods

Case studies of 8 'exemplar' institutions across USA:

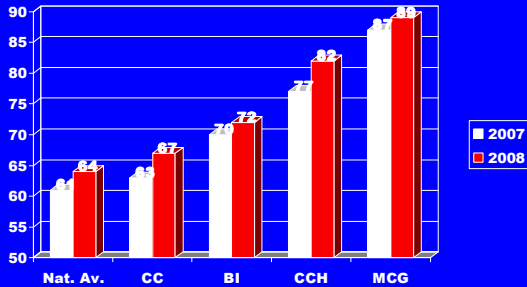
- 3 acute inpatient
- 3 ambulatory/medical groups
- 2 staff/group model HMOs
- Plus 1 pilot (BIDMC)

Mixture of charitable/NFP, cooperatives and private facilities

- qualitative interviews with 40+ senior staff and patient representatives in health care institutions
- reviews of patient care experience (PCE) data reports from case study sites



H-CAHPS - Overall rating, high



Organizational characteristics

Critical to improving patient care experience:

- Strong committed leadership
- Regular collection and reporting of PCE data
- Adequate resourcing and capacity building
- Use of accountability and incentives at all levels (performance review and remuneration)
- Culture strongly supportive of learning and improvement
- Considerable focus on staff satisfaction (celebrate successes)

Beyond patient surveys...

Surveys were 'entry level...'

- Many other patient feedback mechanisms
- Long history of systematic measurement
- Feedback reported with high specificity
- Narrative text highly valued

Motivators

- Internal organizational ethos
- Market share/branding
- Personal motivation (epiphany/ 'aha' moment)

What did patients want improved?



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Responsiveness to feedback

- What did patients want improved?
 - Communication with healthcare professionals
 - Access/Coordination of care
 - Pain management
- How did organizations respond?
 - *Resourced delivery changes:*
 - new scheduling & tracking systems
 - family facilities
 - multidisciplinary pain management teams
 - redesign & new facilities
 - *Staff capacity building:*
 - training in communication skills, PCC values, customer service
 - involved patients in resident & medical student training
 - use patient feedback in individual staff development

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Barriers

- Few barriers perceived ('took longer than anticipated')
- Changing mind set of staff from 'provider-focus'

Sustainability

- Embedding strategies within policies & processes
- Identifying to staff benefits gained by both staff and patients
- Committed leadership continually promotes improvements

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Particularly striking sites ...academic medical centres

- Common governance elements
 - Strong Board commitment
 - Singular strategic goal to improve patient-centered care
 - CEO leader (with story) clearly articulates vision/mission
- "Patients as active partners" - high levels of patient involvement throughout organization (board, policy, quality, new staff, systems and building redesign). Patient Advisory Committees seen as 'bare minimum.'
- Tailored workforce – hired for organizational fit
- Highly responsive to patient feedback (QI driver)
- Patients seen as force to make health care more affordable

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"Success feeds on success"

- ↑ market share
- ↑ staff satisfaction
- ↑ staff retention rates
- ↓ mortality
- ↓ LOS
- ↓ preventable harm

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Re-focusing around the patient...

- "When [the CEO] first came, he really tagged the phrase, "Patients first." You'll hear employees talk about that all the time. That really focused the organization – remember, that's why we here. It's not about the nurses, or the physicians. It's about the patients." [CNO]
- "[The CEO] has elevated the importance of patient experience on par with the clinical outcomes and the quality and safety data." [VP Quality]
- "We help with everything from paint chips to policy." [Patient rep.]

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Comparison of site key attributes

| Domain | Inpatient sites | | | |
|---|-----------------|------------|------------|---------------------|
| | BIDMC | CC | CCH | MCG |
| Patient rating improvement (07/08) | ++ (2pts) | +++ (4pts) | +++ (5pts) | ++ (2pts; high end) |
| Patient engagement in service improvement | + | +++ | +++ | +++ |
| Responsiveness - uses f/b to drive overall QI | ++ | +++ | ++ | +++ |
| CEO leader champions patient-centred care | +++ | ++++ | +++ | ++++ |

Transforming for Patient-Centred Care ¹⁹

What makes these 'exemplars' different?

- Patient-focused vision
- Governance supports & articulates mission
- Resource service re-alignment
- Support collection and reporting of feedback
- Responsive to patients
- Staff accountability (PCE performance review)
- Staff satisfaction as important as patient 'satisfaction'
- Learning organizations ("We are never happy with the status quo")
- Engage patients as partners
- Dual motivation - market share and "just do the right thing"
- "In it for the long haul"

Acknowledgements ²⁰

- The Commonwealth Fund (Fellowship funder)
- Beth Israel Deaconess Medical Center (Fellowship placement)
- Thank you to all the US health care sites:
 - Beth Israel Deaconess Medical Center, MA (Pilot)
 - Cleveland Clinic, OH
 - MCG Health, GA
 - Cincinnati Children's Hospital, OH
 - University of Pennsylvania Health System - Outpatients, PA
 - Harvard Vanguard Medical Associates, MA
 - Mills Peninsula Medical Group, CA
 - Kaiser Permanente (SCAL), CA
 - Group Health Cooperative, WA

Contact ²¹

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Medical College of Georgia Case Study ²²

- 632 bed tertiary medical centre
- 22,000 admissions per year; 455,000 outpatients
- Breast cancer unit redesigned by patients. Moved ratings from 40th to 74th percentile in a few years
- Neuro ICU renovated (USD\$1m). Introduced 24/7 visits. Moved ratings from 10th to 95th percentile in 5yrs. Cut LOS by 50%. CEO "saw business case"
- MCG Health overall staff vacancy rate fell from 8% to 0%. Now have long waiting list
- 2010 – planning for new cancer centre with patient input into design